we can disseminate oral health messages to many more people globally on 20 March.

Philips is in a unique position to help us raise the visibility and understanding of oral health issues across their networks, and we have seen through their World Oral Health Day activation efforts over the past two years, that they are fully committed to improving oral health habits through meaningful innovation. At the FDI, we find this type of support instrumental in helping us achieve optimal oral health for all.

**Why is partnership with companies like Philips important for the FDI?**

As leaders in the corporate world, companies like Philips have access to an international community of diverse stakeholders. They can help by spreading the World Oral Health Day messages and distributing the materials amongst their businesses, employees and customers, and at the same time show that they are committed to improving the health of the people who touch their business every day.

World Oral Health Day provides a great platform through which our global partners can build brand equity. It is also an excellent opportunity for them to further leverage their investment by conducting their own aligned activities according to their business objectives.

**What are your hopes for the approaching World Oral Health Day on 20 March?**

This World Oral Health Day, we hope that people all over the world will “say ahh” and “think mouth, think health”. This is the theme of this year’s campaign, and it is prompting people to make the connection between their oral health and their general health and well-being. A healthy mouth and a healthy body go hand in hand, so we want people to recognise the close association between the two, and the impact that one has on the other.

On 20 March, we encourage people everywhere to commit to prevention and to control their risk factors. We encourage oral health professionals to commit to educating their patients on the positive impact that protecting their oral health has on their general health, and we encourage policymakers to understand their oral health challenges and launch policies that address oral disease at a local, regional and national level.
“The government of Dubai has set a very high priority for oral health”

By Dental Tribune MEA / CAPPmea

Dental Tribune MEA & CAPPmea had a pleasure to ask Dr Shiamaa Shihab Al Mashhadani from Dubai Health Authority (DHA) several questions about approaching World Oral Health Day 2018. World Oral Health Day (WOHD) is celebrated every year on 20 March. It is an international day to celebrate the benefits of a healthy mouth and to promote worldwide awareness of the issues around oral health and the importance of oral hygiene to looking after everyone old and young.

Why are partnerships with companies like Philips important for Dubai Health Authority?

The DHA and the strategic stakeholders have common goals of ethics, integrity and value to help improve oral health and oral health literacy in the population.

The DHA ideally provides prevention and promotion messages and programs to the public, however it is essential for strategic stakeholders to play an important role in emphasizing the prevention of disease and promotion of oral health in conjunction with government entities. They can help to develop local solutions for local needs, thus helping to tackle local oral health problems. The unity of goals and resources help pave the way for a more integrated health promotion services.

What are your hopes for the approaching World Oral Health Day on 20 March?

We always plan each year to celebrate world oral health day in a creative, innovative and entertaining way this year is no different, we have special international oral health advocates and many related activities. The celebration of WOHD is an important tool to raise awareness about the importance of the oral health in relation to general health including the link to many non-communicable diseases in schools, community centers and the general public. The oral cavity is not separate from the body and it affects the body as whole. The FDI launched the theme for WOHD to concentrate on understanding the mouth and body connection and how good oral habits can control general health risk factors.

What is the relation between oral health and general health?

As I said, the mouth is a mirror of the body. If we have any problems-periodontal disease, dental caries-they all originate from bacteria. Bacteria travel into the bloodstream and the effects can range from diabetes to heart disease. Many oral health problems are related to many systemic problems in the body. If we solve these problems, we will have good results in general health.

How does the Dubai Health Authority contribute to the promotion of oral health?

The Dubai Health authority strategy for 2016-2021 has set a very high priority for oral health. It is fifth on the list of many health related programs. We have a very well structured oral health program which covers every aspect of oral health including school students community and public awareness of oral health with emphasis on elderly and people of determination, policies, guidelines and protocols that will improve oral health of the population of Dubai.

Thank you for the interview.

