Bad teeth among athletes

Athletes at the London 2012 Olympic Games had ‘strik- ing’ levels of bad teeth, say researchers. A team at University College London says where competitors had bad dental problems, with large amounts of carbohydrates and sugary energy drinks consumed regularly causing the damage. The study, published in the British Journal of Sports Medicine, looked at competitors visiting the dental clinic at the Games. Of the 562 athletes examined, 55 per cent had evidence of cavities, 45 per cent had tooth erosion and 76 per cent had gum disease. One in three said their oral health affected their quality of life and one in five said it affected training or ath- letic performance. Stress on the immune system from in- tense training may also leave athletes at risk of oral disease.

Cigarette health warnings

Barley a third (35 per cent) of teenagers in the South East are deterred from smoking by current cigarette packs, compared to nearly half (48 per cent) of teenagers in Australia, where packs are almost entirely cov- ered by graphic warnings, a survey has revealed. The Brit- ish Heart Foundation’s (BHF) study found that 73 per cent of teenagers in the South East think the UK should introduce standardised cigarette packs. It was also found that 59 per cent of teens in Australia think graphic images on packaging deter people age from smoking. The European Parlia- ment is set to vote on key legis- lation tomorrow (8 October 2015) that would see cigarette packs across the EU feature larger graphic health warnings on both sides of the box.

Guilty beautician

A beautician has pleaded guilty to unlawfully practising den- tistry by carrying out tooth whitening treatment. Ms Elaine Taylor-Valles is the first person to be prosecuted by the Gen- eral Dental Council (GDC) since the High Court upheld the view that tooth whitening is the practise of dentistry and should only be carried out by dentists, dental hygienists and dental therapists, working on the prescription of a dentist. Ms Taylor-Valles has been given a nine month conditional discharge and ordered to pay £550 towards the GDC’s costs. During sentencing at Preston Magistrates’ Court, District Judge Goodwin said: “I accept that Ms Taylor-Valles had done a teeth whitening course, how- ever she did not follow the General Dental Council to confirm whether she was allowed to do tooth whitening.”

The BDA’s General Den- tal Practice Committee (GDPC) met on Oct 4. The meeting was dominated by an angry discussion about the disastrous financial impact on the BDA that the new member- ship structure has had.

GDPC members received a presentation from Richard Shil- ling, the BDA’s Financial Direc- tor, at which he stated: “We have to cut staff, services and other costs, in order to enable us to make the savings needed under our proposed recovery plan”.

Whilst taking questions from Committee members, the Fi- nance Director admitted that 25 whole time or equivalent posts have been put at risk of redundancy already, represent- ing nearly 20% of the total BDA staff capacity across the UK, and management continue to invite further voluntary redundan- cies from across the staff. The Finance Director also admitted that the BDA may well need to look at a further round of redundan- cies, as part of a deeper cost- savings exercise.

Martin Fallowfield, Chair of the BDA’s Principle Executive Committee (PEC), struggled to answet the many angry ques- tions from Committee members about how such a wildly mis- calculated new membership structure had been introduced without proper planning for the worst case scenario.

The BDA Finance Director told the meeting that there is currently a recurring shortfall in subscriptions of about £2.5m and a projected ‘worst case’ deficit of £5.4m. One GDPC member, who wished to remain anonymous, commented: “Simple maths tells me that the BDA needs to recruit about 8,500 new members at the ‘Essential’ level of BDA mem- bership, in order to make up a £2.5m shortfall in this first year. And even that would still leave the organisation with no finan- cial reserves unless savings are made from other areas.

“Surely this model should have been more carefully consid- ered by the management team and by the Principle Executive Committee? I gather less than 10% of the membership was lost during the transition to this new structure. It is clear to me that this is not a problem with member loyalty, this is about manage- ment incompetence.”

The BDA is now in the pro- cess of converying an Emer- gency General Meeting of the UK Council. Under the BDA’s Arti- cles of Association, the UK Coun- cil has the power to dismiss the Principle Executive Committee and to call new elections.

