Dentsply Sirona Clinical Affairs 2018

Almost 432,000 dental professionals have benefitted from clinical education and training

By Dentsply Sirona

Dentsply Sirona Clinical Affairs organizes one of the largest clinical and most comprehensive education programmes in the dental industry to empower dental professionals to provide better, safer and faster dental care. In 2018 alone, Dentsply Sirona offered 11,835 courses all over the world, in which nearly 432,000 dental professionals participated.

The global Clinical Affairs team develops the next generation of educational content that supports the implementation of innovative solutions for dental professionals. This clinical education program’s overall objective is to empower dentists, technicians, and dental team members to improve dental care and oral health. Clinical Affairs team members to improve dental care and oral health. Clinical Affairs cooperates with opinion leaders, academic and research communities, and practitioners in their respective local markets.

Clinical Affairs 2018 at a glance

11,835 Courses
99 Countries
411,854 Attendees

2018: Over 330,600 dentists attended Dentsply Sirona’s courses. In 2018, more than 432,000 dental professionals from 99 countries participated in the program. Over 76 percent – or 325,600 – of them were dentists – 11 percent more than in 2017. Also, the number of participating students has grown by 12 percent to a total of 35,320. Together, they took part in 11,835 courses in total, including live lectures, product trainings, Train-the-Trainer sessions, self-instructional courses, Webinars and hands-on trainings. For the latter the participants spend at least 33 percent of the instructional time practicing skills.

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Dentsply Sirona offers triple excellence

The success of the Dentsply Sirona Academy’s educational program is increasing annually. This positive result can be attributed to our understanding of customer needs and organizing courses in three important categories: clinical excellence, technical excellence and practice excellence.

Clinical excellence offers scientifically sound, evidence-based education on key clinical topics and common clinical challenges facing dental professionals. The program covers topics such as prevention, restorations, orthodontics, endodontics, implantology and prosthodontics.

Technical excellence introduces Dentsply Sirona’s new technologies, innovative materials and workflow solutions, for example. These courses support dentists, technicians and team members in adopting and implementing technological innovation and workflows into their own practices.

Practice excellence as the Academy’s third component focuses on administrative and management issues including front office and back office support to improve practice efficiency and patient outcomes. “A dental practice is only as good as the team – dentist, dental hygienist, assistant, office manager, and laboratory technician – work together to support the needs of the patient,” says Dr. Dolan. “So, the practice excellence component supports the team performance of a high-quality dental treatment.”

For more information about clinical education from Dentsply Sirona please contact your local representative or visit dentsplysirona.com/MENA

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Laser Safety Officer course | e-learning | Laser technique (Diode lasers) | High power Diode lasers (clinics) | Scientific background and clinical indications | Skill training every day of every clinical indication | Patient treatments (demonstrations)
**Hands on:** Pigmentation on soft tissue, gingivectomy and gingivoplasty, frenectomy, fibroma removal, crown lengthening, depigmentation, endodontic procedure- canal irradiation performed on sheep heads | Patient treatments (demonstrations)

**DUBAI, UAE**
Module 2 | 11-14 March 2020 (4 days) | Module Erbium Lasers
Laser Safety Officer course | e-learning | Laser technique (Diode lasers) | High power Diode lasers (clinics) | Erbium Lasers (clinics) | Laser technique (Erbium lasers) | Er:YAG and Er,Cr:YSGG | Scientific background and clinical indications | Skill training every day of every clinical indication | Patient treatments (demonstrations)
**Hands on:** Preparation in enamel and dentine, generation of a retentive surface, canal decontamination, apicectomy, soft-tissue cut with short pulses, soft-tissue cut with long pulses, open curettage, crown lengthening and bone preparation performed on sheep heads. | Patient treatments (demonstrations)

**AACHEN, GERMANY**
Module 3 | 13-16 December 2020 (4 days) | Combined Wavelengths Therapy Concepts & Mastership Exams
Laser therapy concepts with the use of 2 different wavelengths | Written multiple-choice exam | Oral Exam (presentation of 5 patient treatments cases with diode or Erbium lasers) | Graduation Ceremony, after successful completion of an examination at RWTH Aachen University | 600 hours total workload | Over the complete course duration: case documentation & discussions

The programme targets dentists who would like to specialise in certain wavelengths. Over the course of one year, participants are taught fundamental physical and technical knowledge, and how to recognise primary, secondary, and tertiary indications on 12 attendance days split into 3 modules held over 3 educational blocks. This programme concludes with an official certificate of RWTH Aachen University, and is offered in collaboration with the RWTH Aachen International Academy, the post graduate education wing of the University.

