The Philippines to host Health Tourism Congress

Global market projected to grow by US$20 billion until 2012

Hadi Malaeb, managing partner of the Dubai-based events company, told the Philippine Daily Inquirer that the Philippines won the bid for hosting the congress in 2009 partly because of an emerging trend in the Middle East to tour Southeast Asia, particularly the Philippines. He said that 92,000 medical tourists from the United Arab Emirates came to the Philippines last year, compared to 60,000 who went to Thailand.

Malaeb said that a 2006 Globalysis study estimated the global health and wellness tourism industry at US$40 billion, which is projected to grow to US$60 billion by 2012. “The Asian market alone consists of 1.5 million medical tourists spending a daily average of US$852 compared with the US$144 of regular inbound visitors,” he added.

The tourism industry in the Philippines has been promoting the country as a health-care destination for the past few years. During a medical tourism and wellness summit in October, Tourism Secretary Joseph H. Durano emphasised the wellness sector as part of the Department of Tourism’s ‘recession-proof strategy’ to ensure tourism growth amid the economic downturn. Tourism Undersecretary Cynthia L. Carrion told reporters that the country has internationally recognised health-care facilities that compete with those in Thailand and Singapore.

Carrion also said that her department recently set up a technical working group for health and wellness tourism with representatives from both the public and private sectors. The department is also developing a statistical database to track the industry’s progress, and has negotiated tax incentives and other incentives for medical tourism from the Board of Investments.

Carroll emphasized the need for continuing education in the military. In recent years, the US military has had trouble recruiting medical professionals, not medical or dental scholars, in exchange for military service.

The campaign, which has been under consideration for several years, allows the Army, Navy, Marines, and Air Force to recruit from the thousands of foreigners studying in the United States temporarily as legal aliens. Currently, there are about 29,000 non-citizens serving in the US military in return for expedited citizenship. Since 2001, nearly 75,000 foreigners have become citizens while serving in the military.

US military recruits foreign doctors

WASHINGTON, DC, USA: The US Department of Defense has announced the start of a recruiting campaign aimed at foreigners living in the United States on temporary visas, to fill critical shortages of medical personnel in the military. In recent years, the Army has had trouble recruiting medical professionals, not medical or dental scholars.

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Taiwan needs more implant training

According to an article in the Taiwan Times, only 140 of 15,000 dentists in Taiwan are certified to place dental implants. An official of the Department of Health told the newspaper that although dentists in the country are allowed to perform the procedure, there is no effective quality control for the profession. Patients should check whether their dentists have received certification from professional groups before getting implants.

Globally, implantology is the fastest growing market segment in dentistry with a projected market volume of US$2 billion. Taiwanese customers buy around 100,000 dental implants every year, figures of Taiwan’s Academy of Oral Implantology (AOI) say.

Tooth decay in Malaysia

A new oral health campaign by the Ministry of Health in Malaysia and international toothbrush manufacturer Oral-B has revealed that nine out of ten Malaysians have problems with their teeth and gums. Half of the population also visit their dentist only if there is a noticeable problem.

Units for Wagga Wagga

Planmeca reported that its distributor Henry Schein is outfitting the new Charles Sturt University dental school in Wagga Wagga, Australia, with a complete line of Planmeca products. The University is purchasing 82 simulation units, 78 compact dental units & 52 digital intraoral X-ray units.

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DTI
Daniel Zimmermann

LEIPZIG, Germany: The Philippines has won the bid to host the next World Health Tourism Congress in Manila, the organizer Xura International has announced. The country will be the first outside Europe and the Asia Pacific region to host the event, which will be held at the Sofitel Philippine Plaza Manila on 26–28 March 2009. Previous congresses have been held in Germany, Cyprus, and Spain.

Hadi Malaeb, managing partner of the Dubai-based events company, told the Philippine Daily Inquirer that the Philippines won the bid for hosting the congress in 2009 partly because of an emerging trend in the Middle East to tour Southeast Asia, particularly the Philippines. He said that 92,000 medical tourists from the United Arab Emirates came to the Philippines last year, compared to 60,000 who went to Thailand.

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Planmeca reported that its distributor Henry Schein is outfitting the new Charles Sturt University dental school in Wagga Wagga, Australia, with a complete line of Planmeca products. The University is purchasing 82 simulation units, 78 compact dental units & 52 digital intraoral X-ray units.
Health education change in The Philippines

LEIPZIG, Germany: The Philippines is undertaking a major renovation of health education, starting with a moratorium on the establishment of new medical and nursing schools. While the country presently produces more nurses than it needs, primarily to raise foreign remittances, many doctors, physiotherapists, occupational therapists, and other health professionals, such as dentists, consider migrating, due to poor working conditions and low salaries. “This leads to a paradoxical situation where the major health provider of the country presently produces more and nursing schools. While the establishment of new medical renovation of health education, a dearth of the same resource” as explained, is undertaking a major overhaul is being made of the entire health education system, says Dr Fely Marilyn L. Lorenzo, co-author of the Master Plan and professor at the University of the Philippines Manila. She told the Manila Times that it would take as long as five to ten years to establish the system, and after that to sustain it.

“We hope that the plan will rationalise the production and utilisation of health workers,” she said.

Approved by the Department of Health in 2004, the Master Plan is driving the country’s policy on health education priorities for a broad range of health professions. It aims to change the distribution of physicians, dentists, and other health professionals based on needs, geographic characteristics, and socio-economic factors.

