The Queen's Birthday Honours List for 2012 has been published, recognising outstanding service and achievement across the UK and once again the dental world has gained some well-deserved recognition.

Dr Nigel Carter, Chief Executive of the British Dental Health Foundation has been awarded an OBE in Queen's Birthday Honours. The award recognises Dr Carter's services to dental and oral health.

Dr Carter has been Chief Executive of the British Dental Health Foundation since 1997, and was previously Chairman and Trustee. He has an association of over 25 years with the Foundation. Nigel trained as a dentist at Birmingham University, and as well as having his own practice in Birmingham. He also ran a company training dental nurses and dental technicians.

Nigel is a great advocate for the dental health profession, and he has helped to shape and challenge the way we think about oral health in this country. Thanks to his work with the Foundation, many more people have benefited from having better oral health and therefore less treatment.

The services of Roger Farley, the British Dental Association's (BDA) Head of Library and Knowledge, have also been noticed, and he has been awarded with an MBE. The award was made in recognition of Roger’s services to dentistry and dental information. He is expected to be presented with his award later this year.

Peter Ward, the Chief Executive of the BDA, said: “Everyone associated with the BDA is thrilled that Roger’s services to dentistry have been recognised in this way. The BDA is justifiably proud of its library and the contribution it makes to the advancement of the profession. Roger’s years of dedicated service have played a major part in its successes and he can be justifiably proud of his contribution to dentistry.”

Roger commented: “I am naturally delighted with this honour but also regard it as recognition of the excellent staff that help run the BDA’s Library, which is undoubtedly the best dental library in Europe.”

A CBE was also awarded to Professor Irene May Leigh, OBE Lately Vice Principal for Research and Head of College of Medicine, Dentistry and Nursing, University of Dundee. For services to Medicine.
A recent report in a national newspaper has covered the story of a dentist who suffered a near fatal stroke after performing a particularly grueling tooth extraction.

According to the report, 35-year-old Andy Davies began to suffer headaches and neck pain before eventually admitting himself to hospital in Birmingham in November 2011. Doctors quickly discovered that the dentist had torn an artery in his neck causing a bleed on his brain stem; however, the stroke was so severe he experienced ‘locked-in syndrome’, a condition which left him unable to move, speak or even breathe without aid from a ventilator. According to the report his only way of communicat- ing was through his eyelids. Doctors at Birmingham’s Queen Elizabeth hospital fought to save Mr Davies’ life after the stroke, which was believed to have been caused by the tooth extraction. He was then put into an induced coma to allow his body to cope with the massive trauma he had suffered.

However, the story has proven a miraculous one, and after some difficult months, Andy is slowly regaining strength and movement; he has even started to learn to sit and talk again. Doctors caring for him have been amazed at his recovery. He is currently being cared for at rehabilitation centre called Moseley Hall, in Birmingham, although his funding is due to run out in the next few months. According to the report, Andy qualified at Birmingham University in 2002 and was the first dyslexic to qualify as a UK dentist.

NHS 111 delayed

According to a recent report, the government has announced a delay in the rollout of the NHS 111 number in England. The free one-stop number for patients with urgent, but not life-threatening symptoms was planned for April 2015; however, the Department of Health has said that areas can now have more time to introduce the service.

The delay has been welcomed by doctors’ leaders, who had reportedly expressed “serious concerns” about the introduction of the service. Nursing leaders and the union Unison has also expressed reservations about plans for the service, and there were concerns that NHS services could be placed under further strain if more time had not been given to introduce the service.

The delay will mean areas will have up to six extra months in which to introduce NHS 111—taking the deadline to October 2015. Those areas which already have the service will continue to run it.

Commenting on the decision by the Department of Health to extend the NHS 111 rollout—Nick Chapman, NHS Direct Chief Executive, said: “NHS Direct believes that the Department of Health’s decision to allow further time to plan and implement these national changes to the urgent and emergency care service is the right one. It will allow for greater clinical engagement and ensure that the service is the best it can be for patients. The decision to allow an extension means that the period of transition from the 0845 46 47 service to the new NHS 111 service is likely to be spread over the next 15 months, rather than over the next 9 months.”