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Researchers develop microrobots to break up plaque

By DTI

PHILADELPHIA, U.S.: The fight against plaque has been a long-running battle. In a discovery that might give dentists the upper edge, researchers from the University of Pennsylvania have developed a swarm of microrobots, directed by magnets, that can break apart and remove dental biofilm from a tooth. The innovation arose from a cross-disciplinary partnership among dentists, biologists and engineers.

Lead researcher Prof. Hyeon Koo, from the University of Pennsylvania School of Dental Medicine (Penn Dental Medicine), said the development was truly a synergistic and multidisciplinary interaction. “We’re leveraging the expertise of microbiologists and clinicians-scientists as well as engineers to design the best microbial eradication system possible. This is important to other biomedical fields facing drug-resistant biofilms as we approach a post-antibiotic era,” he said.

This collaboration came about after Koo and his colleagues made headway in breaking down the biofilm matrix by using iron oxide-containing nanoparticles that work catalytically, activating hydrogen peroxide to release free radicals that can kill bacteria and destroy biofilms in a targeted fashion. Serendipitously, the Penn Dental Medicine team found that groups at Penn Engineering, led by Dr. Edward Steager, Prof. Vijay Kumar and Prof. Kathleen Stebe, were working with a robotic platform that used very similar iron oxide nanoparticles as building blocks for microrobots. The engineers control the movement of these robots using a magnetic field, allowing a tether-free way to steer them.

Together, the cross-school team designed, optimized and tested two types of robotic systems, which the group called catalytic antimicrobial robots, or CARs. One system works on surfaces and the other operates inside confined spaces. After testing the robots on biofilms growing either on a flat glass surface or in enclosed glass tubes, the researchers tested the removal of biofilm from hard-to-reach parts of a human tooth. According to the researchers, the CARs were able to degrade and remove bacterial biofilms not just from a tooth surface but also from one of the most difficult-to-access parts of a tooth, the enamel.

“Existing treatments for biofilms are ineffective because they are incapable of simultaneously degrading the protective matrix, killing the embedded bacteria and physically removing the biodegraded products,” noted Koo. “These robots can do all three at once very effectively, leaving no trace of biofilm whatsoever.”

“Treating biofilms that occur on teeth requires a great deal of manual labor, both on the part of the consumer and the professional. We hope to improve treatment options as well as reduce the difficulty of care,” said Steager.

The team now hopes to move its invention into clinical application and has received support from the Penn Center for Health, Devices and Technology, an initiative supported by the Penn School of Medicine, Penn Engineering and the Office of the Vice Provost for Research at the University of Pennsylvania.

A research paper, titled “Catalytic antimicrobial robots for biofilm eradication,” was published in the April 2019 issue of Science Robotics.
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A new study has reported that doxepin mouthwash or diphenhydramine-lidocaine-antacid mouthwash may be effective in reducing radiotherapy-related mucositis pain.

Scientists find effective treatment for oral pain caused by radiation therapy

Scientists have recently discovered that an oral rinse referred to as magic mouthwash significantly reduces the pain caused by oral mucositis and mouth ulcers in patients receiving radiation therapy for head and neck cancer. The mouthwash contains diphenhydramine, lidocaine and antacids.

The study was led by Dr. Robert C. Miller, Professor of Radiation Oncology at Mayo Clinic. The findings emerged from a multi-institutional randomized, double-blind, placebo-controlled Phase III clinical trial.

