Dr Philip Preshaw from the University of Newcastle’s School of Dentistry was awarded the Young Investigator’s Award at the 86th General Session and Exhibition of the International Association for Dental Research (IADR) held in Toronto, Canada. The IADR Young Investigator Award, supported by Crest Oral-B, P&G Professional Health, is designed to stimulate basic research in all dental disciplines. The recipient must not have reached their 40th birthday at the time the award is presented and the award consists of a cash prize and a plaque.

MK: What factors contributed to you being awarded this honour by the IADR?

Philip Preshaw: I was recognised for my research focusing on clinical periodontology and applied laboratory research, specifically periodontal immunobiology, risk factors for periodontal disease (such as smoking and diabetes), and clinical trials design and execution. One study in particular that I conducted focussed on the effect of quitting smoking on periodontal treatment outcomes. This study was the first longitudinal project of its kind to confirm the benefits of quitting smoking in smokers with periodontal disease, and attracted significant international media attention.

I have also conducted research that has identified a hugely increased risk for aggressive periodontitis in young adults with Type-1 diabetes mellitus. In addition to this, I was involved in research that led to the development of a new systemic drug therapy (subantimicrobial dose doxycycline) for the management of periodontitis that is now available in the UK and other countries throughout the world. I have been able to conduct all of this research due to the support I have received from colleagues at Newcastle University and because I received a five-year Clinician Scientist Award from the MRC (Medical Research Council) and Department of Health that has enabled me to focus on research over the last few years.
MK: What does the award mean to you in terms of your career and research?

PP: To receive a Distinguished Scientist Award from the IADR is a tremendous accolade. It is recognition, both nationally and internationally, of my research activities and achievements. There are very few recipients of these awards, and therefore they are very prestigious. I hope that this award will improve my prospects for future career opportunities. With regard to research, this award will send a clear message to potential research funders that my research is of a high quality and generates clear and tangible outcomes that benefit patients, which I hope will enhance my competitiveness when applying for research grants in the future.

PP: As a Young Investigator, do you think there are enough awards and other forms of recognition to encourage and stimulate more young researchers in dentistry around the world?

MK: In general terms, I would say “No”. Research in dentistry often seems to take a back seat compared to other medical disciplines, such as research into cancer and heart disease. While dental problems are not life threatening, they do have a tremendous impact on quality of life and are also very common. For example, advanced periodontal disease affects 10-15% of adults in the UK, and these individuals are susceptible to tooth loss, which both have significant effects on quality of life. There is no protected research funding specifically for dentistry in the UK (unlike the USA), and therefore it can be very hard to attract research funding as applications for dental research projects are usually considered in direct competition with some of the “big” diseases like heart disease.

Another problem in dentistry is that there is a shortage of clinical academics, i.e. the individuals who will teach dentists in the future. Academia is not seen as an attractive career option because it is a long and difficult career pathway that includes the requirements to undertake both consultant training and research training. We need more funding to support the development of clinical academics in dentistry, and more incentives such as awards and increased research funding for dental research. Proper recognition that dental research is important would encourage younger dental researchers to continue to develop new and improved treatments for dental diseases that will benefit all of us.

MK: What particular research areas will you focus on over the next five years – do you have any specific goals for your career?

PP: My research over the next five years will fall into two main areas. Firstly, I am investigating the links between diabetes and periodontal disease. It is well known that people with poorly controlled diabetes are at increased risk for periodontal disease. I am trying to understand exactly why. I am also investigating whether providing periodontal treatment for people with diabetes can have any positive impact on their diabetes control. The second main area of my research is also linked to this. I am investigating the roles of different molecules and cells in the disease processes of periodontal disease, both in people with diabetes and also those who do not have diabetes. This research should lead to better understanding of the mechanisms of disease and could lead to the development of new treatments.

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