Paediatric Oral Health Care grows into success

By Sunstar Europe SA

Paediatric dentistry is where the seeds of optimal oral health are planted. In recent years, the provision of paediatric dental care has been steadily growing, but working with children can be challenging. In this article, James D. Nickman, DDS, president of the AAPD, describes the past few years as “exciting times” for paediatric dentistry. He sees growth of practitioners training to treat this population increasing each year. He characters paediatric practitioners as a young and diverse population. Demand for paediatric dental care, Nickman believes, is driven by parents seeking the best treatment for their children.

Products help fuel growth

One of the defining characteristics of paediatric care, according to Nickman, is that it advocates prevention. Fluoride remains key to caries prevention efforts, and products, such as professionally applied fluoride varnish, have increased patient compliance. Likewise, Nickman adds, Silver diamine fluoride is helpful in treating infants and younger children because it allows oral health professionals to medically manage the disease, until the children are better able to tolerate treatment. Advancements in restorative materials have improved the aesthetics of treatment among children. The use of laser technology to treat caries, remove bone, or treat hard and soft tissue is also growing among paediatric dental practices, with such benefits reported as reductions in post-operative infection, reduced anxiety for patients due to decreased noise level, and less need for anesthesia.

The dental market has developed a variety of products designed to appeal to children such as manual toothbrushes featuring kid-friendly motifs that include bright colours and patterns, and friendly monster characters for ages 2 and older. Toothpastes, too, have been tailored to the paediatric population, and include fun flavours.

Oral health literacy and safe practice above all

In many cases, children depend on a parent or caregiver to provide self-care and it is important to keep instructions simple. In addition, care plans should be developed and discussed in a culturally appropriate manner whenever possible. Part of making that treatment optimal, is for practitioners to spend the time necessary to communicate the needs of the child and options for treatment in understandable language. Children and their parents may historically have dreaded visiting the dental office, but advances in products and practice methods are overcoming the barriers that once separated young children from vital treatment. Despite the challenges this trend will present, it provides an opportunity for the dental profession to showcase its strengths and lead generations of patients on the path to optimal oral health.

References


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“The oral environment becomes more hostile with age”

By DTI

Professor Hien Ngo has extensive experience in private practice, research and teaching. Over the 30 years, he has been active as an international speaker on oral health, minimal intervention and restorative dentistry. At present, his focus in research is who have had the disease and who had the opportunity to speak to him about the concept of “lifelong oral health” and the major demographic changes in ASEAN countries.

The term “lifelong oral health” was used by the FDI World Dental Federation in one of its policy statements. What does it mean?

Previously, edentulous among older individuals was accepted as a norm. However, with recent advances in preventive and restorative dentistry, the FDI stated, “The goal of reaching old age with a full set of teeth is feasible if preventive measures and oral healthcare care are accessible throughout life.”

The key term here is “throughout life” because a good oral health foundation in childhood is the key determinant of oral health at a later stage in life. Lifelong Oral Health was the title of a policy statement that was adopted by the FDI General Assembly in Aug 2017. It identified the four pillars supporting lifelong oral health as oral health promotion, risk assessment, disease prevention and early diagnosis and intervention at all stages of life. These four pillars will form the framework for discussing clinical cases during the Silver Wave symposium at ISEM.

There is a global phenomenon of population ageing on an unprecedented scale. What is the implication of this change in ASEAN countries? How should it be managed?

In your Perio Focus green paper, “Impact of the global burden of periodontal diseases on health, nutrition and wellbeing of mar- keting, research, and funding,” you call for prevention, diagno- sis and treatment. Why do you recommend this threefold ap- proach to periodontal diseases? More than 750 million people suffer from severe forms of periodontitis, while millions more suffer from the milder forms of it. With such a widespread prevalence of this disease, we need a multi-pronged approach to treat it, which includes:

a) Prevention, to ensure that fewer people develop the disease. We should also be targeting the common risk factor approach for the prevention of chronic non-commu- nicable diseases, as suggested by the World Health Organization (WHO), with one critical addition: we must include oral hygiene as one of the virtues behaviours (along with not smoking, eating well and exercising weight and exercise). Prevention requires the implementation of appro- priate policies to support the effective management of gingivitis, which dental professionals need to play a critical role in providing. In addition, more needs to be done by governments in this regard.