“Our group published a study in 2012 showing that an oral rinse of doxepin reduced oral mucositis-related pain, compared to placebo,” said Miller. “However, there were no large randomized controlled trials studying the potential benefits of magic mouthwash.”

In the new study, conducted between November 2014 and May 2016, Miller and his colleagues studied 275 patients who underwent definitive head and neck radiotherapy and had an oral mucositis pain score of 4 points or greater. The participants were followed up for a maximum of 28 days. The research team found that pain related to oral mucositis was reduced by 11.6 points after using doxepin mouthwash and by 11.7 points after using diphenhydramine-lidocaine-antacid mouthwash, within 4 hours of administration. There was a reduction of 8.7 points for placebo mouthwash. Both experimental rinses were also well-tolerated by patients.

“Radiation therapy may cause mouth sores because it is designed to kill rapidly growing cells, such as cancer cells,” said co-author Dr. Terrence T. Sio, a radiation oncologist at the clinic. “Unfortunately, healthy cells in your mouth also divide and grow rapidly, and may be damaged during radiation therapy, which can cause discomfort. We’re glad to have identified a proven method to help treat the discomfort of this side effect,” he concluded.

The study, titled “Effect of doxepin mouthwash or diphenhydramine-lidocaine-antacid mouthwash vs placebo on radiotherapy-related oral mucositis pain: The Alliance A233504 randomized clinical trial,” was published online on April 16, 2019, in JAMA.
Scientists work on remedy for painful jaw disease

By DTS

LOS ANGELES, U.S.: University of Southern California (USC) researchers and collaborators from the University of California, Los Angeles (UCLA) have reported a breakthrough in preventing the damage to the jaw that is a side effect suffered by some people undergoing treatment for cancer or osteoporosis. The newly published research is an important step toward a cure for osteonecrosis of the jaw, which is a rare consequence of drugs commonly used to combat bone loss.

Osteonecrosis of the jaw causes severe and persistent inflammation leading to loss of bone from the jaw and has no effective means of prevention or cure. The risk, though small, deters people from taking drugs needed to fight bone cancer or prevent fractures owing to loss of bone density.

USC scientist Prof. Charles McKenna said the research raises hope that physicians could adapt the new method to treat the condition in people. “This is a condition that has been exasperatingly painful and difficult to treat for more than a decade. We think our new approach may provide hope for the future.”

For years, physicians have prescribed a class of drugs called bisphosphonates (BPs) for metastatic bone cancer patients and for osteoporosis patients to maintain bone density. BPs include a range of compounds that share a remarkable ability to adhere to bone, but when used in high doses in the cancer clinic, BP drugs sometimes have the deleterious side effect of necrosis in the jaw. The problem often occurs after a tooth is removed, the extraction socket does not heal, and the jaw begins to deteriorate.

Although the condition is very rare at the lower BP doses used to combat osteoporosis, many patients avoid the drugs altogether for fear of the side effects. The risk is low, as the National Osteoporosis Foundation estimates incidence of osteonecrosis of the jaw owing to the BP used to treat osteoporosis to be between one in 10,000 and one in 100,000 people annually. The risk has been estimated to be much higher, about 3 percent of patients, at the BP dose used to treat cancer. McKenna said nonetheless, more and more osteoporosis patients are willing to take the risk to fight the disease rather than risk the side effects. Surveys have shown that the recent trend in reduced hip fractures among postmenopausal women may be reversing owing to BP drug avoidance.

“The fear factor of this condition has led to severe underuse of bisphosphonates for osteoporosis, so much so that we’re seeing a rise in hip fractures in elderly people, aversion to bisphosphonates in oncology clinics and liability concerns in the dental office,” McKenna said.

The research team used a different BP compound, an inactive compound that could be used locally in the mouth to push the BP drug from the jawbone while leaving undisturbed the useful drug in the rest of the skeleton. “Think of it as a way to fight fire with fire,” McKenna commented.

