US election results not favoured by dentists

Seventy per cent think a McCain presidency would have been better for the profession

Daniel Zimmermann

LEIPZIG, Germany/NAN FRANCISCO, CA, USA: According to a recent survey, US dentists might be disappointed by the Democratic win in the US elections last month. Two out of three dentists surveyed in a poll by dental practice marketing resource The Healthy Dentist said that former Republican nominee John McCain would be a better president for dentists. One in six favoured Obama, while the remainder said there would be no difference between the two.

Illinois Senator Barack Obama won the recent US presidential election against John McCain by 565 to 173 votes. He will take office from incumbent president George W. Bush in January next year. In a Democrat radio address in November, he announced the development of a plan that will create 2.5 million jobs by 2011—"a plan big enough to meet the challenges we face that I intend to sign soon after taking office." He has also promised to expand federally funded health care for lower income children and other groups.

Many poor and lower-middle-class families in the US do not receive adequate care, in part because most dentists want customers who can pay in cash or have private insurance. The lack of dental care is also not restricted to the poor and their children, recent data show. Experts on oral health say that about 500 million Americans have no access to care.

Most dentists, however, believe that a Republican would have been better for the economy. “Due to higher taxes by Obama, there will be less money to spend on dentistry,” griped a Louisiana dentist. “Obama will be a disaster, raising costs for employers and decreasing patient service,” agreed a New Jersey dentist. “There will be less elective cosmetic services as the economy goes downhill!”

Dentists were concerned about tax issues. “Obama is a classic Robin Hood Democrat: tax the people who work to create wealth, and redistribute it to the masses,” said a Florida dentist. “The last thing I need is higher taxes,” said a California periodontist. [ ]

Australia, NZ consider fluoridation

BARTON, Australia/WELLINGTON, New Zealand: Australia and New Zealand are considering approving the voluntary addition of fluoride to bottled water. Reports went public after Coca-Cola Amatil and the Australian Dental Association quarrelled over a print advertising campaign that was adding fluoride to the mass media. [ ]

Food Standards Australia New Zealand has now released a report for public comment that proposes amending, the Australian New Zealand Food Standards Code. Should the organisation approve the sale of bottled water containing added fluoride, it will be a voluntary permission allowing manufacturers to add fluoride under the conditions of the Code. [ ]

More nurses for Malaysia

Malaysia has signed a MOU with 26 institutions in the country, in which these institutions agree to use Ministry of Health facilities for nursing, dental, and health sciences education programmes. Through the agreement, the ministry hopes to improve the nurse/patient ratio to 1:200 by 2015. [ ]

Bad breath linked to cancer

New research from Japan has found that the bacterium Helicobacter pylori, a main cause of stomach ulcers and cancer, lives in the mouths of some people who have bad breath but no signs of stomach illness. The bacterium is carried by over 90 per cent of people in the developing world. [ ]

Schools in India and Japan cooperate

CHENNAI, India: With increased trade talks between India and Japan, the Sri Ramachandra University (SRU) in Chennai, India, has announced the signing of a collaboration agreement with the Kyushu Dental College in Japan. The agreement includes the exchange of personnel between the two universities as well as the sharing of scientific results, a SRU press release announced.

Prof. Hosokawa, Head of the Department of Prosthodontics at Kyushu Dental College, said his department was currently conducting research in oral hygiene index profiling, bone biology, and computer-guided surgery, among others, in which the students and research scholars from SRU will be able to participate. Prof. Thyagarajan, Director Chief Advisor of Research at SRU, added that the agreement will help in launching joint research projects in vital areas. [ ]

Barack Obama was not dentists' first choice for US presidency. Photo: Misty Dawn.
Malnutrition and weak oral health trouble Aussie nursing homes

Australian Associated Press

RHODES, Australia: According to a study in the *Australasian Journal of Ageing*, malnutrition is rife in Australian nursing homes, affecting half of its residents. Nursing specialists are calling for an overhaul of the nutritional care of vulnerable elderly people after survey results indicated that only 56 per cent of elderly people in nursing homes are well nourished. The nutritional assessment of more than 550 high-care residents in eight aged care facilities in Queensland found 45 per cent moderately and 0.5 per cent severely malnourished.

Residents’ dental health, which is known to influence general health, was also found to be poorly recorded, with oral assessments of ten outdated. The situation will be the best improved with advanced staff training and a greater focus on dietary intake, the researchers suggest. “Most causes of malnutrition (in nursing homes) are modifiable and central to improving this is greater staff awareness, better assessment skills of care staff and adequate overall management of nutritional care,” they write.

The study also showed that older patients and those requiring the most care were the most malnourished. The research team, led by Queensland University of Technology, also found that only 15 per cent of the malnourished residents had been seen by a dietitian, and only 29 per cent were receiving supplements.

These high percentages are probably due to responsibility for daily nutritional care, such as assistance with meals, supplements, and monitoring of food intake, falling largely onto care staff, with little intervention by management or external healthcare practitioners. The study also showed that staff awareness of the importance of nutrition on resident outcomes was inconsistent.

SALISBURY, UK: Twenty-four basic sets of dental equipment and portable chairs are helping newly qualified dental nurses set up mobile health clinics in Cambodia, the UK-based organisation Dentaid has announced. The nurses will be trained to provide extractions, scaling, anaesthetic, and simple Atraumatic Restorative Treatment (ART), which is ideal for taking into health centres in rural communities in the country who may not have electricity or running water. They can also identify conditions, such as oral cancer, and refer patients on for further treatment.

Dentaid has received funding of £14,400 (US$21,455) for this project from Dr Neil Sikka of Barbican Dental Care in London. It is hoped that this will be the start of a long-standing relationship with the training school, as there will be nurses graduating each year who require equipment to take out into the community, Dentaid officials told Dental Tribune International.

Jakarta, Philippines: A new country-level country assessment of HIV and mobility in the ten member countries of the Association of Southeast Asian Nations (ASEAN) in 2007 and 2008 has revealed that despite their contributions to national economies, migrants have little or no right to legal or social protection and generally have little access to HIV and AIDS health services and information.

Although comprehensive data on HIV prevalence among migrants in Southeast Asia is not available, the report *HIV/AIDS and Mobility in South East Asia* indicates that risk behaviour and HIV infection rates are considerably higher among migrants than in the general population. In Thailand, for instance, registered migrants have access to health services with subsidised medical costs, but antiretroviral (ARV) treatment is not included. Subsidised ARV treatment is not available to migrants in any ASEAN destination country. While mandatory HIV testing in health examinations is required by most ASEAN destination countries, except Thailand, such testing breaches migrant rights, including confidentiality and consent, the report states. If migrants are found to be HIV-positive through routine testing, they are repatriated in some countries.

Countries of origin, especially Cambodia, Indonesia, Laos, the Philippines, and Vietnam have recently developed pre-departure training on HIV prevention for outbound, documented migrant workers. Many of these training sessions, however, have proved to be ineffective because they are too brief and offered too late in the moving process, according to the report.

The ASEAN report is the first such publication to include information on current migration patterns and terms in conjunction with HIV statistics across the region. According to Dr Suriya Pinasun, Secretary General of ASEAN, “this assessment provides information that will be useful for policy makers, health givers and clinicians in ensuring that migrant workers and mobile populations are provided with high-quality prevention and treatment services.”