“As we understand it, the next step is for local commissioners who want an extension to make an application to the Department of Health. We won’t know until these applications have been made how many areas will request an extension, and what implications that may have for the 0845 service and NHS Direct staff.”

GP patient survey: dental statistics revealed

The GP Patient Survey is a quarterly survey of GP adult patients, which is managed by Ipsos MORI on behalf of the Department of Health. The main results of the latest Survey for 2009/10 Q4 were published on 17th June.

For the first time, for 2009/10 Quarter 4 (January to March), dental questions were included in the survey, of about 400,000 adults were asked to complete questions about access to NHS dentistry in the previous two years. Participants in the survey were asked if they had tried to obtain an appointment with an NHS dentist or if what was the type of appointment and had they been successful. Patients who hadn’t tried to obtain an NHS dentist in the previous 2 years were asked to select one reason why they hadn’t tried.

The results from the survey responses are presented here at national (England), Strategic Health Authority (SHA) and Primary Care Trust (PCT) level.

Main results:

• 147,600 completed dental questionnaire forms were received, of 460,000 that were distributed (response rate of 37 per cent). Results are available at National (England), Strategic Health Authority (SHA) and Primary Care Trust (PCT) level.

• 59 per cent of adults in the survey tried to obtain an appointment with an NHS dentist in the two year period before March 2010

• 92 per cent of respondents who tried to obtain an appointment within the past two years were successful. Eight per cent were unsuccessful. These peren-

Dentist gets ‘locked-in syndrome’
Editorial comment

I would like to add my personal congratulations to everyone who has received recognition in this year’s Queen’s Birthday Honours. Even bigger congratulations for Dr Nigel Carter, Roger Farbey and Prof Irene May Leigh, members of the dental fraternity who have been recognised for their services.

One of the projects I have been involved in lately is very social media based and I came across some interesting statistics about social media usage. I won’t bore you with all 75 of them (view them at http://bit.ly/L6VpWC) but I thought some of them would interest you:

- There are 38 million European Linkedin users
- Of all the UK Linkedin users 65 per cent are male; 28 per cent of UK Linkedin users earn £98,000 pa or more
- There are 1.1m subject-specific groups
- There are more than 900 million global Facebook users
- Each person has an average of 150 friends
- Thirty billion pieces of content shared each month
- There are four billion mobile phones globally (more than people that have access to clean water)
- Fifty per cent of all local searches are performed on a mobile device
- Eleven Twitter accounts are created every second; 175 million tweets a day are sent
- Sixty-nine per cent of people follow someone because they were recommended by friends

Oral care and cancer

A study carried out in Sweden has suggested that poor oral hygiene is associated with increased cancer mortality. The study, The association of dental plaque with cancer mortality in Sweden. A longitudinal study, was carried out to find out whether the amount of dental plaque was associated with premature death from cancer.

For the study, 1,950 randomly selected healthy young Swedes were followed up from 1985 to 2009. According to the authors, all subjects underwent oral clinical examination and answered a questionnaire assessing background variables, such as socioeconomic status and smoking. Causes of death were recorded from national statistics and classified according to the WHO International Classification of Diseases. The results showed that Of the 1,950 participants, 4.2 per cent had died during the follow-up. Women had died at a mean age of 61.0 (±2.6 SD) years and men at the age of 60.2 (±2.9 SD) years. The amount of dental plaque between those who had died versus survived was statistically significant (p<0.001). In multiple logistic regression analysis, dental plaque appeared to be a significant independent predictor associated with 1.79 times the OR of death (p<0.05). Age increased the risk with an OR of 1.98 (p<0.05) and gender (men) with an OR of 1.81 (p<0.05). The malignancies were more widely scattered in men, while breast cancer was the most frequent cause of death in women.

