BDA supports victims of 22 May bomb attack

By DTI

MANCHESTER, UK: At the start of its annual congress in Manchester, the British Dental Association (BDA) has pledged to donate £5,000 to the victims of the bombing at a concert on 22 May. With this step, the professional body joins other initiatives that are aimed at supporting the families affected by the horrific attack.

Chair of the BDA Principal Executive Committee Mack Armstrong said: “We’ve been so proud to make Manchester home to our national conference, and we just want to do our bit to help our host city and friends in the aftermath of this horrific attack.”

“Quite rightly Manchester has resolved to carry on. Our thoughts are with all the families touched by this atrocity,” he added.

According to the Greater Manchester Police, Monday’s attack during a concert by American singer Ariana Grande at the Manchester Arena left 22 people dead and over 50 injured. (Photograph, DTI)

“Professor Curtis’ appointment is an important step for us as we embark on a new university vision and seek to consolidate the Dental Institute’s position as Europe’s most comprehensive centre for dental education, research and patient care,” said Sir Robert Lechler, Provost for Health at King’s.

Last year, King’s was rated fourth in the world in dentistry according to the QS World University Rankings in the US, as well as first in Europe. Currently, around 1,000 students are enrolled in the university, as are 300 distance learning students. Curtis will bring extensive knowledge and research expertise in the field of oral microbiology to the school. His latest research focused on the role of oral microbiome in maintaining oral health and developing disease, and key microbial virulence determinants of oral bacteria.

King’s Dental Institute appoints Barts professor as new executive dean

By DTI

LONDON, UK: Prof. Mike Curtis from Barts and The London School of Medicine and Dentistry at Queen Mary University of London has been appointed new Executive Dean of King’s College London Dental Institute, the university has said. The microbiologist succeeds Prof. Dianne Rekow, who retired from her post at the end of last year.

Currently serving as Dean of Dentistry and Deputy Vice-Principal for Health at Barts and The London, Curtis is expected to take the helm of Britain’s most prestigious dental school at the beginning of the next academic year. In the meantime, the institute will continue to be led by Prof. Mark Woolford, who took over in December as interim Executive Dean. Commenting on his appointment, Curtis pledged to maintain and enhance the pre-eminence of dentistry at King’s in its education, training and research.

“Professor Curtis’ appointment is an important step for us as we embark on a new university vision and seek to consolidate the Dental Institute’s position as Europe’s most comprehensive centre for dental education, research and patient care,” said Sir Robert Lechler, Provost for Health at King’s.

Last year, King’s was rated fourth in the world in dentistry according to the QS World University Rankings in the US, as well as first in Europe. Currently, around 1,000 students are enrolled in the university, as are 300 distance learning students. Curtis will bring extensive knowledge and research expertise in the field of oral microbiology to the school. His latest research focused on the role of...
GAME CHANGER

MY DAILY RITUAL

Interdentalbrush CPS prime

Martina Hingis
curaprox.com
Dentsply Sirona steps up education offering with London Academy

By DTI

WEYBRIDGE, UK: After the merger in 2016, Dentsply Sirona began significant reorganisation of its business operations in the UK and Ireland. The 12-month transition period was finally completed with the opening of its new education centre at DENTSPLY International’s former premises in Weybridge in Surrey near London.

Adding to Dentsply Sirona’s existing training facilities around the globe, it is the first launch of a major education centre by the international dental conglomerate. Attended by Dentsply Sirona Group Vice Presidents Thomas Scherer from Germany and Teresa Dolan from the US, the launch in June brought together dealers, key partners, such as representatives of UK dental schools, as well as dentists and dental technicians from around the UK and Ireland in order to celebrate and have a first look at the new facility, which showcases products and equipment in a clinical setting.

According to Commercial Manager George Fleeton, to whom Denta Tribune spoke in Weybridge, the centre will provide a UK base for Dentsply Sirona’s extensive in-house clinical and technical education programmes that enable dentists and dental technicians to not only learn about how an integrated solution can improve their workflow, but also experience it first-hand.

“We have invested significant resources in the project, he said. “It is a long-term commitment and absolutely in line with Dentsply Sirona’s global strategy in regard to education.”

Dentsply Sirona provides over 11,000 courses annually in more than 80 countries and to almost 10,000 dental professionals a year. It will offer sales and dealer training in addition to clinical training for dentists and dental office staff. Furthermore, it is planned to host special events to raise awareness of various topics that are relevant in dentistry, Fleeton added.

“We see this facility being used to train not just dental professionals but also the people working with them,” he said. “We want all people working with dental professionals to do so in a competent and confident manner.”

Dentine hypersensitivity—“A sizeable problem”

An interview with Dr David Gillam, London

Periodontology specialist, Dr David Gillam, from the Institute of Dentistry at Queen Mary University of London, is the author of practice guidelines regarding the management of dentine hypersensitivity. At this year’s Dentistry Show in Birmingham in the UK, where he held a number of lectures and presentations on this topic, Dental Tribune sat down with him to discuss the condition and what practitioners need to consider when treating patients.