“It’s the first time that a major overhaul is being made of the entire health education system,” says Dr Fely Marilyn L. Lorenzo, co-author of the Master Plan and professor at the University of the Philippines Manila. She told the Manila Times that it would take as long as five to ten years to establish the system, and after that to sustain it.

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New resource on infective endocarditis for dentists in Australia

SYDNEY, Australia: Health professionals in Australia cannot access a new leaflet explaining recent changes to infective endocarditis guidelines, which has been developed by the National Prescribing Service Ltd (NPS), an independent, non-profit organisation for quality use of medicines in Australia.

The new guidelines for prophylactic antibiotic therapy are for prevention of infective endocarditis were introduced by a multidisciplinary group of health professionals back in July 2008. They recommend prophylactic antibiotic only for patients with the highest risk of adverse outcomes, and specify the heart conditions and procedures for which antibiotic prophylaxis is now recommended. The leaflet explains these recent changes to antibiotic prophylaxis guidelines, as well as dental work or surgery warranting this, in lay terms.

Endocarditis is a rare condition that causes inflammation of the heart lining, muscles, and valves. It can occur at any age, but is more common in people aged 50 years and older, and is commonly caused by germs in the mouth entering the blood.

“This online resource will help dentists, doctors and other health professionals to explain the changes to patients, especially those who may be anxious about how the changes will affect them,” NPS Executive Manager of Quality Use of Medicines Programs, Karen Kaye, said.

The Australian Dental Association, Therapeutic Guide lines, and the Cardiac Society of Australia and New Zealand have endorsed the patient information leaflet for the new guidelines that is available for download from the NPS website.
It's **NEW.** It's **NANO.** Get it **NOW.**
Motivating the motivator

Dear reader,

As the year draws to a close I would like to extend my best wishes for 2009 to all our readers. The problem we all face next year is uncertainty about the future. The financial crisis that started on Wall Street this autumn has just begun to unfold in other parts of the world, and although there are many opinions about the short- and long-term effects, no one is really able to foresee whether it will continue for a few months or in the years to come.

The latest news from the marketplace in Asia is not very promising. China, as one of the key players in the region, has just witnessed its largest drop in exports in nearly a decade. At the same time, foreign direct investment has fallen by 56.5 per cent compared to November 2008. The Asian Development Bank in Manila recently predicted a significant slowdown in economic growth of more than 5 per cent for the entire region. Policy makers and industry players have to act swiftly if the industry is to withstand the crisis.

Prospects look rather uncertain for the dental profession. In recent years, dentistry in most markets has been driven mainly by high-cost procedures, like dental implants and cosmetics, but these sectors will probably be the first to suffer from the economic slowdown. One of the factors that could help the profession is health tourism. Ironically, fuel prices have seen a sharp decrease in the last two months, which could boost the influx of patients from overseas destinations like Singapore, Thailand, and the Philippines.

Despite what happens in 2009, we will continue to put our heart into informing you of the latest developments in Asian and international dentistry. We hope that you will benefit from this knowledge, and encourage you to send your feedback on our articles and suggestions for future articles on matters that interest you.

As official publishing partner of the FDI World Dental Federation, we will also be present at the Annual World Dental Congress in Singapore next September. We look forward to possibly meeting you there or at future international events.

We wish you a successful and happy New Year in 2009!

Daniel Zimmermann
Group Editor
Dental Tribune International

I foresee ...

I carried out the usual run through of the medical history, dental health, stress levels, oral hygiene routine and was seriously considering skipping a bleeding score and not disclosing for a plaque score to make my life easier.

When life is busy like this, it is easy to get a little lax and decide to skip some things to keep on time and make life easier. You can get tired and de-motivated just like everyone else. After all, we need motivation as well as providing it.

This week, a client was my motivator. She had an aggressive periodontal condition and it took several sessions of root surface debridement and a lot of good home hygiene to get her stabilized. When she first attended, as is common with active periodontal cases, she was suffering from a strong oral malodour. She had not mentioned it in her initial interview, and, as she was already motivated to improve her oral health, I chose not to mention it. In this incidence, it was not necessary to use it as leverage.

This visit was for her maintenance appointment and was booked on a particularly busy afternoon and she was my last client of the day. I had just seen three demanding patients in a row, which had left me a little drained and I was conscious of running late.

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I carried out the usual run through of the medical history, dental health, stress levels, oral hygiene routine and was seriously considering skipping a bleeding score and not disclosing for a plaque score to make my life easier.

Then my patient said that she just wanted to thank me for everything. She was so pleased that I had helped her to stabilize her disease, but was most pleased that the bad breath had gone. She and her friends had been aware of the odour and it had affected her social life quite badly. She had stopped going on dates and avoided large groups where she would need to be close to someone to be heard. She was a receptorist in a large office and she felt self-conscious most days.

Since our completion of initial treatment, she has been speed dating, has joined a dating agency and is enjoying her social life again. She felt this was largely due to the treatment she had carried out and she just wanted to let me know what a difference it had made in her life.

I went from being a shrewd bank of a hygiene grunt rushing to get home, to bursting with energy and enthusiasm. I may even have had a wee tear in my eye. Needless to say I did do this bleeding and plaque score and she was doing well.

Realistically, most clients are busy and although they appreciate what we do, they might not have the time or the notion to boost our motivation by saying thank you.

One way to help keep your care consistent for your clients is to work out what will be involved in an appointment with you. Will you always disclose? (I would say yes to that.) What about pocket charting? Once a year? Anything over 4 mm measured each visit? There is no end to the information we can document, but there is an end to the appointment.