The study concluded that poor oral hygiene, as reflected in the amount of dental plaque, was associated with increased cancer mortality. For the article on the BMJ website, visit http://bit.ly/KvRoMa

CEREC Evolution, Naturally…

Upgrade your existing CEREC ‘Redcam’ to the ALL NEW v4.0 CEREC AC ‘Bluecam’

Generous Sirona Factory Allowances of up to £23,000 when you trade in your old CEREC 3 system.

Strictly Limited Offer

Call now for more details
0845 071 5040

or e-mail: Mark.Buckland@sironadental.co.uk

www.sirona.com

Sirona Dental Systems Ltd., Lakeside House, 1 Furzeground Way, Stockley Park, Heathrow, London UB11 1BD

Just those few facts make for interesting reading for the dental practice looking to engage with potential and current patients via social media, as well as those who find Linkedin invaluable for networking with peers and colleagues.

You can follow Dental Tribune on Twitter - @dentaltribuneuk.

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@dentaltribuneuk.com

Oral care and cancer

A study carried out in Sweden has suggested that poor oral hygiene is associated with increased cancer mortality. The study, The association of dental plaque with cancer mortality in Sweden. A longitudinal study, was carried out to find out whether the amount of dental plaque was associated with premature death from cancer.

For the study, 1,950 randomly selected healthy young Swedes were followed up from 1985 to 2009. According to the authors, all subjects underwent oral clinical examination and answered a questionnaire assessing back- ground variables, such as socioeconomic status and smoking. Causes of death were recorded from national statistics and classified according to the WHO International Classification of Diseases. The results showed that Of the 1,950 participants, 4.2 per cent had died during the follow-up. Women had died at a mean age of 61.0 (±2.6 SD) years and men at the age of 60.2 (±2.9 SD) years. The amount of dental plaque between those who had died versus survived was statistically significant (p<0.001). In multiple logistic regression analysis, dental plaque appeared to be a significant independent predictor associated with 1.79 times the OR of death (p<0.05). Age increased the risk with an OR of 1.98 (p<0.05) and gender (men) with an OR of 1.81 (p<0.05). The malignancies were more widely scattered in men, while breast cancer was the most frequent cause of death in women.

The study concluded that poor oral hygiene, as reflected in the amount of dental plaque, was associated with increased cancer mortality. For the article on the BMJ website, visit http://bit.ly/KvRoMa

Just those few facts make for interesting reading for the dental practice looking to engage with potential and current patients via social media, as well as those who find Linkedin invaluable for networking with peers and colleagues.

You can follow Dental Tribune on Twitter - @dentaltribuneuk.

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@dentaltribuneuk.com

Editorial comment

I would like to add my personal congratulations to everyone who has received recognition in this year’s Queen’s Birthday Honours. Even bigger congratulations for Dr Nigel Carter, Roger Farbey and Prof Irene May Leigh, members of the dental fraternity who have been recognised for their services.

One of the projects I have been involved in lately is very social media based and I came across some interesting statistics about social media usage. I won’t bore you with all 75 of them (view them at http://bit.ly/L6VpWC) but I thought some of them would interest you:

- There are 38 million European Linkedin users
- Of all the UK Linkedin users 65 per cent are male; 28 per cent of UK Linkedin users earn £98,000 pa or more
- There are 1.1m subject-specific groups
- There are more than 900 million global Facebook users
- Each person has an average of 150 friends
- Thirty billion pieces of content shared each month
- There are four billion mobile phones globally (more than people that have access to clean water)
- Fifty per cent of all local searches are performed on a mobile device
- Eleven Twitter accounts are created every second; 175 million tweets a day are sent
- Sixty-nine per cent of people follow someone because they were recommended by friends

Oral care and cancer

A study carried out in Sweden has suggested that poor oral hygiene is associated with increased cancer mortality. The study, The association of dental plaque with cancer mortality in Sweden. A longitudinal study, was carried out to find out whether the amount of dental plaque was associated with premature death from cancer.