Dental Tribune: Dentine hypersensitivity still seems to be an under-rated condition in the majority of practices. How prevalent is it according to the latest data and are there demographics that are more affected than others?

Dr David Gillam: Dentine hypersensitivity affects any age group from 18 onwards, but the peak is probably in people in their thirties and forties. There is some evidence that sensitivity decreases with age, but this may be due to more dentine being laid down. That does not mean that one cannot develop hypersensitivity at age 60 and above. However, there is a higher possibility of the condition affecting younger people owing to their lifestyle and dietary choices, which can lead to the erosion of dentine.

With people keeping their teeth longer, they are potentially more exposed to erosive patterns and behaviour. A different profile may yet emerge, but this is not the case at the moment. From studies, we estimate that nowadays the condition occurs on average in one in ten patients, indicating a sizeable problem.

Dentine hypersensitivity is one of those nuisance conditions that may have more than one cause. It also takes a great deal of diagnostic time, unfortunately. From the patient’s point of view, it is often considered a minor problem that he or she believes he or she can deal with in everyday life. That makes it difficult to identify sometimes.

I recommend that practitioners consider the guidelines and the presenting features and manage the patient accordingly. There is a large amount of valuable information available in the literature and in the industry, but most of this is product-related. However, one cannot just wave a magic wand with one solution and expect the condition to go away. Part of what I do now is to educate and raise awareness among members of the dental profession. Therapists, particularly, are a key target group for education. There needs to be higher awareness in general.

What are the key recommendations for dental professionals with patients showing signs of hypersensitivity?

Practitioners should ask the patients the right questions. Key to this is linking the problem with lifestyle and how it affects the patient on a day-to-day basis. Also, dentists should do a differential diagnosis to exclude other causes of dental pain. A large number of dental professionals do not seem to do that. They should not simply recommend a once-off solution, but one that is based on managing the presenting clinical features. This will help to diversify the clinician’s management plan.

The new centre in the UK is planned to provide up to 700 courses on-site and online to 10,000 dental professionals a year. It will offer sales and dealer training in addition to clinical training for dentists and dental office staff. Furthermore, it is planned to host special events to raise awareness of various topics that are relevant in dentistry, Fleeton added.

“We see this facility being used to train not just dental professionals but also the people working with them,” he said. “We want all people working with dental professionals to do so in a competent and confident manner.”

Dentine hypersensitivity is one of those nuisance conditions that may have more than one cause. It also takes a great deal of diagnostic time, unfortunately. From the patient’s point of view, it is often considered a minor problem that he or she believes he or she can deal with in everyday life. That makes it difficult to identify sometimes.

I recommend that practitioners consider the guidelines and the presenting features and manage the patient accordingly. There is a large amount of valuable information available in the literature and in the industry, but most of this is product-related. However, one cannot just wave a magic wand with one solution and expect the condition to go away. Part of what I do now is to educate and raise awareness among members of the dental profession. Therapists, particularly, are a key target group for education. There needs to be higher awareness in general.

What are the key recommendations for dental professionals with patients showing signs of hypersensitivity?

Practitioners should ask the patients the right questions. Key to this is linking the problem with lifestyle and how it affects the patient on a day-to-day basis. Also, dentists should do a differential diagnosis to exclude other causes of dental pain. A large number of dental professionals do not seem to do that. They should not simply recommend a once-off solution, but one that is based on managing the presenting clinical features. This will help to diversify the clinician’s management plan.

Periodontology specialist, Dr David Gillam, from the Institute of Dentistry at Queen Mary University of London, is the author of practice guidelines regarding the management of dentine hypersensitivity. At this year’s Dentistry Show in Birmingham in the UK, where he held a number of lectures and presentations on this topic, Dental Tribune sat down with him to discuss the condition and what practitioners need to consider when treating patients.

Dental Tribune: Dentine hypersensitivity still seems to be an under-rated condition in the majority of practices. How prevalent is it according to the latest data and are there demographics that are more affected than others?

Dr David Gillam: Dentine hypersensitivity affects any age group from 18 onwards, but the peak is probably in people in their thirties and forties. There is some evidence that sensitivity decreases with age, but this is a predisposing feature. To my mind, once the dentine is exposed, erosion facilitates hypersensitivity because it opens the tubules. There are actually two features. To my mind, once the dentine is exposed, erosion facilitates hypersensitivity because it opens the tubules. There are actually two features. To my mind, once the dentine is exposed, erosion facilitates hypersensitivity because it opens the tubules. There are actually two features. To my mind, once the dentine is exposed, erosion facilitates hypersensitivity because it opens the tubules. There are actually two features. To my mind, once the dentine is exposed, erosion facilitates hypersensitivity because it opens the tubules. There are actually two features. To my mind, once the dentine is exposed, erosion facilitates hypersensitivity because it opens the tubules. There are actually two features. To my mind, once the dentine is exposed, erosion facilitates hypersensitivity because it opens the tubules. There are actually two features. To my mind, once the dentine is exposed, erosion facilitates hypersensitivity because it opens the tubules. There are actually two features. To my mind, once the dentine is exposed, erosion facilitates hypersensitivity because it opens the tubules. There are actually two features.