Dentaid supports nurses in Cambodia

SAFETY FIRST: Dentaid is a registered charity that has helped promote oral health and deliver dental care to those with limited access to it. Dentaid’s current focus is Southeast Asia. Dentaid is running a mobile dental care programme in Cambodia. The programme provides information that will be useful for policy makers, health givers and clinicians in ensuring that migrant workers and mobile populations are provided with high-quality prevention and treatment services.

**International Imprint**

**Dental Tribune** Asia Pacific Edition

**Rising southeast Asia mobility calls for better coordinated HIV efforts**

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"It’s about time"

Daniel Zimmermann

By now, everyone knows that our 44th President will be Sen. Barack Obama (D-IL). Having won a projected 365 electoral votes (270 are needed to win), the Senator can also boast that he received over 50 per cent of the popular vote (about 52.6 per cent). He is the first Democrat to have done so since Jimmy Carter was elected in 1976.

The President-Elect overpowered his opponent Sen. John McCain (R-AZ) in several key states, including Ohio, Florida, Virginia, and Pennsylvania. The Democrat easily won most of the Northeast, the Rust Belt, the West Coast, and the Mid-Atlantic States, which normally back Democrats.

President-Elect Obama has already listed his top priorities to tackle upon taking office. They include an economic recovery package that would include middle-class tax relief, followed by energy issues. Third on the list is health-care reform; fourth is tax restructuring; and fifth, education. With the recent announcement of his economic team, Obama is already beginning work on his first priority.

In the Senate, Democrats also scored well, but did not reach the magic number of 60 seats required to control the Senate agenda entirely. However, they did pick up seven seats (Alaska, Colorado, New Hampshire, New Mexico, North Carolina, Oregon, and Virginia). Two elections are still pending (Minnesota and Georgia). This leaves the break-down at 56 Democrats, 40 Republicans, and 2 Independents (who usually side with the Democrats). So the Democrats basically hold 56 seats. It is not anticipated that they will win both the pending Senate seats, but they do have a good chance of picking up at least one.

"One of the first pieces of legislation is an expansion of the State Children’s Health Insurance Program.”

In the House of Representatives, it is anticipated that the Democrats will pick up at least 20 seats. This will result in 255 Democrats and 174 Republicans in the House for the 111 Congress. Six elections are still pending a decision.

Overall, there will be more than 60 freshmen in the new Congress. Interestingly, of the Democrats, more than one-fifth will be considered moderate. Therefore, in order to move initiatives quickly through both congressional chambers, Democratic leaders are going to need the support of the moderates, which could result in major legislative reform issues being moved more towards the centre than the left on the political spectrum. This would be especially true with respect to any major health-care reform package.

Obviously, the challenges confronting the new president and Congress are huge. Democratic leaders therefore might focus on some smaller victories during their first 100 days. It is widely predicted that one of the first pieces of legislation that might be passed in January/February is an expansion of the State Children’s Health Insurance Program (SCHIP). This would likely include more funding, as well as an expansion of the programme, to allow families with higher income levels to be eligible. Also high on the list is a reversal of President Bush’s Executive Order imposing strict limitations on stem cell research.

Although the word ‘change’ has been used far too often during this election process, it does seem obvious that there will be change coming from Washington, DC. The President-Elect is diametrically opposed to many of the policies of the current president, and he will seek to make his mark early on in his Administration by signing into law his own priorities.

Contact Info

Janet Kopenshaver

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Successful implant treatments

Although Implant Studies go back 40 years, implants are a relatively recent development in dentistry and have only really been commercially available for the past ten to fifteen years. Many dentists practicing today completed their initial training before implants began to feature in general practice. Nevertheless, it is important in the context of overall public oral health as well as for the individual patient that this treatment option is available when it represents the optimum response for tooth replacement.

There are a number of training routes open to those seeking to expand their knowledge and skills in implant dentistry. A formal, university-based course is ideal but spaces are limited, and working practitioners may be deterred by financial and time constraints. Personally I found formal training suited my purpose better than the other courses available.

For those whose responsibilities preclude full-time study, part-time courses offer a viable alternative and include mentoring programs, where a fellow professional with the appropriate expertise offers guidance throughout the training process and during the novice practitioner’s first cases. Design firms also approach implant suppliers, such as Biomet3D, whose representatives provide advice on implant components and deliver training in the safe and effective clinical applications of their products and protocols.

The most valuable time is spent planning the proposed implant treatment. My own experience has shown me the value of a day allowing adequate time for careful planning of every case prior to starting treatment. As with most practical skills, experience is vital, thus implanting practitioners should expose themselves to as much implant dentistry as possible, starting with simple cases and progressing to more complex surgery. Doing this rapidly improves both technique and confidence.

For those considering a career as an implant specialist, the best advice is to undertake a dedicated, institution-based training course; for GDPs merely wishing to add a new dimension to their existing practice, the part-time option is likely to be more cost-effective and practical introduction. Whatever the choice, all dentists today have a responsibility to acquire sufficient knowledge of implants to offer informed advice to their patients, and to be able to refer them to the appropriate specialist should they lack the training to perform the treatment themselves.

A Wall Street Journal article recently said that more and more insurers and employers in the United States are sending their clients and staff medical or dental treatment in countries abroad (see also Medical tourism). A new option for patients in the US, Dental Tribune Asia Pacific, 9(2008):8. This shows that, even in the United States, people are increasingly considering the Asian continent as rising superpower, in general, and particularly, in dental health care. Asian dentists should be aware of this. They could soon be on the forefront of shaping the future of the profession.

Daniel Zimmermann

Group Editor

Dental Tribune International

Dear reader,

Daniel Zimmermann

Recently, a report by the US National Intelligence Council made it into headlines around the world, forecasting that the current financial crisis on Wall Street is just the first phase of a global economic reordering, with the United States in decline and countries like China and India competing for more influence in a multipolar world. Global wealth was also seen as shifting from the developing West to the energy-rich Gulf States and, as we look to Asia, a rising centre of manufacturing and service industries.

With a new presidential agenda in the United States, it might be hard to predict what is going to happen in the years to come. Maybe Barack Obama will become a great president who will help markets to re-establish and sustain America’s post-cold war role. Perhaps he will be hindered by the political and financial constraints that the politics of his predecessor leaves behind. More predictably, whatever the outcome of his politics, he won’t have much to play with on the international front.

In dentistry, we are already experiencing these developments and are not just talking about China’s steady rise to a dental laboratory superpower. In most Asian countries, the majority of dentists are only internationally educated, but also eager to stay up-to-date with the latest technical developments in the field. They also have state-of-the-art equipment at their disposal. Nowadays you will probably find more dental practices with the latest equipment and more treatment options in Singapore or Shanghai than you will in a practice in New York, Sydney, or Auckland. In addition, local manufacturers, especially those from China, are constantly gaining more market shares, not only in their domestic markets, but also internationally.

Although the word ‘change’ has been used far too often during this election process, it does seem obvious that there will be change coming from Washington, DC. The President-Elect is diametrically opposed to many of the policies of the current president, and he will seek to make his mark early on in his Administration by signing into law his own priorities.

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**Gates urges rich countries not to cut health aid**

BrUCE, Australia: Australia will be facing a shortfall of dental workers, a new report by the Australian Dental Association (ADA) says that the ageing population will put pressure on both public and private dental operators. Baby boomers grew up before the education programmes that saw an increase in dental health, and more tooth problems are expected to develop as they get older.

**Study claims Australia low on dental workers**

ADA president Dr John Matthews told the Australian Broadcasting Corporation while the expansion of regional training centres has been a good thing, the Government must not be complacent. “Dentistry is a very highly sought after course, it’s a much more difficult course,” he said. “Mostly the people who get the second-highest [university entrance] scores tend to do dentistry, so there’s no shortage of people wanting to study dentistry.”