In our practice, we use a protocol system so we have a clear guide to how we care for the patients. This helps us to monitor the quality of care we give our patients.

Whenever method you choose, remember that you are human. It’s all right to lack enthusiasm sometimes, but we still need to deliver a quality level of care. That is what makes us professionals—and great ones at that.

(Mhari Coxon is a dental hygienist practising in Central London and chairman of the London British Society of Dental Hygiene and Therapy (BSBDHT). She can be reached at mhari.coxon@epdford.co.uk.)

We tend to believe that among all the stressful professions in the world, it is dentists who have the highest suicide rate. Many people feel stress when they go to the dentist, and it is only logical to assume that the dentist must also feel the end result of all of that stress. Not to mention listening to all of the patients who say, “No, of course, but I hate the dentist!” You may be surprised to learn that there is little evidence that dentists are more prone to stress-related suicides than the general population, according to an article in the January 2009 issue of the Journal of the American Dental Association (JADA).

When a myth is repeated enough times over a long period of time, it begins to be accepted as the truth. “Since 1975, more than 1,000 professional media have repeatedly portrayed dentists as being suicide-prone,” said Roger E. Alexander, D.D.S., professor, Baylor College of Dentistry, The Texas A&M University System Health Science Center, Dallas. Over the past twenty years, there has been little attempt to verify this claim. There are, however, valid statistical data on the dental profession’s health issue. According to the Centers for Disease Control, suicide took the lives of 30,575 Americans in 1998 (11.5 per 100,000 population), and more people die from suicide than from homicide. In 1998, there were 1.7 times as many suicides as homicides, and over all, suicide is the eighth leading cause of death for all Americans, and is the third leading cause of death for young people aged 15-24. Although there is no shortage of statistical on suicide, there appears to be no evidence that dentists are at any higher risk than the general public, according to the journal’s study.

While I won’t argue that dentistry can be stressful at times, I think it’s fair to say that people in any occupation can feel stress while working. It is also important to point out that it is mental distress that is associated with more than 99 per cent of all cases of suicide. Suicide among dentists, physicians and other health care professionals is a serious issue he-been long, and all have an responsibility of caring for others. Fortunately, recent research has not confirmed a high suicide rate among dentists.

We wish you a successful and happy New Year in 2009!

Daniel Zimmermann
Group Editor
Dental Tribune International
Spot the Fillings

Makeovers can be so natural... that’s why more dentists are using Solare...
Scientists learn about diet of ancient people from dirty teeth

WASHINGTON, DC, USA: Thanks to poor dental hygiene, researchers are gaining a more detailed understanding of what people ate thousands of years ago in what is now Peru. Dental plaque scraped from the teeth of people who lived as much as 9,200 years ago revealed traces of cultivated crops, including squash and beans, according to a report in the latest online edition of Proceedings of the National Academy of Sciences.

These ancient people also ate peanuts and a local fruit known as pacay, according to the report by Dolores Piperno, a staff scientist at the Smithsonian Tropical Research Institute and the National Museum of Natural History, and Tom Dillehay, Professor of Archaeology at Vanderbilt University. They studied 39 teeth from six to eight individuals. Found in northern Peru’s Nancho Valley, the teeth were uncovered in the remains of round, house structures in a settlement dated to 9,200 to 5,500 years ago.

“Some teeth were dirtier than others. We found starch grains on most of the teeth. About a third of the teeth contained large numbers of starch grains,” Piperno said in a statement.

The teeth study indicates that the diet of these people contained cultivated crops and was stable over time. In addition, some of the grains had been cooked, the researchers noted. They said they hope the future analysis of starch grains from teeth will lead to other findings about ancient people, perhaps showing a difference in diet between Neanderthals and early modern humans.

DT

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US cuts dental jobs

NEW YORK, NY, USA: The United States suffered a grim roll call of job losses this month as a number of major manufacturing and service companies said they would slash costs to cope with the deepening economic crisis. The cuts come three days after government figures showed that US employers axed 533,000 jobs from payrolls in November, the most in 34 years, and that the nation’s unemployment rate hit 6.7 per cent, the highest since 1993.

Economists expect the unemployment rate to rise to as much as eight percent by late next year. Jobs data for December looks to be bleak as Dow Chemical Co, the largest US chemical maker, said it would close 20 facilities, divest several businesses, and cut 5,000 jobs.

Others taking the scythe to their workforces included diversified manufacturer 3M Co, which said it would cut a total of 2,300 jobs in the fourth quarter. The company said it had already cut 1,800 of those positions and that it would cut another 500 in the fourth quarter. The job losses will occur mainly in the United States, Western Europe and Japan.

Danaher Corp, a US conglomerate whose products include Craftsman tools and dental equipment, said it was eliminating 1,700 jobs, shuttering 13 facilities and freezing salaries.

The announcements came as the White House was reviewing a plan by Democratic lawmakers aimed at averting the collapse of automakers General Motors Corp and Chrysler LLC and saving 350,000 threatened jobs as the two companies face a cash squeeze.

President-elect Barack Obama, who will take office on 20 January, said the downturn demanded action to create new jobs, which economists say means a spending and tax plan of US$500 billion to US$700 billion.

Job losses in November were the steepest since December 1974, when 602,000 jobs were shed, and much worse than the consensus on Wall Street for a $40,000 reduction.