For the study, 1,950 randomly selected healthy young Swedes were followed up from 1985 to 2009. According to the authors, all subjects underwent oral clinical examination and answered a questionnaire assessing background variables, such as socioeconomic status and smoking. Causes of death were recorded from national statistics and classified according to the WHO International Classification of Diseases. The results showed that Of the 1,950 participants, 4.2 per cent had died during the follow-up. Women had died at a mean age of 61.0 (±2.6 SD) years and men at the age of 60.2 (±2.9 SD) years. The amount of dental plaque between those who had died versus survived was statistically significant (p<0.001). In multiple logistic regression analysis, dental plaque appeared to be a significant independent predictor associated with 1.79 times the OR of death (p<0.05). Age increased the risk with an OR of 1.98 (p<0.05) and gender (men) with an OR of 1.81 (p<0.05). The malignancies were more widely scattered in men, while breast cancer was the most frequent cause of death in women.

The study concluded that poor oral hygiene, as reflected in the amount of dental plaque, was associated with increased cancer mortality. For the article on the BMJ website, visit http://bit.ly/KvRoMa

Just those few facts make for interesting reading for the dental practice looking to engage with potential and current patients via social media, as well as those who find Linkedin invaluable for networking with peers and colleagues.

You can follow Dental Tribune on Twitter - @dentaltribuneuk.

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@dentaltribuneuk.com
New recommendations on public health funding published

Recommendations on how to distribute funding for local authorities to spend on public health have been published by an independent group of experts - the Advisory Committee on Resource Allocation (ACRA).

For the first time, from 2015, public health funding will be ring fenced and protected with local authorities taking the lead for improving health. This will help to drive up local efforts to maintain and improve the public’s health and well-being.

The Department of Health has committed to ensure that no local authority will lose out under the new grants for 2015-16. So local areas will either receive equivalent funding or be better off under the new funding arrangements.

Alongside the recommendations, the Department is also publishing more information on:
- A health premium incentive that will target areas with the worst health outcomes and most need, rewarding local authorities if they improve the health of the local population
- Further information on the ring-fenced public health grant

“We are committed to all areas of the country seeing a real terms increase in public health spending, above what PCTs were spending locally. Today’s announcement confirms this.

“Every area of the country is different and has contrasting needs. The interim recommendations published by the independent Advisory Committee on Resource Allocation today provide a solid basis for local authorities to begin planning for next year.”

Under the plans for the health premium incentive, local authorities will be rewarded for the progress they make. Disadvantaged areas will see a greater incentive if they make progress, recognising that they face the greatest challenges.

The Secretary of State asked ACRA to develop a formula for the distribution of public health funding to local authorities across England to help support their new responsibilities.

The Department will now actively engage with health professionals, local authorities and public health leaders for their feedback before publishing the final formula later in the year.

Dental practice teaches children how to get that ‘perfect’ smile

In support of National Smile Month a team from Perfect 32, an NHS and private dental practice in Beverley, visited children at Walkington Preschool and Walkington Primary School to teach them the best way to keep their teeth for life.

National Smile Month 2012 ran until June 20th and was led by the British Dental Health Foundation. This year’s focus was on the vital importance of looking after your mouth in order to keep both your mouth and body healthy. Brushing your teeth for two minutes twice a day, drinking and eating less sugary snacks and visiting your dentist regularly are simple measures that can be taken to maintain overall health. Significant scientific evidence has proven the systemic links between the mouth and the body, with research clearly linking gum disease to heart disease, diabetes, strokes, pneumonia and premature and low birth weight babies. Millions of school days are also lost every year because children are suffering with oral health issues.

As well as offering educational advice in a fun way to 40 reception children with visuals and games, including a ‘good food, bad food’ interactive quiz and a ‘Smile for the Camera’ station, the team also had plenty of balloons, stickers and dental goodies to give away. The afternoon ended with a full school assembly with 264 children in attendance to listen to the National Smile Mouth message.

Practice manager, Nicki Rowland, said: “This is the fourth year that we have visited children to promote good dental health and we always have great fun despite the serious message we are relaying to the children.”