**The Philippines aims for the improvement of oral health in schoolchildren**

The Philippines aims to integrate preventive health education and environmental protection. The Imperial has contributed P70 million (US$1.4 million) worth of toothpaste, toothbrushes, and oral health education materials to first grade students.

**LEIPZIG, Germany: The Filipino government has recently launched a new programme to promote better oral health in the country’s public schools. The initiative is part of the Arroyo Administration’s Health Education Reform Order that aims to integrate preventive health measures into the education curriculum. It will be supported by companies, such as Colgate-Palmolive, which has agreed to donate more than P70 million (US$1.4 million) worth of toothpaste, toothbrushes, and oral health education materials to first grade students.**

**The Philippines is one of the Third World countries with the most alarming child dental problems. According to the Department of Education’s recent National Oral Health Survey of six- and twelve-year-old public school children, over 95 per cent of first-graders and nearly 80 per cent of sixth grade students in public schools suffer from tooth decay. The Department’s Health and Nutrition Center has blamed the problem on poor eating habits and a lack of proper oral care education.**

**“The survey results illustrate how little regard we give to oral hygiene” Education Secretary Jesul A. Lapus told the newspaper the Philippine Daily Inquirer. “The problem of tooth decay is severely affecting our pupils’ performance in school. They cannot focus on learning.”**

**“Intensive education is sure way of addressing common problems in oral health” he added.**

Lapus also appealed to the country’s dental professionals to support the programme. Noting that Filipinos only visited a dentist as a last resort, he said, “As dental professionals, you can change that perception.” He described the programme as a “creative way to encourage student participation in a worthy project that addresses two important concerns of our time—oral health and environmental protection.”

**Gates was on a visit to India on behalf of his charitable foundation to tackle health issues, focusing on polio eradication and fighting HIV/AIDS. Meeting with Indian health officials and polio experts, Gates said he was confident polio could be successfully eradicated, with India leading the way. Gates called for increased government spending on health and urged Indian health officials to consider using innovative approaches, such as injection vaccines, to tackle the crippling disease. While a lot more expensive and trickier to administer, the injected IPV vaccine could be used in addition to oral vaccines to stop the spread of polio in high-risk areas.**

**Oral vaccines have not proven to be as effective in India as elsewhere, a problem which some researchers suspect is down to poor sanitation and a higher presence of other diseases that stop the vaccine working properly.**

**A world effort to beat polio has succeeded in slashing the number of cases by 99 per cent over the past two decades, but the disease is still endemic in India, Pakistan, Afghanistan, and Nigeria. The Bill and Melinda Gates Foundation has contributed more than US$17 billion in grants since it began in 1994, and has given hundreds of millions of dollars in a global campaign to eradicate polio.**

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**Beauty & Brawn**
New health information system in the UAE

An online information network will connect health facilities in Dubai (picture) and other Emirates until 2011. Photo: Haidar.

DUBAI, United Arab Emirates—Wareed, the new health information system for the United Arab Emirates, hospitals and clinics in the country will be connected via an online network by 2011 to improve medical care and ensure patient safety, a Ministry of Health official told Dental Tribune in November.

The network aims to exchange and access to medical and health information between patients and doctors as well as healthcare peers across the country. Patients can be treated in the most effective way by having access to their treatment results, updates and follow-ups. They can also easily be transferred from one hospital to another within the UAE, even outside of the country thanks to specific agreements between the hospitals. The new system promises to avoid losing data, saving time and money, decreasing the waiting time for medical appointments but most importantly as the ability to provide international medical second opinion.

Although Wareed has a lot of advantages, it has some drawbacks. The main concerns are how to run the system in most efficient way and ensure patient safety while going through the process of implementing the customer-centric data system. At the 5th annual Healthcare Expansion Congress Mid-East, organised by naseeha, e-health application in the region, the importance of information at the point of care, patient safety and cancer management were the hottest issues discussed.

Patient safety is and should continue to be the most important consideration for delivering patient care while implementing the new system. A certain element of risk from human errors always remains but we should certainly be able to address avoidable and often costly mistakes, noted Raj Singh, healthcare solutions consultant EMEIA, Hitachi Data Systems. “The reliability of IT health information systems coupled with advances in technology such as RFID and Finger Vein Biometrics can help improve patient safety quite significantly. The most important consideration for improving patient safety still relies, however, on the healthcare providers who need to ensure they build out the best care practices with correct patient identification throughout their healthcare workflows and processes,” he added.

Saudi Arabia is the first country in the Middle East region, to have implemented the eICU programme, patented by VISICU, which combines early warning software and remote monitoring to connect off-site critical care physicians and nurses to ICU patients at all times. The eICU Program provides an alternative way to deliver high-quality critical care when specialist resources are limited. The eICU vision is to have centralised intensivist physicians & critical care nurses—round-the-clock in an eICU Center—to help bedside teams watch over their sickest patients and to prioritise and guide interventions.

The evidence is growing that eICU Programs are having a proven impact on saving lives, reducing complications as well as the length of patient stays, especially in the countries where people have limited and unequal resources in healthcare services.

Mohammed Abd Al Ahi, the head of Radiology from the Ministry of Health mentioned that the system of e-health facilitate will enable both patients and doctors across the country to make quick and well-informed decisions as well as ensuring the quality of treatment. At this point, training the staff on the new implementations, upgrading and maintaining the data base are vital factors for the sustainable safety of patients.
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Men drive cosmetic trends in the UK

According to Dr James Goodnik, dentist and BACD board member, “These results show that men have become more accepting of cosmetic treatments in general—reflecting the importance we now place on a healthy smile. The advent of new procedures, such as the removable adult braces and more realistic-looking veneers, which require much less drilling, also means people are less likely to choose invasive and irreversible treatments.”

Bridges are another procedure that has become more popular with men, who used to account for 42 per cent and now are edging ever closer to women at 46 per cent. Overall, orthodontics (which includes both visible ‘train track’ as well as invisible and removable braces) has boomed in popularity, with the number of cases more than tripling since 2006.

Women are still the big spenders on cosmetic dentistry, accounting for 61 per cent of all procedures. Women also still account for the majority of whitening procedures.

Oral bacteria bring in the taste

Scientists in Switzerland have reported that bacteria in the human mouth play a role in creating the distinctive flavours of certain foods. They have found that these bacteria actually produce odours from odourless components of food, allowing people to savour fruits and vegetables fully.

In the study, published in the recent issue of the Journal of Agricultural and Food Chemistry, author Christian Starkenmann and colleagues have argued that some fruits and vegetables release characteristic odours only after being swallowed. In order to prove this, sensory tests were performed on 50 panelists, to evaluate the odour intensity of odourless sulphur compounds and the volatile sulphur compounds—known as thiols—that are released from the odourless components of food, allowing people to savour fruits and vegetables fully.

While scientists have previously reported that volatile compounds produced from precursor odourless compounds found in certain foods are responsible for this ‘retroaromatic’ effect, the details of this transformation were not fully understood. The authors conclude that it is the mouth bacteria’s ability to free thiols that helps to modulate long-lasting flavours.
Message from the president

I am sure that every practicing dentist sincerely believes that they are members of a respected health profession. But oral health care environment is changing rapidly and I wonder how the public views dentists. I believe that the main value of a strong national dental association is in ensuring that dentists are able to conduct themselves as health care professionals rather than simply suppliers of services. The formula for success is not a simple one and I have observed what is required for dentists to work together as professionals to improve the health of their fellow citizens rather than just compete for health care dollars in the marketplace.