(Edition by Daniel Zimmermann, DTI)
DENTAL TRIBUNE Asia Pacific Edition

International News 7

No dental care costly for patients with diabetes

DETROIT, MI, USA: Overall medical and pharmacy costs in people with diabetes can be lower by more than 10 per cent per year in individuals receiving regular, non-surgical periodontal services. According to a study by the University of Michigan, USA, the same procedures were linked to as much as 19 per cent lower diabetes-related medical underscoring the importance of the link between medical and dental health.

“There has been considerable interest from dentists and government officials about the organisation of dentistry in the EU, and we believe this guide addresses all the professional issues that dentists need to take on board to make the move to practise in another country as hassle-free as possible,” commented Dr Anthony S. Kravitz, main author of the 406-page manual.

The English edition is available for download on the CED website. French and German editions may be published at a later date, Council officials said.

Revised manual for dentistry in Europe

BRUSSELS, Belgium: An updated guide on the training and work requirements for dentists and other dental professionals who want to practise in member states of the European Union has recently been published by the Council of European Dentists (CED). It describes the different legal and ethical regulations, dental training requirements, oral health systems, and the organisation of dental practice in 32 European countries, including Croatia, which is due to join the EU next year.

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The study analysed five years of claims data from Blue Care Network, a Michigan-based Health Maintenance Organisation, and was funded by the Blue Cross Blue Shield of Michigan Foundation. The claims data pool consisted of 2,674 members with diabetes aged 18-64 with at least twelve consecutive months of medical, dental, and pharmaceutical coverage.

“Our belief is that research like this can have positive effects on the quality of care and cost of treating patients with diabetes,” Dr Ira Strumwasser, executive director and CEO of the BCBSM Foundation, said. “This study demonstrates our effort to improve the health of all Michigan residents.”

The Blue Cross Blue Shield of Michigan Foundation is dedicated to improving the health of Michigan residents by supporting health care research and innovative health programmes.

The Aesthetic Element for Zirconia Restorations...
Align receives approval for Invisalign in Japan

SANTA CLARA, CA, USA: Align Technology, Inc. has announced the receipt of regulatory approval from the Japanese Ministry of Health, Labour and Welfare for marketing Invisalign, a method for treating misaligned teeth. The company said it would now begin widespread promotion in the country, where it has trained approximately 660 Invisalign orthodontists since launching the product there in October 2003.

“This regulatory approval in Japan is an important milestone and will enable us to engage in more traditional and expansive outreach activities to educate and support dental professionals with the necessary marketing activities needed to build the market for Invisalign in Japan,” Gil Laks, vice-president of the company’s international arm, stated. “In addition, we can now leverage the strength of the Invisalign brand by targeting prospective patients in Japan with consumer demand creation programs,” Laks added.

Align began its first commercial sales of Invisalign to orthodontists in the United States in 2002. Three years later, the company reported a manufacturing milestone of 15 million units per year.

SDG launches patient education videos on YouTube

SINGAPORE: Specialist Dental Group (SDG) has announced the uploading of its first patient education video on YouTube. The video is about the ‘Teeth-in-an-Hour’ implant procedure from Swedish Nobel Biocare and will also be available in a Bahasa Indonesia subtitled version. SDG is the first dental practice in Singapore to release patient education videos online.

Unlike conventional dental implants, which require four to six months to complete, as time is needed for the implant to heal with the jawbone, the time frame is shortened considerably with ‘Teeth-in-an-Hour’ implants. They are manufactured by Nobel Biocare, a global market leader in innovative aesthetic dental solutions and are particularly suitable for patients with multiple missing teeth. The overall time required from treatment planning to completion is two to three appointments over a period of two to three weeks, the company says.

“There is minimum bleeding, minimum trauma to the patient and the procedure is totally painless. The patient can immediately function after the procedure.”

SDG is one of the largest multi-disciplinary dental specialist groups in Singapore. The practice, which celebrates its 50th anniversary in 2009, has a strong foundation in dental implants. The clinic’s founder, Dr Henry Lee, placed the first dental implants in Singapore over 20 years ago.

Asian companies are more prominent at International Dental Show

Dr Martin Rickert, Chairman VIDH, Dr Markus Heibach, Executive Director VDI, and Oliver Pflieger, Managing Director Koelnmesse, (from left to right) at the European press conference in December. Photo: Koelnmesse.

LEIPZIG, Germany: Dental companies from Asia will have greater representation in next year’s International Dental Show (IDS) in Cologne in Germany. In addition to Korea, which will bring the largest number of exhibitors to the show, companies from Australia, China, India, and Taiwan have announced their participation.

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FDI Annual World Dental Congress
2 - 5 September 2009
Singapore

congress@fdiworlddental.org
www.fdiworlddental.org
Lasers have been used in different medical fields for many years, ever since the development of various technologies, notably eye surgery and hair removal. The technology is aiding an established aspect of modern dentistry and is widely used in Europe and the USA. DTI editor Anke Schiemann had a chance to speak to Graeme Milicich, who is a fellow, diplomate, and founding board member of the Laser Institute of America, based in Stockholm in Sweden.

Graeme Milicich: Lasers have many applications in clinical dentistry. Research in the last few years has focused on the clinical applications of hard tissue lasers. The broad range of lasers available has benefits for both the patient and the dentist. Many hard and soft tissue laser treatments are much less invasive compared with conventional approaches. I do not think there is another piece of technology in dentistry that has the ability Erbium lasers to have soft tissue, bone, and tooth structure, simply by changing laser-operating parameters. What is the advantage of lasers over rotary cutting instruments, and are there limits to what a laser can do?