“This year the children dressed up in clinical clothing and masks to look like dentists and had their photographs taken with the campaigns smile-on-a stick logo, which was very funny. We also got very messy learning good brushing techniques using bright blue disclosing tablets and at one point the floor was covered in clinical gloves that the children had blown up and decorated as The Queen!”

Dr Nigel Carter, chief executive of the Foundation, said: “We are delighted that Perfect 32 has joined the many dental practices, schools, health professionals and community groups promoting good oral healthcare under the umbrella of our National Smile Month campaign.

“A good oral healthcare routine can help guard against all sorts of oral and general health conditions from bad breath and decay to gum disease, which has been linked to a number of more serious health conditions such as diabetes, heart disease and strokes.”

“Dentists must resist PCT bullying”

Dentists across England must resist the bullying tactics of Primary Care Trust dental commissioning staff, British Dental Association (BDA) General Dental Practice Committee (GDPC) Chair Dr John Milne has urged.

Speaking at the 2012 Conference of Local Dental Committees (LDCs), Dr Milne told delegates that he was appalled at suggestions that some PCTs were challenging perfectly acceptable treatment patterns in an attempt to claw back money, using a veiled threat that practitioners might be referred to the General Dental Council (GDC) as a stick with which to beat them.

Dentists who find they face such threats, Dr Milne added, must report the situation to the BDA so that this unnecessary and aggressive stance can be resisted.

Dr Milne also, though, reiterated the responsibility that all dentists have to practice professionally and ethically, warning that the small numbers of practitioners who make inappropriate claims are creating problems for the vast majority of the profession that does the right thing.

Dr Milne said: “We have heard from practitioners working in a number of primary care trust areas that commissioning staff are adopting an unreasonable, bullying stance towards dentists with the motive of clawing back money. That is unfair, unhelpful and unacceptable.

“Dentists must not be cowed by such practices. The small number of inappropriate treatment claims that are submitted by practitioners absolutely must be tackled, but they must not be used as an excuse to persecute practitioners who are working professionally, ethically and appropriately.”

“GDPC will not accept such actions by PCTs and I urge dentists to inform the BDA if this happens to them.”
The Dual Wavelength waterlase™ iPlus
Advancing Laser Technology to Its Ultimate

INTUITIVE & INTELLIGENT
GRAPHICAL USER INTERFACE

For example, performing a Class I Cavity Prep with the iPlus™ is as easy as 1,2,3...
Step 1 Select “Restorative” from the first screen
Step 2 Choose “Class I” from the next screen that appears automatically
Step 3 Specify any other concerns such as patient sensitivity or bond strength
That’s it! Step on the foot pedal, and start working.

BREAKS THE SPEED BARRIER

• ЯR™ powered laser delivers 100 pulses/sec. for superior soft-tissue cutting
• Patented laser technology delivers 10 watts of power
• Enables multi-quadrant same-day procedures

ENABLES BIOLOGICALLY FRIENDLY DENTISTRY

• No micro-fractures or thermal damage
• More precise, minimally invasive

iLASE™
940nm DIODE LASER DOCKING STATION

• Adds dual wavelength versatility and convenience
• First totally wireless dental laser
• 5 Watts peak power with ComfortPulse™
• Battery operated with finger switch activation
• Exclusive bendable tips in many diameters & lengths

PROVIDES GREAT RETURN ON INVESTMENT

• Increases treatment acceptance of day-to-day restorative cases
• Attracts new patients
• Increases productivity and enables new procedures

© 2012

www.BIOLASE.com | Toll-free 888-424-6527
A real fundraising drive

In December 2005, 15-year-old Robbie Anderson set up a Trust to improve the quality of life for young people spending long periods of time on the children's cancer ward, where he too was a patient. As explained on The Robbie Anderson Cancer Trust website: “Robbie knew his cancer was terminal. You develop a sense of when your edge didn’t deter him. Facing his second (and last) Christmas in hospital, he set about fundraising for a large plasma TV screen for his ward. He wanted the children on the oncology ward to be able to do what everyone else was doing - playing games and watching Christmas films with their families, something many of us can take for granted. On December 24th it was fixed to the wall in the Day Room. Sadly, ten weeks later, Robbie passed away.”