Recently, I had the firsthand experience of two of the FDI’s largest members, the Assemblée Brésilienne de Odontologie and the American Dental Association, and also two of our smaller members, the Chilean Dental Association and the Croatian Dental Society. I witnessed several common elements in their success in supporting dentists as respected and ethical providers of evidence-based health care in very different environments.

Students are the energy and lifeline of new ideas that will cause us to constantly re-evaluate what we do and why we do it. In the four associations I visited, students are welcomed into the profession with the respect that allows their enthusiasm and new ideas to have a positive impact. The specialty groups in these organizations are major contributors to scientific knowledge and guidelines for lifelong learning.

Working in the interests of dentists means working in the public interest and abiding with the licensing or regulatory authority ensures this. The ability of a dental association to maintain good government relations does not mean that the government is a partner in everything we do, but that the government always considers the views of a national association when making decisions that will impact the health of its population. This is a difficult goal to achieve, but a common feature of the most successful associations.

For associations that manage to present dentists as the ethical and compassionate health care providers that we strive to be, the support of the dental industry follows easily. A good relationship with the dental industry is not simply transactional but meets the needs of both industry and profession in their mutual quest to improve oral health. The best associations seek out the true professionals in the industry as partners in health promotion.

The alternative to a strong national dental association may well be an unprofessional environment, where dentists compete for patients by each representing their own version of ethical and appropriate practice. With limited prospects for support in areas such as continuing education, evidence-based issues management and health promotion initiatives, it is easy to imagine a once respected profession being viewed as simply another purveyor of services. Ethical practice should be defined by our best collective efforts and not by the self-interest of a few individuals.

Although in some countries the FDI offers help to remedy this situation. Our head office staff, senior officers, Communications and Member Support Committee and established FDI association members all have the interest and ability to help a fledgling association become the main source of support for the dental profession. Assistance with association management, organisation of continuing education programmes, policy statements and membership services such as tobacco cessation strategies are just a few of the areas where we can help.

Even in countries where dentists have long benefitted from their trade associations, enthusiasm, hard work and commitment are required to maintain the momentum to preserve dentistry as a profession.

Congratulations to thousands of colleagues worldwide who work to provide excellent services of professional associations for practising dentists. To those functioning without the support of a strong national association, we can help—please ask us!

FDI Treasurer attends WMA Assembly

Speaking to other health professionals on oral health and human rights

FDI Treasurer, Dr Tin Chun Wong, represented the FDI at the 2010’s World Medical Association (WMA) Assembly in Seoul, Korea. The topic of this year’s four-day WMA Assembly was “Health and Human Rights”. Dr Wong made a presentation to the WMA Committee on Medical Ethics on “Oral Health and Human Rights”. The session was open to all delegates.

Dr Wong emphasised to the WMA committee and those in attendance that oral health is a basic human right. She further explained the links between oral health and general health by providing examples related to diabetes, heart disease and premature low birth weight of babies. Dr Wong also promoted the work of the FDI in its area to support oral health as a right for all through examples of the Federalist’s efforts in global conferences, such as the 2004 Nairobi Conference, the promotion of fluoride and FDI’s Policy Statements.

The FDI is honoured to have been invited to the WMA Assembly and thanks Dr Wong for representing the Federation. The WMA is a partner of the FDI through the World Health Professions Alliance.

FDI sponsors CE programme in Francophone Africa

Current Therapies in Periodontal Health

Forty-two dentists, from both the private and public sector, attended the Continuing Education (CE) programme sponsored by the FDI in Ouagadougou, Burkina Faso. The attendees represented 85% of the dentists of Burkina Faso and also included others from Côte d’Ivoire, Niger and Senegal. The CE programme, which took place 16-17 October, was a part of the Prèmieres journées Dentaires du Burkina Faso.

The CE programme was presented in the form of a two-day workshop, titled “Current Therapies in Periodontal Health”. It was presented by Dr R. Steinhard from the University of Lyon in France. He focused on existing approaches to periodontal disease treatment in the context of an overall treatment plan, taking into consideration factors such as classification data, aetiology, care of the patient during the initial phase, HIV and periodontal health. In addition, two hands-on workshops were conducted, where attendees practised incisions and surgical sutures and radiological assessment.

A series of events were organised for the congress, amongst which were an oral health awareness day in nine schools and a separate oral health awareness day for the public. All the events were broadcasted by the Burkina Faso central television channels and press. During the congress, the Scientific-Practical Conference of the Association des Chirurgiens-Dentistes du Burkina (ACDB) was held. All the realised activities were highly and positively evaluated by the participants of the congress.

Dr Yameogo Joaibin, President of ACDB, praised the delegates for taking time off to update themselves and commended the efforts of the FDI, the Groupe des Associations Dentaires Francophones, partners of the congress and of the CE programme, and the organising committee for bringing up a stimulating and enlightening conference.

As reported by Prof. Denis Bourgeois, FDI Co-Programme Manager for Africa.

FDI Treasurer: Dr Tin Chun Wong, presented at the WMA Assembly on “Oral Health and Human Rights”
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FDI prepares for 2010 Congress in Salvador da Bahia, Brazil

Delegation including FDI President, Councillors and head office representatives visit congress site

An FDI delegation, invited by the 2010 FDI Annual World Dental Congress (AWDC) local organising committee, Associação Brasileira de Odontologia (ABO), visited the congress city during ABO’s International Dental Congress, XX CIODA. During this preparation phase, every congress event was reviewed. After nearly a week of seeing what, where and how things happen in Salvador da Bahia, the expert committee was delighted with what they experienced and was pleased with the hospitality from the people of Bahia and their interest and willingness to help and accommodate visitors.

In addition to visiting various sites for congress activities, the FDI delegation also met with the Chief of the State Government Office. Mr Fernando Roth Schmidt, who reassured Bahia’s interest in hosting the 2010 event. “We know for sure that the [congress] requires some kind of support, directly from the government or in private partnerships. The convention centre is the ideal place for the event, and it will immediately be improved regarding air conditioning and replacement of equipment. Strong investments are being done in the city for the important events that will take place. Furthermore, as part of such an effort, the airport will also be enlarged, and the seven direct flights to the USA and Europe that currently exist will be increased to 22 in the next two years.”

The delegation also met with the Vice-Governor of Bahia, who stated that Bahia is honored to host the FDI congress and also affirmed the support of the Governor of Bahia, Mr Jaques Wagner.

More information about the FDI visit in Brazil can be found at 2010 FDI Online – www.fdiworldental.org/congress/letter/2008_11_30_en.html

Plan your attendance for the 2009 AWDC in Singapore

Congress information available online

With the 2008 congress behind us, it is now time to start planning your attendance for the 2009 FDI Annual World Dental Congress in the city of Singapore.

FDI Scientific Programme

Organise your visit to the FDI congress around the scientific sessions you would like to attend. The Scientific Programme, which includes limited attendance courses and forums, is available for viewing online. Please visit: www.fdiworldental.org/microsites/Singapore/congress4.html.

Get up to 20% discount with the Star Alliance network.

The Star Alliance network has been appointed as the official airline network for the 2009 FDI congress. Simply call the reservation office of any participating Star Alliance member airline and quote the event code SQFH009. Registered participants plus one accompanying person travelling to the event are automatically granted a discount of up to 20%, depending on the class of travel. For more information, please visit www.fdiworldental.org/microsites/Singapore/congress7.html.