Yes, there are some limitations as to what can be done with a laser, like the removal of metal restorations and crowns. But if you consider the totality of the types of treatments offered by general dentists, these limitations are far less compared to conventional rotary instrumentation. For example, a broad range of laser applications has been used for both the patient and the dentist. Many hard and soft tissue laser treatments are much less invasive compared with conventional approaches. Lasers have many applications in clinical dentistry. Research in the last few years has focused on the clinical applications of hard tissue lasers. The broad range of lasers available has benefits for both the patient and the dentist. Many hard and soft tissue laser treatments are much less invasive compared with conventional approaches. I do not think there is another piece of technology in dentistry that has the ability Erbium lasers to have soft tissue, bone, and tooth structure, simply by changing laser-operating parameters.

What are the chances of treating peri-implantitis with lasers?

There are many case studies showing excellent results when treating peri-implantitis with a laser. We have found that using debridement and disinfection gives the competent clinician a tool that has proven to be available. The laser is safe to use around implants with little risk of damage to the implant. Personally, I have only treated one case of peri-implantitis so far, and it was a complete success.
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DMG. A smile ahead.

Additional information is available at www.dmg-dental.com
January 2009

27th CIOSP – São Paulo International Dental Meeting
Where: São Paulo, Brazil
Date: 24–28 January 2009
Tel.: +55 11 2223 2300
E-mail: ciosp@apcd.org.br
Web site: www.ciosp.com.br

February 2009

Dental South China International Expo 2009
Where: Guangzhou, China
Date: 24–28 January 2009
Tel.: +86 20 8356 7276
E-mail: dental@ste.cn
Web site: www.dentalsouthchina.com

144th Chicago Midwinter Meeting 2009
Where: Chicago, IL, USA
Date: 24–28 January 2009
Tel.: +1 312 836 7300
E-mail: mwm@cds.org
Web site: www.cds.org

March 2009

2009 Pacific Dental Conference
Where: Vancouver, Canada
Date: 05–07 March 2009
Tel.: +1 604 736 3781
E-mail: info@pdconf.com
Web site: www.pacificdentalonline.com

SCANDEFA 2009
Where: Copenhagen, Denmark
Date: 05–07 March 2009
Tel.: +45 32 47 21 23
E-mail: lone.malling@bellacenter.dk
Web site: www.scandefa.dk

May 2009

31st Asia Pacific Dental Congress 2009
Where: Hong Kong, Hong Kong
Date: 07–11 May 2009
Tel.: +852 2871 8896
E-mail: info@apdc2009.org
Web site: www.apdc2009.org

June 2009

British Dental Conference & Exhibition 2009
Where: Glasgow, UK
Date: 01–06 June 2009
Tel.: +44 20 7763 8590
E-mail: events@bda.org
Web site: www.bda.org
Dental Calendar 2009

World Congress on Preventive Dentistry
Where: Phuket, Thailand
Date: 07-10 September 2009
Tel.: +66 0 56 86 06 00
E-mail: research@iad.org
Web site: www.iadr.com

2009 China Dental Exhibition
International
Where: Tianjin, China
Date: 16-18 September 2009
Tel.: +86 10 8839 3660
E-mail: info@globalhealth.org.cn
Web site: www.globalhealth.org.cn

CEDE 2009
Where: Poznan, Poland
Date: 21-24 September 2009
Tel.: +48 48 152 32 66
E-mail: cede@cede.pl
Web site: www.cede.pl

Dental Expo 2009
Where: Moscow, Russia
Date: 08-11 September 2009
Tel.: +7 495 155 7900
E-mail: info@dental-expo.ru
Web site: www.dental-expo.com

October 2009

ADA 2009
Where: Honolulu, HI, USA
Date: 01-03 October 2009
Tel.: +1 512 460 2676
E-mail: annualsession@ada.org
Web site: www.ada.org

IDEM India 2009
Where: Mumbai, India
Date: 23-25 October 2009
Tel.: +91 22 6668 8850
E-mail: idem-india@koelnmesse.de
Web site: www.idem-india.com

Dentech China 2009
Where: Shanghai, China
Date: 28-31 October 2009
Tel.: +86 21 6294 6966
E-mail: mail@showstar.net
Web site: www.dentech.com.cn

November 2009

BDDS Dental Showcase 2009
Where: Birmingham, UK
Date: 12-14 November 2009
Tel.: +44 1488 782373
E-mail: admin@dentalshowcase.com
Web site: www.dentalshowcase.com

SAAAD Aesthetic Dental Conference
Where: Kathmandu, Nepal
Date: 21-22 November 2009
Tel.: +977 142 425 64
Email: skoirala@wlink.com.np

ADF 2009
Where: Paris, France
Date: 21-26 November 2009
Tel.: +33 01 58 22 17 10
Email: adf@adfasso.fr
Web site: www.adfasso.com

Greater New York Dental Meeting 2009
Where: New York, NY, USA
Date: 27 November - 02 December 2009
Tel.: +1 212 598 6922
E-mail: info@gnydm.com
Web site: www.gnydm.com
The accumulation of dental plaque biofilms plays a role in the development of caries, gingivitis, and periodontitis. Bacteria in dental plaque biofilms constitute a viable community of microorganisms with complex ecological relationships. As the biofilm grows, it forms an irregular heterogeneous sponge-like structure containing clusters of cells surrounded by channels through which liquid, such as saliva, can flow. Micro-organisms in plaque derive nutrients from saliva and the food we eat for their energy and metabolic needs. One such micro-organism is Streptococcus mutans, which produces lactic acid from the fermentation of sucrose, resulting in caries. This is due to an increase in the dissolution rate of hydroxyapatite, a mineral that constitutes more than 95 per cent of tooth enamel. As acidity increases such that the pH drops below five, increased demineralisation of the enamel surface in turn accelerates the development of cavities.