Cancer is a battle that must be fought on all fronts - the psychological fight is in many ways as important as the physical care and Robbie’s time in hospital was made so much worse by the lack of any facilities for his age group.

“The focus was on much younger children, down to infant-sized tables and chairs in the Day Room and not much else but Disney DVDs to watch. While his life hung in the balance he was placed in either a room with Mr Men mobiles hanging from the ceiling or in a crowded six bedded ward decorated with cartoon characters. There was absolutely no privacy for parents or their children; this, coupled with the sense of being in a nursery situation, Robbie found hard to bear.”

It was then that Robbie decided to set up a trust to improve the quality of life for young people fighting cancer.

His Trust, which continues to support the Children’s Oncology Ward at Leicester Royal Infirmary, aims to work towards providing a facility where all children are treated in age-appropriate surroundings, with a particular focus on teenagers. The proposed unit will cost £1.4 million to build but will be a centre of excellence with clearly defined spaces for each age group.

And this is where you, the reader, come in. In July, Robbie’s parents and members of the dental profession will be setting off on an epic journey to the exotic principality of Monte Carlo to raise funds and awareness of the needs of children and young adults suffering with cancer. The trip, however, will also be carrying out one of Robbie’s wishes, which was to go to Monte Carlo and place a bet on the number eight ball on a roulette table! All the participants are self-funding the drive and all money raised will go towards the funding the £1.4 million age appropriate cancer facility at Leicester Royal Infirmary.

Donations and sponsorship are desperately needed for the age appropriate cancer facility to become a reality. The Robbie Anderson Cancer Trust is proud to be supporting University Hospitals Leicester in their campaign to provide a unit in Leicester that will make a significant difference to the lives of all young people fighting cancer.

For those of you wishing to make a donation to this well worthwhile fund, please visit http://www.robbieanderson.org.uk/index.php/donations-contact-us. You can also find out more information at http://www.robbieanderson.org.uk/index.php.

OK to limit pre-dental procedure antibiotics

The incidence of infective endocarditis among dental patients in Olmsted County, Minn. did not increase after new guidelines called for giving preventive antibiotics before dental procedures only to those at greatest risk of complications, according to independent research published in Circulation, an American Heart Association journal.

Infective endocarditis is a bacterial infection of the heart lining, heart valve or blood vessel. Although rare, it can occur when bacteria enter the bloodstream through breaks in the gums during periodontal procedures or oral surgery. It can cause death if untreated. A common group of bacteria that cause this infection, viridans group streptococci (VGS), is present in the mouth, throat, gastrointestinal, genital or urinary tract.

Infective endocarditis is a bacterial infection of the heart lining, heart valve or blood vessel. Although rare, it can occur when bacteria enter the bloodstream through breaks in the gums during periodontal procedures or oral surgery. It can cause death if untreated. A common group of bacteria that cause this infection, viridans group streptococci (VGS), is present in the mouth, throat, gastrointestinal, genital or urinary tract.

Before 2007, antibiotics were given to many more people, including those with many types of congenital heart defect or acquired cardiac condition. Antibiotics also were given for a wider range of procedures, including operations on the mouth, throat, gastrointestinal, genital or urinary tract.

In the first US study examining VGS-related infective endocarditis rates after the guidelines changed, investigators found a slight decrease in the number of patients diagnosed.

To compare infective endocarditis rates, researchers analysed local hospital discharge records in the Rochester Epidemiology Project and national rates using the Nationwide Inpatient Sample. Olmsted County was used because of its unique medical records-linkage system that encompasses all residents of the county.

From Jan 1, 1999 to Dec 31, 2010, 22 patients in Olmsted County, Minn., were diagnosed with the heart infection. These patients represent two to three of every 100,000 people in the United States before updated guidelines, and one of every 100,000 after the updated guidelines.

The percentage of Olmsted County dentists following the new association guidelines represented the percentage of dentists using them nationally, researchers said.