After the congress...

Take advantage of Singapore’s proximity to other popular tourist destinations in the region by signing up for one of the post-congress excursions. Pacific World, organiser of the post-congress excursions, has prepared trips for congress attendees to Indonesia, Thailand and Malaysia. For more information, please visit www.fdiworldental.org/microsites/Singapore/vagrot3_3.html.

Singapore Climate

According to the Singapore Tourism Board, Singapore is warm and humid all year round, with only slight variations between the average maximum of 31 degrees Celsius and minimums of 25 degrees Celsius.

2009 FDI Continuing Education programme

First stop, Malaysia

2009 will be another busy year for the FDI Continuing Education (CE) team. Twenty-five programmes have been scheduled for 2009 with the first one taking place in January in Malaysia. The Malaysian programme includes a workshop on endodontic retreatment and sessions on managing biofilms for optimal oral and systemic health and new approaches to detection and monitoring of early caries lesions.

The Malaysian programme will be followed by ones in February in Cote d’Ivoire, Myanmar and Singapore. The complete 2009 FDI CE programme calendar with more information on the above sessions and others, is available online for viewing at www.fdiworldental.org/federation/4_0calendar.html.

Tsunami Dental Reconstruction Fund Grant Program

Request for Proposals (RFP)

In response to the Indian Ocean Tsunami of 26 December 2004, the ADA Foundation and the American Dental Association’s Committee on International Programs and Development created a Tsunami Dental Reconstruction Fund Grant Program to address long term oral health needs of the communities affected by this natural disaster.

The Request for Proposal seeks applicants from US and non-US based organisations, who are working to rebuild oral health care initiatives in countries affected by the 2004 Indian Ocean Tsunami such as but not limited to: India, Indonesia, Malaysia, Maldives, Myanmar, Somalia, Sri Lanka, and Thailand. Proposals for grants will be accepted in amounts of up to US$50,000.

Grants will be awarded to support activities such as:

• The rehabilitation of damaged dental facilities and infrastructure
• The construction and maintenance of a dental facility to establish continued oral health care and infrastructure in an affected area.

• The costs associated with providing dental services to affected populations (equipment, supplies, transport, training).
• Community outreach to affected populations (oral health education, training, service programs).

About the publisher

Publisher

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For more information about the FDI visit in Brazil, please visit www.fdiworldental.org/congress/letter/2008_11_30_en.html.
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Researchers use fluorescence for detecting mercury in fish and dental fillings

PITTSBURGH, PA, USA: Researchers at the University of Pittsburgh have developed a quick and simple method for detecting mercury in fish and dental samples, two substances at the centre of public concern about mercury contamination. The technique involves a fluorescent substance that glows bright green when it is exposed to oxidised mercury, the researchers report in the current online edition of the Journal of the American Chemical Society. The intensity of the glow indicates the amount of mercury present.

Developed in the laboratory of Kazunori Koide, a chemistry professor in Pitt’s School of Arts and Sciences, the new method can be used on-site, and can detect mercury in 50 to 60 minutes for dental fillings (or amalgams) and 10 to 30 minutes for fish, Koide explained. “Our method could be used in the fish market or the dentist office,” he said. “We have developed a reliable indicator for mercury that a person could easily and safely use at home.”

The fluorescence results from the reaction of mercury ions with hydrocarbons called alkynes; the alkyne is converted into a ketone, which then creates a fluorescent molecule. Koide’s method differs from similar mercury indicators in that it withstands the oxidation process mercury samples must undergo prior to testing, Koide said.

The mercury species found in most fish and dental amalgams, such as the toxic methylmercury, must be converted into a safer variety of mercury with an oxidising agent. Other fluorescent detectors are often not compatible with samples that have been oxidised.

In testing fish, Koide and his team oxidised a piece of salmon (about the size of a fingertip) in water mixed with a chlorine solution similar to household bleach. The conversion process is safe and relatively simple, Koide said. Afterwards, the team added the alkyne solution, and the mixture glowed bright green.

The Pitt researchers also tested for mercury leaching from dental amalgam, a common tooth filling composed primarily of mercury mixed with smaller amounts of other metals. Concern exists about the mercury seeping from a filling into a person’s body and the disposal of unused amalgam by dentist offices—which is not federally regulated in the United States.

To test for leaching, the team pressed a cloth to a tooth with an amalgam filling for one minute; the sample glowed when exposed to the mercury-detecting agent. They also submerged two amalgam-filled teeth in the amino acid cysteine, to mimic sulphur-rich foods, which are thought to increase mercury seepage from amalgam. Again, the cysteine solution turned bright green when the indicator was added, suggesting that Koide’s method can also be used to monitor mercury leaching caused by sulphur-rich food.

In terms of amalgam disposal, Koide suggested that his method could be used to test dentist office waste water for mercury content on-site, without sending samples to analytical laboratories.
Asia urged to deepen economic integration

More than 70 free-trade agreements have been concluded by the ten-member Association of Southeast Asian Nations along with China, South Korea, and Japan, with another 70 or more still being negotiated. But regional or multilateral parts are preferred for maximising trade, minimising distortions, and relieving the administrative burden on smaller developing countries with limited resources.

Nagesh Kumar, director-general of the Research and Information System for Developing Countries think-tank in India, added that Asia must seek to boost trade within the region, to reduce reliance on Western countries as demand slows and exports dwindle amid the global economic meltdown.

“In the current economic situation, the threat of much slower global trade appears to be real,” said Malaysia’s Trade Minister Muhyiddin Yassin. “It is important to convince the world that expanding trade through economic integration is one of the ways to restore global economic growth.”

Nobel Biocare acquired BioCad and signs exclusive partnership with Optimet

GOTHENBURG, Sweden: Nobel Biocare has signed an agreement to buy 100 per cent of BioCad Medical Inc., a leading developer of computer-aided software for prosthetics, for a total amount of EUR 26 million (US$32.8 million). With the agreement, Nobel will obtain all rights to BioCad’s trademark, brand names, innovation pipeline, R&D network, and a facility in Quebec City, Canada. Nobel will also retain the 40 employees from BioCad, a company press release stated.

Recently, the company announced the signing of an exclusive partnership with Optimet, Optical Metrology Ltd, Israel, to offer a new generation of optical scanners with impression scanning capabilities.

According to the press release, Nobel Biocare and BioCad have developed a solution to combine the leading BioCad CAD interface with Nobel Biocare’s CAM manufacturing. The new BioCad software essentially will take the restoration process from a computer-assisted design process to a more computer-automated design process, reducing and automating much of the design work done by a lab to create the digital model for a restoration.

Additional features are an intuitive user interface, new design solutions for overdentures, new design possibilities for complete denture prosthetics, crowns, bridges, wax ups and cut backs. It also comes with a comprehensive tooth library and a laser sintering production technology. The software, together with a pre-optical scanner, will be launched in early 2009.

According to company officials, dental laboratories and products and will also be presented at all major industry events in early 2009 and launched thereafter.
Our company is well equipped to provide education to dentists from anywhere in the world

An interview with Dr McGann, Progressive Orthodontics, USA

Dr McGann

Owing to popular demand, global orthodontics education provider Progressive Orthodontics has announced the re-opening of its Singapore location in 2009. The two-year Orthodontic class, run by Dr Oliver Henneidge and his wife Irene Henneidge, will begin on 15 January 2009 with the closing date for discounts for early registration on 30th December 2008.