b) Diagnosis, since we think that early detection and early manage- ment will lessen the economic burden of treating periodontal dis- ease. We suggest an alliance with the patient to aid early detection with self-assessment and self-help, professional screening and a full periodontal examination. In addition, it is critical that dental professionals communicate the message that gingival bleeding is non-normal and requires professional attention.

c) Treatment, which for dentists is the obvious step. The problem is that we know how to treat this dis- ease and we have all the help from around in dental or hygiene school on how to do it, but formidable barriers are making access to the best evidence-based treatment difficult—and I am not only talking about money! A complex mix of misunderstand- ings, incorrect health messages de- served by the population, development of oral health products, faulty reimburse- ment systems and a historical focus on restorative dentistry are proving difficult issues to overcome.

Clearly the number of periodontal disease patients is enormous and we need to rethink what we are doing. Fortunately, the encouragement of such a wide constituency of learned people who have had the disease and who are at a risk of recurrence.

What is some of your key rec- ommendations for short- and long-term treatment? You raise an important point. The simple answer is with the diagnos- tic and treatment of the appropriate care pathways for different individu- als. Primary prevention, or helping healthy people avoid the disease, is key. We know what to do in terms of behavioural modification and the promotion of a healthy lifestyle, oral hygiene instructions and delivery of the traditional periodontal preven- tive services (scaling and prophylax- i). This approach, however, requires diagnosis, because the dentist must first establish that the patient does not suffer from periodontitis at the time for it to work.

In the conclusions of the Prevention Workshop in the ISEM 2014, we underline the fact that it is important to be appropriate to deliver profes- sional preventive services to patients with undiagnosed peri- odontitis. So, each dentist needs to create different care pathways. One pathway for healthy subjects who need primary prevention, one for gingivitis patients who require treat- ment first and then primary preven- tion, and another for periodontitis subjects whose needs are totally dif- ferent. It is important to create a single self-assessment tool for periodontal care. Secondary prevention in these cases implies a specific pro- gramme for higher risk individuals who have had the disease and who are at risk of recurrence.

What is important to an early and accurate diagnosis of periodontal disease? An early and accurate diagnosis is critically important. Distinguishing between health, gingivitis and periodontitis with an appropriate screening test is the first step—diago- nistic tests, based on the WHO Com- munity Periodontal Index, have been introduced in many countries around the world by national peri- odontal societies. Whenever a pa- tient has periodontitis, a complete examination is mandatory in order to assess the specific case of the patient, establish prognosis and choose the most appropriate treatment. Treat- ment will be tailored to suit the patient, with one eye shut—sometimes we reach the truth, but only when we are lucky. Clinicians should always keep a very important issue in mind that diagnosis is a subjective estima- tion in most jurisdictions around the world. Failure to diagnose or per- form an accurate diagnosis remains the number one cause of litigation in our field.

Some patients think that the dental professional alone can treat periodontal disease, which should the role of the dental pro- fessional and the role of the pa- tient be for the successful treat- ment of periodontal disease? Here you refer to the need to establish a therapeutic alliance between clinician and patient. The patient is the one who is at risk for the disease. Both clinical cases and the less common group dentists will be brought together in this field and the dental professional for the treatment of periodontal diseases, which includes periodontal diseases. The key is communi-

Personal, I like to present to the pa- tient the condition of his/her mouth, discuss the management of oral health, nutrition and wellbeing of mar- keting, research, and funding, discuss the management of oral health, nutrition and wellbeing of marketing, research, and funding.

The paper – “Impact of the global burden of periodontal diseases on health, nutrition and wellbeing of marketing, research, and funding” – was written by four international experts including Maurizio Tonetti and FDI past president Sören Jessen.

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