Among other limitation, the lack of diversity in Olmsted means these results may not hold true for non-Caucasian populations.

New Smile Director for Oral B

Dr Uchenna Okoye (pictured) has been appointed as the new Smile Director for Oral-B. Her role will involve raising awareness of oral health issues in the consumer media. She will also act as a technical expert to field queries from journalists.

Commenting on her appointment Uchenna explained, “A large amount of the work I do could be prevented through good oral hygiene. As professionals we all strive to give our patients the advice and tools they need to look after their teeth between appointments. This message, however, needs to be reinforced through consumer media.”

With up to 50 per cent of the population not regularly visiting a dentist Oral-B spokeswoman Jane Kidson explained: “It is essential that we extend the reach of our message beyond the practice.
GDC response to ‘Bridge the Gap’

Comment regarding Bridge the Gap news piece, printed in Issue 14 2012.

Following a news piece by Bridge the Gap, regarding the General Dental Council (GDC) monitoring standards, a member of the GDC has written to Dental Tribune with their response:

I am writing in response to an article that appeared in the May 28 – June 3 2012 edition of Dental Tribune, entitled GDC “failing to monitor standards breaches”.

I would like to take this opportunity to correct some of the misconceptions I feel readers will have been given by this piece and I hope you will publish this letter in the next possible issue of the magazine.

The General Dental Council does in fact know why dentists are being struck off our registers. This information is made publicly available on our website and in past annual reports. In addition we are currently further improving our systems to help aid us in our understanding of the types of complaints we receive.

I supplied the Dental Law Partnership, the group of solicitors behind the ‘Bridge the Gap’ campaign, with a wealth of information when they made their Freedom of Information request. Unfortunately they took one sentence from a letter answering a very specific set of data out of context.

They asked for information about the classification of hearings results by a specific part of our ‘Standards for dental professionals’. We do not record our information in this way but that does not mean we do not analyse data we hold.

Your sincerely,
Neil Marshall, Director of Regulation, General Dental Council

“Bleaching does not damage enamel surface”

According to a recent study, The effects of home-use and in-office bleaching treatments on calcium and phosphorus concentrations in tooth enamel, An in vivo study, bleaching gels do not alter calcium and phosphorus concentrations on the enamel surface.

Researchers from São Leopoldo Mandic Institute and Research Center in Brazil conducted the study to determine the effects of dental bleaching. They examined the changes in calcium and phosphorus concentrations on the enamel surface after the treatments by collecting enamel microbiopsy specimens from incisors before (baseline), during (seven, 14 and 21 days) and after (seven and 14 days) the bleaching treatments. They analysed calcium and phosphorus concentrations by using a spectrophotometer. According to a recent report, the evaluation was done using enamel microbiopsies, which is a method of collecting samples from enamel without causing any injuries to the dental structure.

The samples were taken individually by using enamel microbiopsy specimens from incisors before (baseline), during (seven, 14 and 21 days) and after (seven and 14 days) the bleaching treatments. They analysed calcium and phosphorus concentrations by using a spectrophotometer. According to a recent report, the evaluation was done using enamel microbiopsies, which is a method of collecting samples from enamel without causing any injuries to the dental structure.

The authors noted that there were differences between the evaluation results, regardless of which bleaching gel was used, for determining the concentration of either calcium or phosphorus.

The authors concluded that home-use and in-office bleaching gels did not alter the concentrations of calcium and phosphorus concentrations on the enamel surface in vivo.
**Gum disease associated with women’s hormones**

Women, keep those toothbrushes and dental floss handy. A comprehensive review of women’s health studies by Charlene Krejci, associate clinical professor at the Case Western Reserve University School of Dental Medicine, has shown a link between women’s health issues and gum disease.

Across the ages, hormonal changes take place during puberty, menstruation, pregnancy and menopause. Krejci found female hormones that fluctuate throughout women’s lives can change conditions in the mouth that allow bacteria to grow, enter the blood, and exacerbate certain health issues like bone loss, fetal death and pre-term births.