Company officials told Dental Tribune. We spoke with Dr McGann, dentist and founder of the company, about his concept of orthodontic education and what participants can expect from these courses.

Dr McGann, what are the shortfalls of orthodontic education nowadays?

The programmes outside of the universities are too short to learn comprehensive orthodontics. With only 48 days, the programme I designed is the longest, but I consider this a minimum for orthodontic education.

Then there is the problem of educators not being practical, showing only their best cases, or even just the best portions of a case. The trusting dentist returns to their practice, applies the incomplete information to a trusting patient, and has less than expected results.

But not all is the fault of the educator, as every student is in control of his or her destiny. For a dentist to start and finish an orthodontic case successfully in the beginning of their career, they need help from someone with experience. We feel it is our responsibility as educators to offer help and experience.

We therefore spend most of our time outside of seminars providing on-line education and what participants can expect from these courses.

“...there is the trend in the specialty to use customised fixed appliances. Brackets and archwires designed for the individual patient, not a ‘one-size-fits-all’ type approach, which is what the straight archwire appliances, used for the past 35 years, are all about. The specialty has been unable to overcome the technical and distribution problems of single-arch appliance systems. There is the additional education needed for the orthodontist to diagnose which is the best appliance for a given patient and treatment situation.

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The review of those cases can be done more effectively at home than in a seminar setting, assuming the dentist is very disciplined. The dentist controls how fast they learn, and of course, there is less time taken away from the practice with IAT training. But there will always be a hands-on, look-over-the-shoulder type of education that is needed in orthodontics. We accomplish this in three semesters at the end than the live seminar student, while the live seminar student is better at diagnosis and the technical aspect. The most diligent student takes both programmes: the live seminars and the internet study. We do not charge extra for any of our seminars and students pay only once in their life. If they are great at ortho, our programme gets a good reputation, and that is how we want it.

What are the latest trends in orthodontics, and how does your programme reflect these trends?

First of all, I believe I have developed the most accurate, most predictable diagnosis system in orthodontics today, and that includes the specialty. I developed computer software over a ten-year period that allows you to know where you are going with each diagnosis before you start the case. I have created template treatment plans that enable dentists to write the most effective plan for treatment on a case-by-case basis.

I do not know of an actual ‘trend’ in the profession to technology-driven diagnosis and treatment, but we have it. I view the trend in the specialty as staying the same, it is ‘good enough’, which to me is not good enough when there is something better. I have eliminated the guesswork from diagnosis, removing bad diagnosis from the clinic. This is one reason that our orthodontic system works so smoothly in the real world. We only have 30 documented case histories that have been loaded onto our website for others to review and learn by.

Patients are already interested in improving their dental health. The job is done more efficiently, as in less doctor time, and with better treatment results.

You are offering CE programmes to dentists in Singapore again in 2009. What has driven this decision?

We had a very respectable response in 2008. We plan to offer the same programme in 2009.

Where in the Asia Pacific region will you offer additional courses?

We want to expand our programme in Asia Pacific, with a focus on Singapore. We will offer courses in Asia Pacific countries, where demand justifies offering our CE programmes.

Common orthodontic education programmes are too short, McGann says. The programmes outside of universities are too short to learn comprehensive orthodontics. With only 48 days, the programme I designed is the longest, but I consider this a minimum for orthodontic education.

Then there is the trend in the specialty to use customised fixed appliances. Brackets and archwires designed for the individual patient, not a ‘one-size-fits-all’ type approach, which is what the straight archwire appliances, used for the past 35 years, are all about. The specialty has been unable to overcome the technical and distribution problems of single-arch appliance systems. There is the additional education needed for the orthodontist to diagnose which is the best appliance for a given patient and treatment situation.

Many dentists in Singapore are already internationally trained and educated. How can they benefit from your courses?

If they have not done Progressive Orthodontics training, they are likely not doing the best orthodontics possible. They will learn a far better way to provide service every city and town in the world. We only have 50 instructors, so regional education is the answer.

Singapore will be the centre for the Asian region, and we will be offering our complete live series in Singapore. Many other Asian students also choose to learn through our IAT concept, and in this way limit geographical concerns. In the future, based on demand, we are looking at potential Asian-based IAT courses or potentially live locations, where demand justifies expanding the resources.

Countries like China or India are fast developing markets. In the future, are you planning to offer your courses there as well?

I believe China and India have the potential to be very good markets for our courses in the future. There is a large population, and they appear to have the desire to improve their skills. As the economies in these countries continue to develop, I believe that a significant proportion of dentists will choose to improve their skills by attending courses on orthodontics.

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tion of the population will begin to be able to afford orthodontic care, and then the demand will start a class in a more convenient location in the future, this graduate has the ability to retake the seminars in this location free of charge.

I am always happy to share knowledge with anyone that wishes to learn and apply what I already know. It makes me feel good to see and feel their success. I have devoted my life to creating knowledge and sharing it with other dentists for a more enjoyable and profitable professional life. Our dentists then improve the lives of patients that may not have otherwise had access to orthodontic care. This is truly rewarding as a look back on my life.

Thank you very much for the interview.

BEIJING and SHANGHAI, China: Venture capitalists continue to invest in Mainland China with US$964 million put into 59 deals during the third quarter, up 22 per cent from the US$790 million invested in 75 deals during the same period last year, according to new regional statistics from Dow Jones VentureSource. Through the first nine months of 2008, China-based companies have raised US$3.29 billion in venture capital, more than the previous annual record of US$2.88 billion set in 2001.

“It’s clear that venture capital investors are still eager to put money into this emerging marketplace and, in many areas, they’ve actually accelerat- ing the pace of their investments,” said Jessica Canning, Global Research Director for Dow Jones VentureSource. “Already this year, the Business and Financial Services, Consumer Goods and Consumer Services industries—three areas closely tied to emerging economies due to their focus on retail, manufacturing, media and advertising—have set annual investment records.”

Specifically, Dow Jones VentureSource found that China’s Consumer Services industry accounted for US$267 million in investment with nine deals completed in the third quarter, up 57 per cent from the US$170 million put into 15 deals during the same period last year. Overall, through the first nine months of 2008, the industry has seen a record US$731 million invested in 37 deals. Within Consumer Services, US$143 million was invested in four deals for retail companies in the third quarter.

“Larger deals drove investment in the third quarter as the median size of a venture deal in China remained at $10 million, which is the highest on record and the most out of any region we track, including the US,” Ms Canning adds. “In the third quarter, we also saw the vast majority of deals and capital investments in China go to companies that are already generating revenues or are profitable.”

While the majority of capital, some US$640 million, went to companies that raised second or later-stage rounds, smaller early-stage deals were more prevalent. Seed and first rounds made up 65 per cent of all venture rounds in China during the third quarter, while second rounds made up 22 per cent of the deal count and later-stage rounds accounted for 15 per cent.
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**Source: Strategic Dental Marketing, 2007.

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*Independent laboratory study, 2006
Ivoclar Vivadent launches new alloy Callisto CP+

SCHAAN, Liechtenstein: Ivoclar Vivadent has announced the global launch of Callisto CP+, its new palladium-containing, cobalt-based ceramic alloy, featuring low density and high strength. According to the company, the indications of Callisto CP+ range from single-tooth restorations to long-span bridges, also allowing the fabrication of implant superstructures. Because of its high strength, it can also be used in the press technique.

