A hygienist goes to Hollywood

Call of Tinseltown presents perfect opportunity to pursue perfect teeth

By Patricia Walsh, RDH, Hygiene Tribune Editor in Chief

After 50 years of clinical practice and only a few journalism, I decided it was time to learn about digital filmmaking. I signed up for a week of intensive training at Universal Studios. After two months of diligent home study, the last-minute, girly girl travel preparations began. Spray tan? Check. Shellsac nails? Check. Teeth bleached? Check. Ear-to-toe veneers at the last minute? Hmm. Perhaps not. Not enough time and not enough cash.

Sure, I’ve dreamed about retiring from dentistry with perfect “Hollywood” teeth. In form and function, I’m in tip-top shape. But I am certainly not a magazine cover girl. Sometimes I wonder whether my “smile line” would look like when I’m an old biddy in spite of my night-guard. I plead my vanity is genetic. My mother asked about braces to move one pesky bicuspid when she was 80. My father asked, “When are you going to be in a student film school boot camp?” I secretly wanted to know what my “map of Ireland on my face.”

Ear-to-toe veneers

Recently, while watching a favorite actress in a 1999 movie, I couldn’t help but fixate on her overly dark bicuspid. They weren’t there for her last major film, and yet, even 20 years ago, she was certainly a millionaire. Have Hollywood’s demands for perfection changed? Perhaps she finally allowed herself to indulge in ear-to-toe veneers since she is now “of a certain age.”

I anticipated being in a New York Film Academy movie. What if that easy, broad smile of mine shows my amalgam-stained (and slightly lingually rotated) pesky bicuspid? Normally I would say, “Who cares!” But this is Tinseltown, where everyone is beautiful — even without airbrushing. Perhaps absolutely perfect ear-to-toe teeth would look too artificial. Would I lose my unique cultural characteristics? As the saying goes, I have the “map of Ireland on my face.”

Leprechaun ears notwithstanding, I decided to try out a temporary dive into the realm of perfection. Dr. Paul Ayotte of Clinton, Conn., fabricated a Snap On Smile® (Denmat, www.dennmat.com/) for my big L.A. adventure. First an alginate impression was made as a study model to check my bite. Then a rubber-base-type material was used for a second impression, which was sent off via FedEx along with a shade and thickness choice.

Rent-a-smile

Two weeks later my new maxillary “smile line” arrived. Not quite ready to invest in 10 veneers, I’m willing to “rent” them via a temporary fixing. Coworkers muttered, “Why are you doing this?! I would kill for your teeth!” I could legitimately say that I was going to be in a student film in Hollywood, but really, I secretly wanted to know what I looked like with ear-to-toe veneers. I discuss cosmetic dentistry with my patients on a weekly basis, so why couldn’t I practice what I preach?

I illuminated up my mandibular arch with Henry Schein’s Sheer White whitening films. Great adhesion ensured that even the cuspid were up to OM1 within two hours. I expected sensitivity or gingival blanching with 20 percent carbamide peroxide, but there was none.

What I liked about my new “snappy teeth” was the even incisal line and the masked, dark bicuspid. What I didn’t like was the bulkiness of the cuspid and my shade choice. While it matched my lower arch, Denmat’s Si (OM1) looks better on natural teeth than it does on synthetic. The product is ideally suited for patients with esthetically unpleasant teeth or missing teeth. Perfect if they have a big occasion coming up and don’t wish to have extensive dental work. Sometimes even a dental professional needs a little visual motivation to get those permanent crowns done to mask the obvious.

My reinvented self after film boot camp has given me a fresh perspective on business appearances and stereotypical behaviors. The growing pains of the film industry, while making the switch from celluloid to digital, reminded me of our changes in dentistry. Older filmmakers resist the transition for artistic reasons but admit there are great cost-reduction benefits. Others insist the technology of digital will mature and the craft will maintain its artistic depth. I listened tentatively as a cameraman spoke of the wrist pain he experiences using the smaller digital camera vs. the old shoulder-borne style. I’ve never had to hold a camera for hours, but wrist pain, I can relate to that.