Speaking with a member of the Smile-on News team, one senior BDA executive has raised the question of the viability of some members of the PEC and the CEO’s position and suggest- ed that now may be the time for some to ‘fall on their swords’.

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News in Brief

3D printed toothbrush
Cleans teeth in six seconds

Oral cancer
Stephen Porter on the risk factors

LIFESAVER app
The revolutionary way to save lives

MSc
Oliver Harman on his Msc journey

Senior BDA executive tells boss to quit

BDA crisis deepens after angry GDPC meeting
3D printed toothbrush cleans teeth in six seconds

A new 3D printed toothbrush tailor-made to fit a person’s mouth is claimed to completely clean teeth in six seconds.

To make the ‘Blizzident’, dentists take a digital scan of a person’s teeth and use that to determine the optimal placement of 600 bristles by simulating biting and chewing movements. The bristles resemble normal tooth-brush bristles but are much finer and tapered to reach the gum line better.

The scan is used to create a computer aided design (CAD) model of the brush, which is converted into a 3D object using stereolithography, a method in which liquid plastic is cured into a shape with an ultraviolet laser. The bristles are then attached.

To use the Blizzident, a person bites down on it and grinds their teeth for about six seconds. The brush’s makers say this is sufficient time to clean teeth completely, although independent studies have yet to verify this.

Anna Jefferson cleared over CQC cover up

Anna Jefferson, CQC’s current Head of Media, has been cleared of wrong-doing in an internal enquiry.

As previously reported, a report revealed that the CQC ‘covered up’ knowledge of its failings over a series of baby deaths at a Cumbria hospital. Anna Jefferson, along with Cynthia Bower and Jill Finney, were blamed in a follow-up enquiry.

However, the CQC has now released a statement that says: “Anna Jefferson had not used ‘any inappropriate phrases’ as attributed to her by one witness quoted in the Grant Thornton report” and that “Anna Jefferson had not supported any instruction to delete and internal report prepared by a colleague – Louise Dineley.”

It added: “The CQC regrets any distress Anna Jefferson has suffered as a consequence of this matter and is pleased to welcome Anna back to the organisation following a period of maternity leave. She is currently undertaking a course of postgraduate study with CQC’s support.”

Tooth restores man’s sight

A man has had his sight restored after one of his teeth was implanted in his eye.

More than two decades ago, former factory worker Ian Tibbetts began to lose his sight after suffering an industrial accident. According to the Independent, as he was removing a piece of scrap metal from an oven it struck him in the right eye, ripping his cornea in six places. By 1998 he had lost all sight in his right eye, followed a decade later by nearly all the remaining vision in his left.

Now thanks to an operation in which one of his teeth was implanted in his eye socket to act as a cradle for a false lens, his sight has been restored.

The procedure, known as os-teo-odontoo-keratoprosthesis (O00K) was carried out by surgeon Professor Christopher Liu at the Sussex Eye Hospital in Brighton.

Natural teeth last longer than dental implants

Patients should hang onto problem teeth as long as possible rather than getting dental implants, a new literature review suggests.

The review, published in the Journal of the American Dental Association, found that 15-year tooth loss rates range from 5.6 per cent to 13.4 per cent, whereas implant loss rates range from nought per cent to 55 per cent.

Some clinicians recommend dental implants as an alternative to treating severely diseased teeth, however, the researchers note that even classified as ‘hopeless’ may survive, especially if periodontal treatment address the underlying problem.

“The results of this systematic review show that implant survival rates do not exceed those of compromised but adequately treated and maintained teeth, supporting the notion that the decision to extract a tooth and place a dental implant should be made cautiously,” the authors write.

It was found that more conical implants had higher stresses than did cylindrical and screw-shaped implants, and textured implants had better outcomes than those with machined surfaces. Implants were more likely to fail in patients with periodontitis-related tooth loss, in those who smoked, and in those with diabetes mellitus, a history of radiotherapy, or impaired bone quality.

“In light of the above review, the decision to retain properly treated and maintained teeth for as long as possible seems to provide an overall solution that can reduce the treatment risks over the long term,” they conclude.