The scientists involved in the study used mice to test different BPs attached to fluorescent dyes. One coded the BP zoledronate, which is administered systemically to treat osteoporosis and cancer, while a different dye coded a BP compound with similar bone affinity, but no biological activity, referred to as a rescue BP. The researchers discovered that the rescue BP injected into the jaw removed most of the BP drug causing the jaw bone tissue damage, clearing the way for the animal’s natural healing process to repair the extraction site.

The new technique is not yet ready for clinical use in humans. McKenna said BioVinc, which provided funding for the study via a National Institutes of Health small business research grant, will be responsible for advancing the treatment to commercial clinical use. Several of the authors of the study disclosed a financial interest in BioVinc, a company specializing in bone-targeted therapies and diagnostics. McKenna is the company’s academic founder.

The study, titled “Rescue bisphosphonate treatment of alveolar bone improves extraction socket healing and reduces osteonecrosis in zoledronate-injured mice,” was published online ahead of print on March 26, 2019, and is due to appear in the June 2019 issue of Bone.
Quality Beyond Reliability – How Dentsply Sirona defines design for treatment centers

By Dentsply Sirona

There is never a second chance for the first impression. This phrase is particularly relevant to psychology’s perception of a dental practice where a treatment center is concerned. To convey the high quality and comfort of its treatment centers Dentsply Sirona places high value on premium design – a central pillar of the quality commitment “Quality Beyond Reliability”.

What turns a dentist’s appointment into a first-class treatment? Dentsply Sirona’s answer to this question is actually a complex phenomenon: except for its treatment centers Tenero, Sinus and Intego in a concept where “functional design meets functional treatment center visualises high-quality functions by its ergonomic design with elegantly clean lines. This ensures comfort for the patient as well as an optimal working position and workflow for the dentist.”

Award-winning design with three colour schemes

“Our treatment centers’ design evokes trust and spreads an atmosphere of safety and reliability. The patient experiences this in a fraction of a second,” explains Susanne Schmauder, Vice President Global Brand Marketing and Clinical Affairs, Equipment and Instruments. Dentsply Sirona’s treatment centers combine harmonious color design with a distinctively streamlined shape. The design concept provides three color worlds grouping together shades that harmonize particularly well with each other. This convincing design received renowned awards such as the IF Design Gold Award and the nomination for the German Design Award.

Premium design visualises hand-made high quality

The essential basics for premium design are high-quality materials and high-quality production processes. Therefore, Dentsply Sirona’s treatment centers rely on three indisputable principles: – Collaborating with specialized designers guarantees that the treatment centers show a state-of-the-art ingenuity that fulfills the customers’ high expectations. – The research and development (R&D) work hand in hand with the epiphenomenal department to carefully select the best possible material for the treatment centers. – According to Dentsply Sirona’s demanding test procedures theophylly needs to pass 250,000 stresses and strains without loss of quality – 150,000 times more than officially required.

The upholstery is available in two versions. As a premium option that is processed by thermofusing for ultra-firm cushioning or as a hand-sewn lounge version with a smooth and seamless surface for a flat design.

 Latest design trends within the dental sector

The latest trends in design will be published in Dentsply Sirona’s exclusive trendS magazine at this year’s IDS. In this issue Dentsply Sirona has discovered four exciting new directions among dental practice designs all over the world. Mindful Clarity, Striking Energy, Sensitive Luminance and Refined Luxury. The magazine includes personal interviews with dentists around the world and some interesting background articles on dental solutions and lighting, a look at the patient experience in general and a myriad of stunning and inspiring photos.

Tangible benefits for patients and dentists

The well thought-out design of Dentsply Sirona treatment centers benefits both, patients and dentists. Thanks to the compact but soft upholstery patients enjoy a comfortable and acceptable positioning including support of their shoulder and back area. The cooling effect of the thermo upholstery reduces accumulated heat in the seat and back area to contribute to the patient’s relaxation, whereas the lounge version offers extra comfort through additional softness. Moreover, the spacious legroom enables easy access to the treatment center. At the same time, the dentist can work in an ergonomic position throughout the treatment. In addition, the treatment centers flat surfaces are easy to clean and disinfect.

Dentsply Sirona

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Stress – Friend or enemy?