Fluoride has been used as a preventive measure against dental caries. Whether as an additive to drinking water or its incorporation into fluoridated dentifrices and rinses, three main mechanisms have been proposed to explain the anti-caries effect of fluoride. Firstly, fluoride enhances the resistance of enamel to acid attack by reducing enamel solubility. Secondly, fluoride is incorporated into the enamel crystal structure, making it more resistant to acid degradation. Thirdly, fluoride reduces the activity of cariogenic bacteria by decreasing the acid production and increasing the remineralisation rate.

Fluoride ions can penetrate the plaque biofilm, creating a barrier that inhibits the growth of cariogenic bacteria. This is achieved through the formation of fluorapatite, a more stable mineral than hydroxyapatite, which prevents the dissolution of tooth enamel. Fluoride also increases the remineralisation rate by facilitating the uptake of calcium and phosphate ions, which are essential for the repair of enamel damage.

In addition to its direct effects on the biofilm, fluoride can also have systemic effects. When fluoride is ingested, it is absorbed by the body and can help to reduce the risk of developing caries in other parts of the body, such as the lining of the stomach and intestines.

The efficacy of fluoride as a caries preventive agent is well established. However, its effectiveness can be enhanced by regular mechanical brushing, which helps to remove plaque and dislodge biofilms. This is particularly important in interproximal areas, where plaque is more difficult to access and may be harboured by bacteria that are resistant to the effects of systemic fluoride.

In conclusion, fluoride is an effective and widely used caries preventive agent. Its effectiveness can be enhanced by regular mechanical brushing, which helps to remove plaque and dislodge biofilms. Further research is needed to understand the mechanisms by which fluoride acts in the oral cavity and to develop new strategies for optimising its use in caries prevention.

Marcelo Aspira, P. Stodley & Marckde Jager
following sonic brushing in the right hand chamber (Fig. 5). The brushing chamber was filled with 1,000 ppm fluoride solution, and over a four-minute monitoring period, the concentration in the measurement chamber never fell to less than 1,050 ppm, suggesting that the concentration gradient driving the fluoride flux would remain more or less constant. Immediately prior to brushing, brush heads were positioned 1 cm from the biofilm-colonized membrane, to minimize biofilm removal during treatment, as the intent was to evaluate efficacy of fluoride delivery through the membrane rather than mechanical dislodgement of the biofilm. As fluoride diffused through the biofilm and membrane into the measurement chamber, fluoride accumulation measurements were recorded over a four-minute period, with 15 replicate measurements for the no-brushing control, and 17 replicates for the two power toothbrushes.

Results

Even with no brushing, fluoride concentration increased from 0.4 ppm to 0.5 ppm after four minutes, due to the difference in fluoride concentration between the two chambers (passive diffusion). With active brushing, the delivery of fluoride through the biofilm membrane increased considerably over the four-minute brushing period for both power toothbrushes. The fluoride concentration measured in the measurement chamber was 0.8 ppm after FlexCare brushing, while the concentration after Triumph brushing was 0.65 ppm (Fig. 4). Fluoride delivery rate through the colonized membrane was measured as the mass transfer rate coefficient, which was significantly greater with power brushing (P < 0.05) than with passive diffusion alone. FlexCare caused an increase of 129 per cent over no brushing compared to 79 per cent over no brushing for Triumph, while the mass transfer coefficient generated by FlexCare was significantly greater (P < 0.05), by 29 per cent than that generated by Triumph (Fig. 5).

Discussion and relevance

The application of an in vitro two-chamber method, to assess and compare rate of fluoride delivery through a viable microbial biofilm, is a useful one for comparative assessments of power brushing. S. mutans biofilms on esterase membranes are similar in structure to naturally grown human dental plaque biofilms. As this study demonstrated that fluid dynamics from powered brushing with both sonic and rotary brushes increased the transport of fluoride through the S. mutans biofilm compared with diffusion alone, the use of fluid dynamic activity generated by powered tooth brushing to enhance delivery of fluoride deep into the biofilm was significant. The potential for enhanced delivery becomes even more useful where plaque biofilms are located in hard-to-access areas that are typically beyond the impact of mechanical bristle activity, such that these biofilms could benefit from enhanced fluoride interventions. Clinically, a four-day trial revealed that sonic brushing increased the concentration of retained fluoride in plaque biofilm by more than 40 per cent compared to rotary brushing, manual brushing, and manual brushing and flossing. The combination of data from this clinical study and the in vitro data on enhanced fluoride delivery rates through S. mutans-colonized membrane biofilms indicates compelling evidence of the role of sonic brushing in driving fluoride into biofilms. Further research into the relationship between sonic brushing, fluid dynamic activity, and the role of oral biofilms in retention and delivery of other anti-cariogenic or anti-microbial agents should be explored. Many of the more pathogenic, anaerobic bacteria reside deeper in the plaque biofilm, where the availability of oxygen is low and they are protected from chemotherapeutic agents. However, this environment also represents a target area, where the potential is highest for improvement by increasing oxygen availability and by delivering anti-microbials directly to these anaerobes through sonic brushing. Should the enhanced delivery of fluoride be conclusively shown to result from the dynamics of sonic brushing-induced fluid motion, then the opportunity for delivering other broad-based, anti-cariogenic or anti-microbial agents as part of a regular oral brushing regimen will be significantly augmented.
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A methodical approach to all-ceramics

S.-Jan Strahinovic
Germany

The IPS e.max range of materials includes the nano-fluorapatite, glass-ceramic IPS e.max Ceram, which is a modern veneering ceramic suitable for use in conjunction with zirconium oxide and lithium disilicate frameworks. Along with IPS Empress, IPS e.max forms part of Ivoclar Vivadent’s portfolio of all-ceramic systems.