I’m ready for my close-up now Mr. Spielberg. Perhaps our collaborative blockbuster film could be titled “Close Encounters of the 32 Kind.”

Heading to film school boot camp, Patricia Walsh, RDH, prepares for a potential close-up by practicing what she preaches to patients: getting a few cosmetic touch-ups. Photos/Provided by Patricia Walsh, RDH
Hygienists group supports Dental Reform Act of 2012

American Dental Hygienists’ Association sees benefit of establishing new tiers of licensing to create force of midlevel dental providers

The American Dental Hygienists' Association (ADHA) has issued a news release commending Sen. Bernard Sanders, chairman of the Senate Subcommittee on Primary Health and Aging, and Rep. Elijah Cummings, ranking member of the House Committee on Oversight and Government Reform, for their leadership on oral health issues. The two lawmakers introduced the Comprehensive Dental Reform Act of 2012, which seeks to overcome barriers that more than 140 million Americans face in accessing oral health care services — and ensure that the public has dental coverage and access to safe and high-quality oral health care.

The ADHA news release reported that the United States is in the midst of an oral health care crisis, with nearly 48 million people living in federally designated areas that lack an adequate number of dentists to serve the population. Less than 20 percent of Medicaid-eligible children received dental treatment services in 2010. In addition, nationwide, the number of dental-related visits to the ER jumped by 16 percent during a three-year period between 2006 and 2009 to more than 83,000 visits for preventable dental conditions.

With access to comprehensive dental coverage, the ADHA news release reported, vulnerable populations, such as the elderly, children in low-income families and members of racial and ethnic minority groups, are able to receive treatment for dental disease while it is still manageable. This diminishes the need for more costly restorative services and emergency care.

In addition to expanding dental coverage, the Comprehensive Dental Reform Act seeks to raise the public’s awareness of the importance of oral health and expand the dental workforce to accommodate the millions more Americans who may become eligible for dental coverage in 2014. More than 50 countries have used midlevel dental providers for decades to help deliver much-needed oral health care to patients.

Minnesota recognized the need for midlevel dental providers — and their ability to increase access to care — by passing legislation establishing two new members of the dental team: the dental therapist (DT) and the advanced dental therapist (ADT). The DT is like the physician’s assistant, requiring the onsite supervision of a dentist for most services provided. The ADT, how- ever, is modeled after the nurse practitioner, and collaborates with a dentist in the treatment of patients but does not require onsite supervision. This collabora- tive relationship allows the ADT to provide services in communities where no dentist is regularly available, creating a pipeline to care for those disenfran- chised from the current delivery system. At a Feb. 29 hearing on dental care, Christy Fogarty, RDH, MSOPH, told members of the Senate Subcommittee on Primary Health and Aging about her experience practicing as a dental hygienist and ADT in the Minneapolis area, and the impact she has had on increasing ac- cess to care for vulnerable populations. Her patients include children (under the age of 20) and pregnant women who cur- rently have limited or no access to oral health care.

“Christy’s testimony spoke to the ad- vantage of [how] being educated first as a dental hygienist and then as an ADT allowed her to provide important pre- ventive care combined with restorative services within the ADT scope of prac- tice. This combination greatly benefits patients as they receive comprehensive care,” said ADHA President Pam Qui- ni, RDH, BS. “Our goal is to improve access to dental care throughout the country and to ensure that the public is receiving the best care possible.”

About the ADHA

ADHA is the largest national organiza- tion representing the professional inter- ests of more than 150,000 dental hygienists across the country. Dental hygienists are preventive oral health professionals, licensed in dental hygiene, who provide educational, clinical and therapeutic ser- vices that support total health through the promotion of optimal oral health. For more information about ADHA, dental hygiene, or the link between oral health and general health, visit ADHA online at www.adha.org.

(Source: ADHA)

American Dental Hygienists’ Association names director of governmental affairs

The American Dental Hygienists’ Association (ADHA) is pleased to announce the appointment of Ann Lynch as its di- rector of governmental affairs, effective June 5. As leader of the division, Lynch’s responsibilities include overseeing the strategy and execution of ADHA’s advo- cacy efforts on the federal level in Wash- ington, D.C., and directing the govern- mental affairs staff in their support and counsel to ADHA’s state organizations in all their advocacy initiatives.