By Michèle Renes

“Stress” is a term that is often misused and applied inappropriately. In today’s world, being stressed is often associated with a busy, active work life. In reality, what we call “stress” is actually a complex phenomenon that weakens our organism and whose main purpose is to maintain internal balance. Stress, that is, for many illnesses and, more than just a risk factor, it is a real affliction.

But what is stress?

It is an adaptive response. In 1929, Cannon proposed a scientific description of stress: “the body of any complex animal manifests a stereotyped reaction pattern to any environmental threat disturbing its balance,” the well-known fight or flight response. It was Selye who, in 1936 named it the “general adaptation syndrome.” He described three stages of physiological responses. The first is the alarm stage, when faced with a difficult situation. This stage aims to mobilise resources, breathing accelerates, fat is burned and glucose released. The heart rate increases and the five senses become sharper. The organism experiences both internal and external stress. Prior stress is given to the muscles and the brain. All of these reactions, or adaptation efforts, are normal and useful and they allow our body to adapt to a continuously moving environment. If no action is possible and no solution can be found for adapting to the threat, the resistance stage begins. This stage corresponds to a state of hysteresis, and it is at this stage that psychological and/or psychosomatic problems may begin. The stage of exhaustion marks the end of the stage of resistance and the exhaustion of the organism.

Of course, everyone reacts differently to stress, because everyone sees things differently and has his or her own capacity for adaptation (or ability to cope). We talk about successful coping behaviour when the individual has a feeling of confronting and staying in control. It would be a failure if he or she were overwhelmed by events (stress). Selye also made a distinction between negative stress (distress) and positive stress (eustress). The latter is beneficial to everyone, as it allows one to push one’s boundaries without losing one’s internal balance and reach a fixed objective (for example, the stress of a sportsperson before a competition).

What is the link between stress and periodontal disease?

Periodontal disease is an inflammatory multifactorial bacterial disease. In necrotic periodontitis, stress has long been recognised as a major risk factor. Alexander the Great’s soldiers were already suffering from this pathology, and later, it affected soldiers in World War I, when it was known as “trench disease.” Stage of activity has been described in the development of periodontal disease. Stress is considered to be an aggravating factor owing to two phenomena: stress generates a change in behaviour on the one hand and a reduction in immune defences on the other. Many studies, some very old, have shown that patients with depression have a tendency to eat poorly, take less care of themselves and increase their consumption of tobacco, alcohol and medication. We know that periodontal disease is stabilised if patients carry out daily meticulous cleaning of their teeth and interdental spaces. Internal motivation is reduced in depressed patients and so negligence of dental hygiene increases the amount of biofilm and changes its composition. Nutritional deficiencies are also responsible for decreased immunity.

Tobacco use is a recognised risk factor for periodontal disease. The accumulation of all these changes in behaviour increases the risk of developing periodontitis or of relapsing.

The way in which stress acts on the immune system is summarised according to the hypothalamic–pituitary–adrenal axis. Psychosocial stress is capable of activating the hypothalamus, which will secrete adrenocorticotropic hormone, which will in turn stimulate the adrenocortical gland to produce glucocorticoids, of which cortisol has an...
Plant-based diet could help reduce gingivitis

By DTI

FREIBURG, Germany: A recent study has shown that a plant-based whole-food diet enriched with omega-3 fatty acid and vitamin D is able to reduce gingival inflammation naturally. Based on the findings of this trial, the researchers recommended that dental professionals ought to assess dietary behaviour in patients with gingivitis and provide dietary recommendations in addition to periodontal therapy.

For the trial, 30 patients with gingivitis were randomised to an experimental and a control group stratified by their plaque values, which were taken at baseline and the end of the study. The experimental group changed to a diet low in processed carbohydrates and animal proteins, and rich in omega-3 fatty acid, vitamin C, vitamin D, antioxidants, plant nitrates and fibre for four weeks, whereas the control group remained on their western diet. All participants stopped using dental floss and other interdental cleaners during the trial period. Periodontal parameters, such as subgingival plaque values and gingival bleeding, after the procedure were assessed by a blinded dentist.

