Meetings & More

**An Increasing Population with Special Needs**

Daniel Zimmermann & Claudia Salant

**Microscope Dentistry**

AMED is an international association of restorative microdentistry, periodontal microsurgery, micro-endodontics, microprosthodontics, implant microsurgery and associated disciplines. They held their 8th Annual Meeting & Scientific Session from 8–10 November.

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**Marijuana A Cancer Risk**

John Hoffman

Smoking marijuana may significantly raise a person’s risk of developing cancers of the neck and head, according to new research from UCLA’s Jonsson Cancer Center. Dr. Zuofeng Zhang, a professor of epidemiology at the UCLA School of Public Health, cautions that marijuana is often overlooked as a cancer risk, but the drug contains stronger carcinogens than tobacco.

Marijuana is the most popular illegal drug in the U.S., and more than 50 percent of all Americans 12 or older are estimated to have tried it. Zhang and his fellow researchers found that the more marijuana a person smokes, the greater the risk of developing neck and head cancers, and people who use marijuana habitually for many years run an especially high risk.

Zhang warns that cancers of the mouth, tongue, larynx and pharynx take years to develop, and incidence of those cancers may grow sharply as baby boomers age. Marijuana may also exacerbate a genetic defect that prevents some people’s DNA from repairing itself. People who have that defect and smoke marijuana are 16 times more likely to develop head and neck cancers than are non-marijuana smokers whose DNA repair function operates properly.

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**An interview with Prof Luc Martens, Belgium, about special care dentistry in daily practice**

Prof Luc Martens

The IADH recently changed its name from the International Association for the Handicapped to the International Association for Disability and Oral Health. What was the reason for this?

Prof Martens: After years of discussion within the IADH council, the change of the name was finally decided in the year 2000. The main reason for it was, on the one hand, the strict meaning of the word ‘handicapped’, which has worldwide a pejorative sound and which is spontaneously related to mental retardation. The target group of IADH, however, is a group of patients with special needs. This is far beyond the border of being handicapped. It deals with all patients with impairments, disabilities and, finally, handi-
Dear Reader,

This December marks my fifth year handling the Dental Tribune Asia Pacific Edition as a Managing Editor for Dental Tribune International (DTI). I am honoured to have had the opportunity to oversee the development of this newspaper from a mere three editions in 2005 to the ten editions it does now. Over the years I’ve had the pleasure of working with and getting to know my many license partners around the globe as they launched their editions and sought my assistance on editorial matters within the DTI network.

It has been a delight to meet all of our readers over the years as well — either at dental events or via e-mail, phone and fax. The biggest debt I owe, however, is to the authors featured within our pages who have given freely of their time and knowledge, and have educated me about the world of dentistry. To each and every one of you I give my heartfelt thanks for your time and patience.

Like all things in life, change is inevitable, but it is something I have always welcomed due to the new opportunities it brings. Beginning in January 2008, Daniel Zimmermann will take over as Managing Editor. I know of no more capable within the DTI network of guiding this publication into its sixth year and effecting the positive changes that you will soon see within these pages.

I will happily remain a part of the DTI network as I take on expanded duties for DT America as the Group Editor for a team of five editors and one staff writer. DT America joined the DTI network in 2006 with a DTU U.S. weekly edition and three specialty editions of Endo Tribune, Implant Tribune and Ortho Tribune. As the DTI network continues to grow and meet the needs of our most important ally — our readers — I hope you will continue to send us your feedback about how we are doing no matter which edition you read.

I wish you every bright and eventful thing as the calendar year comes to a close, and send you my sincere wishes for good health and a peaceful spirit in the year ahead.

Namaste,

Robin Goodman
Group Editor
Dental Tribune America LLC
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In addition, the term ‘dentistry’ became old fashioned in modern health policy. Care for the whole oral sphere is important, not only teeth, therefore ‘oral health’ was introduced in place of dentistry.

How do you define the term ‘disability’ and what patient categories are included?

According to the WHO, disabilities is an umbrella term, covering impairments, activity limitations and participation restrictions. An impairment is a physical or mental disorder, or structure, while an activity limitation is a difficulty in executing a task or action. A participation restriction is a limitation of opportunities to take part in the normal life of the community. An equal level with others due to physical and social barriers. In this context, the mentally retarded, autistic people, syndromes, cerebral palsy and also dementia can be considered as patients with disabilities. Since then the term ‘handicap’ was banned from documents.

What kind of special needs do patients of different age groups have when they consider dental treatment?

One of the major special needs is the basic need for optimal oral hygiene. A lot of disabilities are accompanied with minor or even self-distrust, which means that daily brushing must be performed by caregivers. Further, it depends on functional problems such as cleft lip and palate, drooling and craniofacial disorders; nutritional problems such as mixed food and in between meals; drug administration such as those of chronically diseased children or those with epilepsy, which a certain patient with a certain disability has or develops a certain special need. Myofunctional therapy, periodontal therapy, increased preventive measures, development of individual devices, educational strategies, etc are some examples of special needs that patients can have.

How can dentists meet those needs?

One of the major goals should be that every general dentist show some affinity for these patient groups, and if not, that he refers to a colleague who does or to a specific centre for special care dentistry. The dental treatment of an autistic patient can perfectly be done in the private practice if the dentist is aware of certain ‘rules’ dealing with autism.

A patient with Down syndrome can perfectly be treated in the private practice if the dentist knows something about the presence of shortened roots and potential periodontal breakdown, and he is aware of potential cardiovascular problems. Any wheelchair patient can be treated in a regular dental office as long as the abilities are accessible by wheelchair.

Furthermore, a lot of special needs groups live in homes, institutions or are hospitalized. There is a real duty for dentists to fulfill the special dental care those people need. In my personal opinion, Special Care Dentistry is for all general dentists who show affinity for these patients and who are willing to get trained in order to learn recognition of special needs, and to get skilled in their special care when needed.

Major demographic changes are changing social structures in the developed world. There will be more and more elderly patients with special needs in the future. What does that mean for the daily practice?

Indeed the elderly group is one of the future, increasing special needs groups and life expectancy increases. But again, one has to distinguish when elderly people need special dental care. Nowadays we talk about vulnerable elderly, persons 65 or older, who are at high risk of functional decline or even death, and frail elderly, persons with an unstable disability in which even the smallest event may affect his or her ability to function daily. These particular groups, will not need the dentist in the private practice, but general dentists will probably be consulted on site in homes and institutions.

What can dental professional do to prepare themselves for this?

The dental profession should at least be aware of the existence of special needs groups and consequently of the need for special care. Taking into account life expectancy — also for those with chronic diseases — the dental profession should be aware of an increasing population with special needs. In this respect it is great that the FDI adopted a Policy Statement on the oral and dental care of people with disabilities (2005).

In order to deliver basic knowledge to all dentists, special care dentistry should become part of the dental curriculum worldwide. Furthermore, it is clear that at a certain point, really special skills are needed and that specialized practitioners will be needed. Policy towards a recognized specialty for a limited number of practitioners is strongly recommended. Further, I hope policy makers will realize that optimal oral health is a basic right for every human being and optimal oral health determines quality of life!