With Callisto CP+, Ivoclar aims to complement its alloy product range, Manfred Tauber, Product Manager Alloys, explains. He also told Dental Tribune that the situation in the dental alloy market has taken its toll on purchase prices, which have increased although the selling price remains unchanged. “With Callisto CP+ we would like to adjust to the current market situation,” he continued. “We offer this alloy at a low reference price, making the purchase price for dentists and dental technicians a predictable factor.”

Owing to the low density of 8.9 g/cm³, both the price and the quantities needed are kept at a minimum, Mr Tauber added. www.ivoclarvivadent.com

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Dental Tribune UK moves in ‘leaps and bounds’

Pennie Palmer
DT United Kingdom

LONDON, UK: Dental professionals from small practices in the UK are choosing to read Dental Tribune (DT) over any other dental publication, according to a recent survey by the British Dental Trade Association (BDTA). The Dental Readership Survey, by the BDTA, found that a total of 66 per cent of DT readers are from small practices and half of the dental professionals who read DT say they read it regularly.

More than half of DT’s readers are aged between 55 and 64. This makes DT the second preferred choice for people in this age group.

Pennie Palmer, editor of DT UK, said: “We have only been in the market for two years and are already moving in leaps and bounds compared to other stalwarts in the market that have been around for years.”

The survey also found that the British Dental Journal and BDA News are the dental publications that attract the highest number of readers. A total of 96 per cent of dental professionals believe that dental publications enable them to keep abreast of what is happening in the dental industry, while 77 per cent read dental publications to gain information on the newest techniques.
The population is ageing rapidly because of the prolonged life expectancy evident in most industrialised countries in the world. Accordingly, the number of bedridden elderly requiring systemic care in residential, nursing and nursing homes is increasing. Institutionised, elderly individuals who need systemic care have poorer oral health than those who live independently at home.1,2 In particular, the oral hygiene of the bedridden elderly is often poor.3 Diminished oral health, in turn, may affect their quality of life.4 Moreover, microorganisms in microflora related to poor oral health increase in the prevalence of bacteria that contribute to the development of pneumonia5 as bacteria present in oropharyngeal flora are aspirated into the respiratory tract; therefore, their presence is a risk for the elderly and compromised hosts. As a result of this, tooth plaque can also be aspirated into the lungs and cause pneumonia,6 amount of mean oral microflora is considered important for controlling oral microorganisms, including opportunistic pathogens on tooth and mucosal surfaces, and some studies have indicated that oral hygiene treatment of hospitalised elderly patients reduces the risk of developing pneumonia.7 Thus, professional oral care may be effective for reducing the risk of pneumonia for elderly residents of long-term care facilities.

Tooth brushing, removing of dental calculus, and oral washing are useful cleaning procedures for decreasing oral microorganisms. However, it is important to note that following oral care treatment, oral microorganisms are restored for a few hours and a certain amount are retained in the oral cavity. Healthy oral bacterial flora requires a certain amount of oral commensal and non-pathogenic microorganisms. Oral bacterial communities, known as the saliva, are composed of species composing the surface or substratum composition, and the conditioning film that coat the surfaces on which they form.8,9 The interactions between these commensal and other bacteria are potentially beneficial for one or more species present in the biofilm through aggregation.10,11 Oral streptococci have been shown to compose between 60 per cent to 90 per cent of the supragingival plaque biomass.12,13

Routine oral care in the institutionalised elderly

Regular and routine dental care may be effective in reducing the number of dental and respiratory bacteria in elderly residents of long-term care facilities. Although the effects of oral care have been reported, few studies have examined the bacterial differences of opportunistic pathogens in institutionalised, elderly care facilities and after receiving regular dental care provided by caregivers and dental hygienists. Kokubu et al. (in press) evaluated the effects of routine oral care on opportunistic pathogens at various points after admission to a nursing home.20–22 Twenty-five elderly subjects living in a nursing home (mean age: 86.0 ± 10.4 years old) participated in the study. Caregivers and dental hygienists cleaned teeth, dentures, tongue, and oral mucosa using both routine and professional oral care techniques. Regular oral care was found to be effective in reducing infection by several species and strains of opportunistic pathogens on tooth surfaces and the oral environment without food residue over a long-term (6 months, Fig. 1). Further, such care over a short term (one month) significantly reduced infection by opportunistic pathogens on mucosal surfaces in subjects without dentures, but not in those with dentures. The results indicate the importance of decreasing the oral care on hard and soft surfaces in the oral cavity for the prevention of fatal pneumonia and thus the improvement in quality of life in the institutionalised elderly.

Effects of oral mucosal care on oral microbiological infection

Professional oral care with mucosal care is an important practice for maintaining the oral health of the elderly.12 Moreover, little is known about how oral mucosal care controls oral pathogens in the oral cavity. In order to determine an optimum control strategy for oral pathogens, such as mutans streptococci (MS) and Candida spp., with which to maintain the oral health of the elderly, Nishiyama et al. (unpublished) examined the combined role of anti-microbial regimens and disease in humans.22–24 The presence of streptococci has been shown to have an inverse correlation with the presence of Pseudomonas aeruginosa and MRSA in the oral cavity.25 The growth of streptococci is associated inversely with the carriage of pathogenic bacterial species in the oral cavity.26 This indicates that humans require a certain amount of microorganisms to survive for the process of evolution in the oral cavity. The use of anti-microbiological agents for oral hygiene

Dental caries and periodontal diseases are a large problem for an increasing number of elderly individuals associated with tooth loss.24,25 Several species of bacteria, including Streptococcus sobrinus, Porphyromonas gingivalis, and Aggregatibacter actinomycetemcomitans, are pathogens related to dental caries and periodontal disease in humans.26–28 The prevention of these diseases requires the control of these pathogens, which exist in an oral biofilm known as dental plaque. The use of antimicrobial agents has been found to be helpful for the prevention of dental caries, periodontal diseases, and pneumonia. Chlorhexidine and polyvidone-iodine are potent anti-microbial and chemical agents that reduce oral pathogens in the oral cavity. However, their clinical application is limited because they have a bitter taste and can stain teeth with frequent use. Moreover, they induce various adverse reactions, such as an allergic reaction, and may destroy the balance of normal and microbiological flora, including oral streptococci, which exist in high concentration in the elderly, because the agents have broad spectrum to microorganisms in the oral cavity. It is important to use anti-microbiological agents that exhibit few or no adverse effects and act on specific pathogens in the oral cavity.

Comparison of the results

The number of MS detected on tooth surfaces at zero, one, two, three, six, and eight months after oral care treatment, with or without mucosal care, are shown. The results are expressed as the mean ± standard deviations of the number (log CFU/mL) of strains and strains of opportunistic pathogens. The presence of species numbers of opportunistic pathogens (A) or species numbers of opportunistic pathogens (B) was analysed using the Pearson product-moment correlation coefficients.

Effects of systemic immunity on oral microbiological infection

It deteriorates not only systemic immunity, but also oral immunity because of the alternation of the oral environment, for example, a decrease in saliva volume and a change in saliva composition. Alternation of the oral environment results in a loss of balance in commensal bacterial flora. Decreased immunity may result in infection by these micro-organisms, and because of this, surgical procedures are thought to increase the risk of infection. Individuals with either inherited or acquired immune deficiency are subject to an increased risk of dental disease.29,30 Many of the protective immune responses of elderly people are impaired, which leads to an increased risk of oral bacterial infections.