The findings indicated that, although there were no differences regarding the participants’ plaque values, the experimental group experienced a significant reduction in gingival bleeding. Apart from the potential benefit for oral health, a substantial increase in vitamin D values and weight loss was also evident. “Study results clearly demonstrate the possibility to naturally reduce gingivitis by an optimised diet that also promotes general health. According to this, dental teams should address dietary habits and give adequate recommendations in the treatment of gingivitis, since it might be a side effect of a pro-inflammatory western diet,” said lead author Dr Johan Wolber, a dentist and research assistant in the Department of Operative Dentistry and Periodontology of the Centre for Dental Medicine at the University of Freiburg Medical Centre.

The study, titled “The influence of an anti-inflammatory diet on gingivitis: A randomised controlled trial”, was published online on 2 April 2019 in the Journal of Clinical Periodontology ahead of inclusion in an issue.

A recent study has suggested that gingivitis is profoundly affected by diet.
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Unilever to acquire Fluocaril and Parogencyl brands from Procter & Gamble

By DTI

LONDON, UK/ROTTERDAM, Netherlands: Unilever has announced that it has signed an agreement to acquire the Fluocaril and Parogencyl oral care brands from Procter & Gamble.

Fluocaril and Parogencyl are well-known therapeutic brands sold in the pharmaceutical industry, primarily in France and Spain. They have a product portfolio that is widely endorsed by health professionals. Fluocaril offers oral care solutions specialising in protection against dental caries. Parogencyl tackles gingival issues.

The acquisition will give Unilever a leading role in oral care in the pharmaceutical industry in France, as well as a strong position in Spain. With their powerful brand heritage, high visibility and sound reputation with dentists, these brands are a great complement to the existing oral care portfolio of Unilever.

The terms of the deal were not disclosed. The acquisition is expected to close in the second quarter of 2019.

Research finds presence of dental phobia not a barrier to treatment

By DTI

LONDON, UK: It has been established that patients with a phobia of dentistry may often delay visiting the dentist or avoid it altogether. It comes as welcome news, then, that a recent study has found that treatment plans offered by dentists are overwhelmingly influenced by the complexity of the patient’s oral situation and are not impeded by the presence of a phobia.

Though over 50 per cent of the British public say that they are anxious about visiting the dentist, 12 per cent have such high anxiety levels that it can be classified as a phobia. These patients frequently have poorer oral health and higher rates of dental caries, outcomes that are partially driven by an avoidance of clinical treatment.

A new study conducted by researchers from King’s College London set out to test whether the presence of a dental phobia modifies the proposed treatment plan for such a patient compared with the plan for a non-phobic patient. The researchers invited 79 UK-based dental practitioners to create a treatment plan for an imagined patient that had either simple or complex treatment needs based on a number of dependent variables, such as periodontal treatment, extractions and provision of crowns.

The results of the study showed that dentists offered a more complex treatment plan for complex conditions and that treatment decisions were primarily influenced by the oral needs of the patients, and not whether or not a dental phobia existed. Dr Ellie Heidari, lead author of the study and a senior specialist clinical teacher at King’s College London, said in a release regarding the study: “In order to deliver dental care for people with dental phobia, it is important to adapt an approach, where prevention of oral diseases and preservation of teeth, when possible, is provided as part of dental care plans.”

Another important component in their care would be to address dental phobia by providing them with an opportunity to access cognitive behavioural therapy. This is a therapy that has been proven to be very successful,” she added. Dr Tim Newton, Professor of Psychology as Applied to Dentistry at King’s College London, commented: “Those with dental phobia are experiencing both the enormous challenges of living with their fear, and of having poorer oral health. It is gratifying to see that for the dental team the presence of a phobia is not perceived to be a barrier to complex restorative or preventive approaches. We hope to be able to ensure that not only do people with dental phobia derive the benefits of good oral health but also overcome their fear through the most effective treatment—cognitive behaviour therapy.” The study, titled “The impact of dental phobia on care planning: A vignette study”, was published in the April 2019 issue of the British Dental Journal.