Dear reader,

“This tooth is hard to pull out.”

Claudia Salwiczek

I just returned from the Greater New York Dental Meeting where I had the opportunity to conduct a number of interviews with well-known opinion leaders in dentistry. What struck me most about the line-up was that only 1 out of the 30 professionals that I spoke to was a woman.

It is a sad fact that compared to other fields in medicine and dentistry, it remains predominantly a male profession. There are exceptions, of course, such as Dr Catrine Austin, a New York-based dentist, who I recently met to talk about her decision to offer endodontic treatments to her patients. Or Dr Bo Chen from Beijing, who I met at the P-I Bränemark symposium in Sweden where she presented a revealing study on patient satisfaction figures with facial and orofacial reconstruction. Unfortunately, though large in impact, these developments and ideas do not usually receive the recognition they deserve.

However, what these examples also demonstrate is that women often tend to develop solutions that are socially applicable and that offer benefits for all members of society; a fact acknowledged by a recent World Health Organisation report. In the study on Women and Men, the question was also raised why women generally have to carry much of the health care burden while getting hardly anything back. It may be time for women, especially those working in medical and dental professions, to step up and make their message heard.

It may not happen overnight, but with more and more women overtaking high political and economical positions, it will be difficult for dentistry to hold up to its Boys Club status for much longer. Certainly hope that when I return to New York in 2010, there will be a larger share of female dentists to speak to.

Yours sincerely,
Claudia Salwiczek
Editor
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IDF guideline focuses attention on the oral health of an increasing number of patients with diabetes

Debra R. Lamster

The International Diabetes Federation publication Guideline: Oral Health for People with Diabetes addresses the reported bi-directional relationship of diabetes mellitus and periodontal disease. It has long been recognised that periodontitis is a complication of diabetes mellitus, and periodontitis has been suggested as the sixth clinical complication of diabetes. More recently, data has been published that suggests that metabolic control in diabetes is adversely affected by periodontitis. The mechanism that accounts for this association is the production of inflammatory mediators in the periodontal tissues, with a resultant elevation of serum levels of these mediators, leading to the desensitisation of peripheral insulin receptors.

The guideline group that prepared and wrote this report addressed two questions: “What level of surveillance for periodontal disease should be recommended for people with known diabetes?” and “Is active management of periodontitis particularly recommended for people with diabetes?”. In response to both questions, the guideline group concluded that the evidence does not support an affirmative answer to either of these. Despite these conclusions, the publication provides recommendations for oral health care for persons with diabetes. These include an emphasis on the need to educate patients with diabetes that their periodontal health can be adversely affected by diabetes, the importance of regular personal and professional oral health care, and the need for periodontal care if periodontal disease is present.

The findings presented in this document are surprisingly limited in scope. While it is recognised that the committee did not have specific instructions regarding the amount of evidence required in order to be able to make a recommendation, the literature reviews cited in the guideline document provided solid evidence that periodontitis is more severe in patients with diabetes. Furthermore, while evidence suggesting that periodontal treatment can improve glycaemic control in patients with diabetes is not as solid, the trend observed in these studies is that the greatest beneficial effects are seen in cases in which the glycaemic control is very poor. It can thus be deduced that these patients require the most attention, as they are at the greatest risk for clinical complications of diabetes.

The provision of appropriate care to patients with diabetes mellitus will improve oral health, which in itself is a desirable outcome. Diabetes is a chronic disease that patients must manage on a daily basis. Appropriate oral health care, with a focus on prevention, can lead to a lifetime of good oral health, efficient mastication and a better diet, the last two of which can have important positive effects on weight control. Weight control is critical for glycaemic control.

Another important consideration is whether patients who undergo periodontal treatment will have diabetes and not be aware of their diagnosis. In the US, approximately 25 per cent of patients with diabetes are not aware that they have diabetes. Given the increased prevalence of periodontitis in this patient group, careful examination by a dental professional (to identify advanced periodontal disease) and a thorough health history (that is, family history of diabetes, or a report by the patient of excessive thirst, urination and/or hunger) can suggest the need for evaluation of diabetes. If dental professionals are to assume this more active role, they need to be familiar with all aspects of diabetes mellitus, including risk factors, health history and clinical complications, and treatment approaches. This may require additional training, but the outcome will be the improved general health, not only oral health, of patients treated in the dental practice.

The guideline document is important because it focuses attention on the oral health of the increasing number of patients across the globe with diabetes. Dental disease is a component of the diabetes clinical spectrum. Additional studies appear in peer-reviewed journals each month. Thus, the findings regarding the bi-directional relationship of diabetes mellitus and oral health presented in this guideline document are not final.

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Endo vs. Implants

Dr Carsten Appel

Endodontic therapy is often the last opportunity to preserve a natural tooth. If a tooth has a sufficient restorative and periodontal prognosis and the necessary endodontic treatment is done properly, the longevity of patients’ teeth can be extended to decades. There is ongoing debate comparing endodontics and implants as therapy alternatives. Yet, there seems to be a tendency towards the replacement of natural teeth with implants, sometimes even in cases in which the tooth could have been preserved.

Research figures show that there is a significant difference between the high success rates of endodontic procedures and controlled studies and the incidence of apical periodontitis after endodontic treatment, as demonstrated in cross-sectional studies. This may be an indication of the difference between the protocol and what is achieved in reality, thereby explaining the endodontic treatment results we often see in our patients.

Controlled studies in implantology have mostly presented data indicating implant survival and not implant success, as demanded by Dale, Allerklsson and others. Even early implant loss, within the first weeks of placement, is often included in many statistical calculations. In the last two years, reports have indicated instances of peri-implantitis at a rate of 10 per cent and in some implant types of up to 29 per cent. Some studies have shown higher incidences of peri-implantitis in patients that have lost teeth because of periodontitis before and therefore suggest a possible predisposition. Additionally, we are only beginning to understand the treatment of peri-implantitis.

In my opinion, implants are a very valuable instrument if the natural tooth has already been lost due to periodontal disease. But if a tooth has a sufficient restorative, periodontal and endodontic potential, it should be preserved in most cases. Thus, I consider that the situation is not one of endodontics versus implants but one of two disciplines working alongside in the goal of best serving our patients.

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