A 42-year-old male patient presented with the wish to have the gaps between his teeth corrected. The patient opted for an aesthetic makeover with all-ceramic bridges. Following thorough examination and preliminary periodontal treatment, the teeth were prepared and an impression was taken. Tooth shades were selected individually and documented with photographs. Digital photographs enabled the dental technician to evaluate and analyse the brightness value, saturation, and colour temperature of the tooth shade under specific conditions in the laboratory (Fig. 1).

After the models had been fabricated, they were mounted skull-related onto an articulator using a face-bow transfer system. As the abutments diverged, two bridges and two single-crown restorations were necessary: an eight-unit bridge, a six-unit bridge, and two single-unit crowns. Zirconium oxide (IPS e.max ZirCAD) was used as framework material.

The bridge frameworks were cut at the Fräszentrum Zfx-West (milling centre) by my colleague Udo Werner. The frameworks were designed in such a way that they supported the cusps, as this design contributes considerably to the longevity of the restoration. Although opinions vary widely on this issue, as a principle, I avoid additional grinding of frameworks, to prevent changes in the monoclinic phase, which may jeopardise the bonding capacity of the areas affected.

The bridges were seated on the models to check their fit. They were subsequently coated with IPS e.max Ceram ZarLiner, and fired as recommended by the manufacturer. Now, the interesting part of the work could begin. In view of the infrequency of this case, I decided to complete the bridges in several steps.

As the first step after firing the liner, I applied a dentin wash layer using a dentin shade that matched the re-
After the dentin core was built up, a first cutback was performed and then the mamelon materials were applied (Fig. 6). To prevent the materials from dehydrating excessively, I first fired the first layering of dentin material (Fig. 5). For this purpose, I reduced the temperature increase to 35 °C to provide a slow heat build-up. This measure ensures a homogeneous sintering of the ceramic material even in extensive restorations (Fig. 6). To gain a better understanding of the shape and attain a precise position of the gingival margins, I cast an unsectioned model using red plaster, and then mounted the model on the articulator.

Upon completion of the first dentin firing cycle, the incisal was layered using various incisal materials and fired (Figs. 7, 8). Additional small adjustments were applied using the incisal materials, IPS e.max Ceram Opal Effect O61 and O63, and subsequently fired.

The ceramic surfaces were finished using ceramically honed stones. Silver dust was applied to check and finish the surface-design (Fig. 9). All other final step, glaze firing was carried out. Subsequently, the ceramically veneering was polished with pumice using a polishing lath. Figure 10 shows the completed restoration from the occlusal aspect.

Incorporating the final bridge with a glass-ionomer cement did not create any difficulties. Figure 11 shows the restoration after having been in situ for three weeks. Figure 12 shows an occlusal view of the restoration, and Figure 13 shows a close-up of the dental reconstruction.

In conclusion, IPS e.max Ceram provides a straightforward technique for creating aesthetically exciting dental replacements without ever giving users the feeling that they have reached the limits of the system. The natural shade effect has left a positive impression on both the user and patient, and everybody involved was satisfied with the result.

It is essential that all persons involved in the process collaborate closely with each other, to make results like this possible. In particular, I would like to thank dentist Dirk Conrad and his practice team in Rethen, as well as the Fräsenzentrum Zfr.-West in Bad Neuenahr for the work performed.

Contact Info

S.-Jan Strahinovic undertook vocational education and training from 1987 to 1990. In 2002, he completed his Master’s examination at the Meisterschule in Münster in Germany. He publishes and lectures in the fields of ceramic restorations, prosthodontics, and CAD/CAM. In addition, he is a certified PKS Dental-aesthetic (specialist in dental aesthetics).

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The 65th MDA AGM and MDA/FDI Scientific Convention

by Dr Seow Liang Lin

KUALA LUMPUR, Malaysia: The Malaysian Dental Association has again proven its worth in bringing to its members a comprehensive selection of CPD programmes at the 65th MDA AGM and MDA/FDI Scientific Convention. The MDA/FDI Scientific Convention took place at the Hotel Istana in Kuala Lumpur from 20 to 22 June. The theme Pragmatic Judgements for Clinical Competitiveness was aptly chosen and world-renowned speakers addressed the dental fraternity on cutting-edge topics.

The keynote speakers included Prof. Marco Ferrari from Italy, Prof. Rodrigo Reis from Brazil, Assoc. Prof. Peter Cathro and Dr Christopher Ho from Australia, and Dr David Paquette from America. Local speakers included Prof. David Wilson, Datin Dr Norain Abu Talib, Dr Thomas Abraham, and Assoc. Prof. Seow Liang Lin. A variety of topics was covered, ranging from periodontology, prosthodontics, and endodontics to oral surgery and oral pathology. The organising team under the leadership of Dr Haja Badrudeen should be applauded for the comprehensive programme.