Lynch brings to the position extensive experience in legislation and public pol- icy, having served from 2007-2011 as the senator representing Rochester and surrounding communities. During her time in the Senate, she served on several com- mittees, including the Health, Housing and Family Security Committee and as vice-chair of the Health and Human Ser- vice Budget Division. In addition, Lynch brings a depth of knowledge of oral health issues, as well as solid relationships with many of the safety-net and foundation partners that have committed time and resources to trying to solve the access to oral health care crisis in the U.S.

“Ann is a welcome addition to ADHA’s senior staff team,” said Ann Battrell, MSDH, executive director of ADHA. “Ann’s experience and background in government as well as oral health issues will serve ADHA well.”

“I look forward to continuing to work on public policy and oral health initiatives,” said Lynch. “I am pleased to join the ADHA team.”

Prior to her service in the Minnesota State Senate, Lynch was a director on the Rochester Minnesota School Board, where her duties gave her extensive expe- rience in governance, strategic planning, resource alignment and accountability. She also has operations experience in the private sector. Lynch received her Bache- lor of Arts degree in economics and man- agement from Hamline University in the Twin Cities area of Minnesota.

About ADHA

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(Source: ADHA)
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New saliva biomarker test helps detect oral cancer

Advanced Laboratory Services, in collaboration with a research team at the University of Southern California, has developed a new test that can assist health care professionals in the early detection, diagnosis and treatment of oral cancers.

Advanced Laboratory’s saliva biomarker test measures three specific biomarkers that play a role in cancer development. As a monitoring tool, the test has the potential to be an essential part of every patient’s annual general-health or dental check-up.

With monitoring of biomarker levels determined by the saliva biomarker test, cancer development in patients can be detected far earlier than previously possible. On average, one person in the United States dies every hour from oral cancer, but it’s not because the cancer is difficult to discover or diagnose. It’s because the cancer is often detected late in its development.

One of the advantages of the saliva biomarker test is that it does not rely on localization of a lesion to detect cancer, and can thus detect oral cancers at treatable stages.

Health care professionals can utilize this test during multiple stages of diagnosis and treatment:

• As a yearly screening tool: The test can be used as an annual screening to assess cancer risk levels in patients 18 and older.
• As a prognosis tool: Patients already diagnosed with oral cancer with higher biomarker levels tend to have poorer outcomes, and may require more aggressive treatment.
• As a post-treatment monitoring tool: The test can be used to assess whether recurrence is likely before a new cancer lesion has developed.

Advanced Laboratory’s test is a simple, noninvasive saliva test that can detect biomarkers across a range of cancers in the oral cavity, including cancers of the tongue, floor of the mouth, cheek lining, gums, palate, salivary glands and tissues that line the mouth and lips.

Health care professionals interested in the effort to find and fight oral cancer can consider use of the test for patients with risk factors for oral cancer — including tobacco and alcohol users and those with persistent viral infections such as the human papilloma virus, or HPV. Patients who have been diagnosed but not yet treated for oral cancer, or who have undergone treatment for oral cancer can also take the test to help with prognosis or detect recurrence.

Collection kits consist of a saliva collection tube, instructions, refrigerator pack, requisition form and FedEx mailer. Collection kits are provided to health care professionals free of charge, with no upfront fees or set-up costs. The cost of the test, billed when the sample is received, is $179.99 for all three biomarker levels.

Kits are shipped to Advanced Laboratory Services’ lab in Pennsylvania. The lab is certified by the Clinical Laboratory Improvement Amendments (CLIJA) and COLA (formerly Commission on Laboratory Accreditation), and it is HIPAA compliant.

To order collection kits or for additional information, you can send an email to questions@advanced-lab.com.

About Advanced Laboratory Services
Advanced Laboratory Services Inc. is a state-of-the-art laboratory located just outside of Philadelphia, Pa. With both clinical and research divisions, the company is committed to developing and releasing new, cutting-edge laboratory tests to aid clinical diagnosis and treatment, including its recently launched, exclusive Oral Cancer Saliva Screening test.

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