Little is known about the interaction between the systemic

Fig. 2. The effects of routine oral care on reduction of more than four kinds of species and strains of opportunistic pathogens. The proportion of species numbers of opportunistic pathogens on tooth, tongue, and oral mucosal surfaces at zero, one, four, and six months after oral care treatment, with or without mucosal care, are shown. The results are expressed as the mean ± standard deviations of the number of MS detected on tooth surfaces at zero, one, two, three, six, and eight months after oral care treatment, with or without mucosal care, are shown.
The effects of professional oral care on CD69+ NK cells. Amounts of CD69+ NK cells in NK cells were detected in blood from elderly subjects (n = 8) after conventional oral care for a month, professional oral care for a month, and three months after professional oral care. The results are expressed as the mean ± standard deviations of the proportionate numbers of activated NK cells (53 males, 47 females) were examined. Blood samples were drawn and activated NK cells were evaluated using CD16, CD56, and CD69 monoclonal antibodies with flow cytometry. Human blood NK cells responsible for antibody-dependent, cell-mediated cytotoxicity constitutively express CD56 antigens and CD16. In addition, NK cells express C-type lectin receptors, such as CD95, which is an early activation marker. The majority of CD69+ NK cells (CD16+CD56+) showed significant correlation with the isolation numbers of total streptococci (R = 0.409, P < 0.01; Fig. 5a), species numbers of opportunistic pathogens (R = –0.531, P < 0.01; Fig. 5b), numbers of decayed teeth (R = –0.223, P < 0.05), and the amount of bridge work (R = 0.219, P < 0.05). A high proportion of CD69+ NK cells is associated with the incidence of dental caries, the number of opportunistic pathogens, and total streptococci in the oral cavity of the elderly. This suggests that determining the proportionate numbers of CD69+ NK cells may be a useful indicator of oral infection in elderly subjects.

Following daily professional oral care for a month, the activated CD69+ NK cells were measured in the institutionalised elderly. The results showed that the proportion of activated CD69+ NK cells was significantly elevated by the treatment in comparison with the primary data of activated CD69+ NK cells (Fig. 4). Therefore, it can be deduced that regular professional oral care may stimulate systemic immunity in the institutionalised elderly. This may indirectly control infection by opportunistic pathogens and the balance of the microbiological community, as well as the physical removal of bacteria in the oral cavity. However, further studies are required to explain these mechanisms.

Effects of local immunity on oral pathogens following professional oral care

We examined the amino acid residues 561–586 of Streptococcus mutans surface protein antigen (Pac) and an important region associated with the interaction between S. mutans and salivary components. The Pac (561–586) peptide has been shown to induce an antibody that inhibits the interactions of S. mutans with salivary components on tooth surfaces, which is considered important for the adherence of S. mutans to tooth surfaces. Low and high concentrations...
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The number of MS in PPA not detected and PPA detected elderly subjects after professional oral care. The number of MS in anti-PAc(361–386) peptide salivary IgA (PPA) not detected and PPA detected elderly subjects was measured on the tooth-surface sample at zero, one, two, three, six, and 12 months after the start of professional oral care. The results are expressed as the mean ± standard deviations of the number (Log10/ml) of MS. Asterisks indicate significant differences between zero month and other months in the Student’s t-test with the Bonferroni correction (one asterisk, *P < 0.05).
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Piezosurgery—precise and safe new oral surgery technique

Piezosurgery is a new and modern bone surgery technique for periodontology and implantology. Piezosurgery has therapeutic features with several advantages over conventional surgical methods. The technology enables a micrometric cut that is uniquely precise and secure, limiting tissue damage, especially to surrounding soft tissues. A selective cut is possible because of different ultrasonic frequencies, which only affects hard (mineralised) tissues, sparing fine anatomical structures. The intra-operative field remains almost free of blood. With piezo-electrical surgery techniques, bone harvesting (chips and blocks), crestal bone splitting, and sinus floor elevation can be performed easily and safely. Piezosurgery meets the high demands on the prosthetic finalisation of dental implants. Its precision allows excellent results and tissue conservation accelerates the healing process.

Piezo-electrical surgery is a relatively new surgical technique and offers considerable advantages over conventional methods of bone surgery. Based on adjustable, two-dimensional ultrasonic oscillation, the technology offers tissue-specific cutting characteristics. With an operating frequency of 25–30 kHz, the device cuts hard tissues, while preserving sensitive soft tissues. Adjusting the working frequency settings and different tips, helps to adapt the system to different surgical techniques, such as dental extraction, bone grafting, osteogenic distraction, endodontic surgery, alveolar nerve decompression, and cyst removal. In particular, dental implants often require precise osteoplastic restoration, to guarantee proper positioning. Owing to its high accuracy (micrometric cut) and tissue-conserving properties (selective cut), Piezosurgery is the method of choice for critical implant site preparations.

Sinus floor elevation

Bone ridge splitting, harvesting techniques, and sinus elevation are particularly important techniques for implantologists. Sinus floor elevation is usually the most effective therapy for augmenting the atrophic posterior maxilla with bone mass. Perforation of the Schneiderian membrane is a risk with traditional procedures during preparation of the window or during the elevation stage. Piezosurgery can reduce this risk to a minimum. An intact membrane is a precondition for stabilising the graft. Different tips are therefore available for performing various surgical procedures, to achieve an optimal result. The selective cut makes it impossible to injure the membrane while preparing the window. In practice, the osteoplasty OT1 tip is recommended for the preparation of the window in case of a thin bone wall. In cases with thick bone, the osteoplasty OT1 tip is indicated for bone reduction, and the OT5 tip thereafter for bone cutting. After elevation of the membrane the window 2 mm around the limits of the window, the Piezosurgery EL2 and EL3 elevation instruments are used. The hydro-pneumatic pressure of the elements applied via the cooling solution helps to dissect the membrane.

Bone harvesting (chips and blocks)

Bone chips with a size of 500 µm (Fig. 6) are the perfect material for osteoconductive bone regeneration and show the best results. The chips serve as a guiding structure and thus facilitate bone regeneration. Piezosurgery is well suited for harvesting appropriate autogenous bone chips. Gently scratching along the surface of the bone, using osteoplasty OT1 to OT5 tips, can harvest sufficient bone chips.

Bone chips are not in any case the best material for bone regeneration. In horizontal or vertical augmentation procedures, bone chips show their limits. In these cases, bone blocks achieve better results. Classical donor areas for the blocks are the chin, linear oblique, and crista ilaca. The ostectomy has a disadvantage when using conventional procedures: the horizontal ostectomy needs a large area to be uncovered, to provide the clinician with good access to the operational site and to protect surrounding soft tissues. With Piezosurgery, this approach is easier, as the low operational amplitude of the tip requires only a small access area. The optimal cooling effect and the selective cut protect neighbouring soft tissues and ensure that no injury occurs.

Bone splitting

For the cementation of dental implants, the bone splitting technique can be used in cases in which there is sufficient...
bone height but insufficient bone width. In this case, Piezosurgery shows good results as well. With an osteotomy tip OT7, the bone can be separated non-traumatically (Figs. 10–12). An extension can be completed by the use of osteotomes. Piezosurgery lowers the risk of bone fractures and the bone becomes more elastic after extension. However, during bone splitting there is a risk of pressure trauma, especially in D1 bone. Therefore, Piezosurgery is also beneficial when used for preparations of dense mineralised bone.

Conclusion

With Piezosurgery, an innovative technique for dental surgery is available. It can be used as a concomitant procedure or, to some extent, to displace conventional techniques. It is especially useful for implant procedures, which demand precise actions and benefit from the high accuracy and tissue-preserving properties of this method.

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