Tooth restores man’s sight

The two-stage surgery involves the removal of a piece of tooth and bone from the patient’s mouth, and then stitched into the eye socket.

“The technical success rate is close to 100 per cent. The number of people who will see well for a very long time is two-thirds to three-quarters. If I am a bit more pessimistic I will say half to two-thirds. But for the majority of people it will work,” says Professor Liu.
Hello and welcome to this month’s issue of Dental Tribune.

This month profession and industry alike are gearing up for one of the biggest events in the dental calendar – BDTA Dental Showcase.

Held this year in Birmingham October 17-19th, visitors have a multitude of stands and lectures to choose from relating to all aspects of dentistry including running the practice, clinical topics and education.

I think we know one stand which may be extremely popular this year – that would be the BDA’s stand (K04). With all the news, rumours and rhetoric that has been circulating the organisation since the announcement of the new three tier membership system and the seeming failure of that system to ignite the interest of the profession, no doubt many members and non-members alike will be flocking to speak with the team.

We will be based on Stand H01 - do come and say hello.

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?
If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA
Or email: lisa@healthcare-learning.com

Hello and welcome to this month’s issue of Dental Tribune.

The changes were made after years of research and engagement with members. The new membership packages respond to what dentists have told us they want.

“They are also flexible. Members can trade up to a higher package if they realise they need a higher level of service and we see them doing exactly that.

“The changes were necessary and have been made after thorough research, careful consideration and dialogue with members. The BDA’s elected representatives – including the Executive Board and Representative Body; the bodies superseded by the PEC in 2012, and latterly the PEC itself – endorsed the changes.

“One of the mechanisms for the exchange of views is the BDA committees and councils representing dentists working in different dental crafts and the four UK countries and we are committed to ensuring these bodies are kept fully informed. Many of them are scheduled to meet during the autumn and are being updated as they do, but contrary to reports, no EGM of the UK Council has been scheduled.”
CQC given more independence

Under the proposals, the Health Secretary will relinquish a range of powers to intervene in the operational decisions of the CQC. The CQC will no longer need to ask for Secretary of State approval to carry out an investigation into a hospital or care home, and the Secretary of State will no longer have the power to direct the CQC on the content of its annual report.

In addition, the newly created positions of Chief Inspector of Hospitals, General Practice and Adult Social Care, will be enshrined in law. They will lead CQC’s inspections and regulate providers of health or social care services across the public, private and independent sectors.

Health Secretary Jeremy Hunt said: “The Chief Inspector must be the nation’s whistleblower in chief. We will legislate in the Care Bill to give the CQC statutory independence, rather like the Bank of England has over interest rates. The welfare of patients is too important for political meddling and our new legislation will make sure Ministers always put patients first.”

Dentist jailed for filming female staff

A dentist has been jailed in Germany for secretly filming his female staff while they were changing clothes.

The 52-year-old had installed a video camera in the changing room of his practice which was used by his female hygienists and receptionists. After staff discovered the camera, investigators found almost 7,500 video files on the defendant’s computer going back six years, showing eight victims in their underwear or naked.

He has been convicted of 211 counts of violation of privacy using a recording device and jailed for two years and four months.

‘Pressure wash’ your teeth and gums

A dentist has invented a device that will replace the traditional toothbrush, toothpaste, floss and mouth rinse, and now he is trying to raise money to develop it.

The CLEARsmile device is a ‘pressure wash’ for teeth and gums that hits every angle simultaneously, says inventor Dr Igor Reizenson. He came up with the idea while working in the Veterans Hospital and seeing elderly bed-ridden patients unable to clean their teeth, and nurses not able to do it for them.

He also did community dentistry on mobile buses for underprivileged children across the state of Georgia, US, and came to the conclusion that an oral hygiene device that is quick, easy and effective, is needed.

Dr Reizenson now needs to create a prototype and it was found that $750,000 is needed to do this. His campaign can be found at the crowd funding site indiegogo.com.

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