Her overview of the literature was reported in the article, “Women’s Health: Periodontitis and its Relation to Hormonal Changes, Adverse Pregnancy Outcomes and Osteoporosis” in the May issue of Oral Health and Preventive Dentistry.

The Case Western Reserve University periodontist reviewed 61 journal articles with nearly 100 studies for a collective answer on whether hormones have a relationship to gum disease and specific women’s health issues like preterm labor, bone loss, and the side effect of hormonal replacement therapy.

“There’s definitely a gender-specific connection between women’s hormones, gum disease, and specific health issues impacting women,” Krejci said.

“Although women tend to take better care of their oral health than men, the main message is women need to be even more vigilant about maintaining healthy teeth and gums to prevent or lessen the severity of some women-specific health issues,” Krejci said.

In addition to the brushing and flossing daily regimen, Krejci recommends visiting the dentist at least every six months, and more if there are any gum problems found or women suffer from bone loss or are pregnant.

She added that it is widely known that hormones cause some women gum problems during pregnancy. Women ready susceptible to gum disease before being pregnant, she advises, need to make sure that these oral problems are treated.

Although women were once discouraged from seeing the dentist while pregnant, she said that scaling and planning of the roots of teeth to eliminate some gum disease is now recommended during pregnancy for women. Severe gum disease requiring surgery is still gener- erally postponed until after the baby’s birth.

Gum disease begins with the build-up of bacterial plaque on the teeth and under the gums. Untreated it can cause irritation and inflammation during which harmful and toxic byproducts are released. These toxins erode the bone that anchors teeth and cause breaks and bleeding in the gums.

Collaborating with Krejci on the study was Nabil Bissada, professor and chair of the Department of Periodontology at Case Western Reserve University School of Dental Medicine.

Source: http://www.case.edu/

**B2A appear on BBC News**

B ridge2Aid were delighted with some great coverage on BBC Breakfast news, when Founder and Clinical Director of B2A Ian Wilson was interviewed regarding the launch of their pilot project in Rwanda. Also featured, was one of their volunteers Clare Roberts, who was preparing to leave on a DVP trip, she is currently in Tanzania.

Over the years Bridge2Aid has developed its expertise in treating and training people in deprived rural areas of Tanzania and now the charity is about to start work in Rwanda, a country that has only 11 qualified dentists; the dentist to patient ratio is only one dentist per 800,000 people.

Volunteer British dentists have spent several years working through B2A helping people with severe toothache and dental problems in Tanzania and the dentists are about to embark on another journey into a part of Africa where many residents have never seen a dentist.

One volunteer is Clare Roberts, who was interviewed for the coverage on BBC.

Speaking of the future trip, she said: “Primarily it’s the lack of equipment and the actual environment you’ll be working in - it’s very basic.

“You have to make do with no running water or electricity. And the patients themselves are going to be very different.

“There’s a language barrier and they may not be used to receiving dental treatment, so there’s all sorts of things that make it a big challenge.”

Unlike dental practices in the UK, the dental surgeries in Africa have little up-to-date or high-tech dental equipment and appliances, but that doesn’t deter the volunteers, who make it their mission to help train local health workers who can carry on treatment once the volunteers have returned home.

B2A hope that this will create a long-term, sustainable dental healthcare system.

Ian Wilson, the founder and clinical director of Bridge2Aid explained the reasons behind the charity during the BBC interview: “If you’re in pain, you can’t function. So if you’re a subsistence farmer in rural Tanzania, you can’t work properly, you can’t therefore generate that small, less than a dollar-a-day income to survive as a family, to put your kids through school.

“So there’s a social impact in terms of people being able to function and there’s an economic impact that can really have a significant impact on a village community.”

Bridge2Aid plan to work with the Rwandan government, as well as two charities which already have a track record in the small central African state: Unubivo, which is run by volunteers from the UK’s Conservative Party, and Survivors Fund.

The BBC interview can be found at http://bbc.in/Lubpyz and the original BBC interview can be found at http://bbc.in/McNhbl.