The MDA Banquet was a memorable event, graced by Their Royal Highnesses, DYTM Raja Muda Raja Nazrin Shah and DYTM Raja Puan Besar Tuanku Zara Salim. The Honourable Minister of Health YB Dato’ Liow Tiong Lai and Senior Director of Oral Health Datin Dr Norain Abu Talib also attended.

On a lighter note, the participants were treated to fabulous food and entertainment at the Informal Nite, held at the Heritage Mansion of Jalan Yap Ah Shak, where they danced into the wee hours of the night led by energetic salsa dancers.

Fig. 1: The Opening Ceremony of the Convention.

Fig. 2: The very well-received dental trade show.

Fig. 3: The team that organised the Convention.

Fig. 4: The MDA formal night, themed Royal Banquet, was graced by The Crown Prince of Perak State, Their Royal Highnesses, DYTM Raja Muda Raja Nazrin Shah and DYTM Raja Puan Besar Tuanku Zara Salim.

Fig. 5: The winners and the Organising Committee of the Scientific Oral Presentation Competition.

Fig. 6: The MDA Banquet was a memorable event, graced by Their Royal Highnesses, DYTM Raja Muda Raja Nazrin Shah and DYTM Raja Puan Besar Tuanku Zara Salim.

Fig. 7: Speakers’ Night on the Putrajaya Cruise.

Imprint
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Asia Pacific Regional Organisation of the Federation Dentaire Internationale

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Gentler on dentin

References:

*In vitro
†Compared with Oral-B Triumph
‡Compared with Sonicare Elite
31st Asia Pacific Dental Congress

7 - 11 May 2009, Hong Kong

Organizer:

Hong Kong Dental Association

www.hkda.org
Asia Pacific Dental Conference
May 2008 in Bangkok, Thailand

Focus on APDF Member Countries—Malaysia

General Facts
• Location: South East Asia
• Area: 520,874 km²
• Government: Federal constitutional elective monarchy and Parliamentary democracy
• Capital: Kuala Lumpur
• Population: approx. 27 million
• Currency: Ringgit Malaysia

Malaysia
• National Dental Association
• Colleges:
  - University of Malaya
  - University of Science Technology Malaysia
  - University Islam of Science Technology Malaysia

Dentistry in Malaysia
• Dentist population: approx. 3,000
• Dentistry in Malaysia
  - Dentist population: approx. 3,000
  - Dental schools in Malaysia
• Universities and dental practices.

New editorial board member
Dr Lin graduated from the University of Malaya in 1991. She was then awarded the Petronas Scholarship to pursue her Master’s Degree in Conservative Dentistry at the University of Malaya College London (Eastman Dental Institute) in the United Kingdom. Upon obtaining her postgraduate degree, she returned to her alma mater to serve as a lecturer. In 2000, she was named the first recipient of the Commonwealth University Split-site Scholarship in Malaysia and awarded the University of Malaya Study Award to pursue her doctoral degree at the University of Manchester.

She has served as lecturer and senior lecturer at the University of Malaya for ten years and is currently an associate professor at the International Medical University. Dr Lin has research interests in aesthetic dentistry, dental materials, and prosthodontics. She is actively involved in research

APDF (2005) as well as the FDI World Dental Congress (2001).

The MDA adopts a President-elect system and the term of office for all officers is for a year.

The officers of the MDA are elected at an Annual General Meeting directly by members present at the meeting.

• MDA President: Dr S. Sivanesan
• MDA Secretary General: Dr Haja Radhureen
• President Elect: Dr Lee Soon Boon

Regulating body: The Malaysian Dental Council is made up of representatives from the government, universities, and private practice. It regulates the registry and licensing of dental practitioners and dental practices.

Dental schools in Malaysia
University of Malaya, Science University Malaysia, National University of Malaysia, Islamic University Malaysia, International Medical University, Mara Technological University, Penang International Dental College, Mahsa College, Segi University, AIMST University, Islamic Science University

Major dental events held annually
1. FDI/MDA Joint Scientific Convention & Exhibition (January or February)
2. MDA Annual General Meeting, Scientific Convention & Exhibition (June)

Programmes in Malaysia in 2009
10th FDI/MDA Joint Scientific Convention & Exhibition 2009
• Theme: Modernising Treatment Protocols
• Date: 17-18 January 2009
• Hands-on courses: 16 January 2009 (limited to 12/15 participants)

Topics: Endodontic retreatment, veneers: how to?
• Venue: Hotel Isetana, KL
• Speakers include: Dr Leslie Ang (Endodontic Retreatment), Prof. Lakshman Samaranayake (Biotechs Management), Prof. Roger Ellwood (Early Carious Lesion), Dr Daniel Fang (Veneers), Dr Geoffrey Speiser (Halitosis), Prof. Gianluca Gambarini (Endodontics)

Dr Lin is actively involved in continuing professional development programmes to share her knowledge with practitioners and researchers. She has conducted workshops and lectured locally, as well as abroad, for example in India, Taiwan, Thailand, and China. She has published in various peer-reviewed international journals and is currently the Honorary Publication Secretary for the Malaysian Dental Association. She is a council member of the International Association for Dental Research (Malaysian Section) and the Asian Academy of Prosthodontics.

As a result, Malaysia’s bid to host the APDC in 2015 is almost certain. Hosting such international events has previously been a huge financial success, attracting some of the best speakers in the field to our country for the benefit of local practitioners.

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1 DAY FREE INTRO CLASSES

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