Primary Dentition

Caries in least age 12. It is often a surprise for parents that their young children in their primary teeth, 83% remained caries-free until at least 12. In 2000, 85% of children aged 3 to 5 years had no caries on their primary teeth. These figures are based at the University of Bristol.

Caries in Primary Dentition

According to an eight-year study from China, children with caries on their primary molars are about three times more likely to develop caries in their permanent teeth.

In 1992 and in 2000, 362 Chinese children aged 3 to 5 years were monitored. In 1992, 85% of the children who had had decayed primary molars showed at least one carious permanent tooth in 2000. For the children who had no decay in their primary teeth, 83% remained caries-free until at least age 12.

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Poor Oral Health in New Zealand

Should Parents Should the Blame?

Dental Tribune International

By Robin Goodman

I imagine a place where dental care is free to anyone under 18 years of age, where primary and secondary school kids get yearly or bi-yearly check-ups through school dental clinics. Once their teeth begin to come in, even preschoolers can visit these school dental clinics. In addition, secondary school-aged kids see the dentist. The truth is that some school dental kids can even get free treatment from private dentists. It sounds like an ideal place where there is little tooth decay, right? Unfortunately, the high incidence of tooth decay among New Zealand’s children proves that such a formula isn’t so easily applied in the real world. Today, 47% of New Zealand’s five-year-olds and 58% of twelve-and-thirteen-year-olds have serious dental decay. These figures are worse in poor communities and among Maori and Pacific Island people, says the recent report Child Oral Health Inequalities in New Zealand. In many areas, less than 40% of secondary school-aged kids see the dentist. The truth is that some children don’t even own a toothbrush, and they don’t visit a dentist.

Betel Quids and Areca Nuts Put Asians at Risk for Oral Cancer

Dental Tribune International

By Cornelia Kliner

Chewing tobacco and betel quids—a mixture of tobacco, leaves and spices—is a significant risk factor for oral cancer. As many as 600 million people around the world could protect themselves from cancer if they stopped chewing tobacco, says Chetan Trevidy, honorary clinical research fellow at Northwick Park Hospital in London. However, many are not aware of the risks associated with the habit, which is popular in South Asia and among many ethnic groups in the West. In India, oral cancer accounts for four in ten of all cancers.

Strikingly, evidence emerged from Taiwan, China, where oral cancer in men has tripled since the early 1980s, coinciding with a steep rise in the practice of chewing betel quids. In recent years, a variety of mass-produced, pre-packaged areca-nut products has become available in many countries around the world. Aggressive advertising has enhanced the sales and use of these products. In some parts of India, 80% of young people and teenagers chew these products regularly or occasionally. Some have viewed the areca-nut products, which are without tobacco (for example, pan masala), as a safe alternative to betel quids. However, evidence shows that these products have led to oral disease even among children. Meanwhile, several states in India have begun to regulate their distribution and reduction in oral disease and oral cancer can be expected to follow from reductions in their use.
GC targets different markets—Asia, Europe, USA. In what things in particular do these markets differ from one another?

We have subsidiary companies in each of these areas that concentrate on specialized markets.

Europe is the most broadly addressed with approximately half of the business spread between laboratory stones and investments, ceramics and acrylic crown and bridge material. The other half is surgery items such as glass ionomers composite and impression materials. In the USA there is a great deal of focus on aesthetic dentistry and our product sales mix reflects this.

In Asia we concentrate on surgery consumables which cover a wide spectrum of traditional as well as state of the art products and techniques. This is not surprising when one considers the geographical area we cover from our base in Singapore. It stretches from India and Pakistan in the north to Australia and New Zealand in the south and everything in between.

Which regional markets do you foresee will grow most significantly over the next few years?

Without doubt China and India, the two largest populations, each with over 1 billion people. Both countries have a huge and diverse potential supply class. This will provide many opportunities for entrepreneurial organizations prepared to invest in the future.

What upcoming trends, if any, do you see for the Asia Pacific dental market?

Aesthetic dentistry will soon begin to have a major impact in Asia. Already orthodontic clinicians are in demand with increasing waiting lists for treatment. One new trend will be cosmetic dentistry among the middle class. This is increasing in the more affluent countries, and the younger generation, who are fashion conscious and have disposable incomes, will demand and be prepared to pay for whiter and more perfect smiles than their parents.

How do you qualify the Asian Pacific market for supply and demand for continuing education programs, meetings, and congresses?

There are a number of questions here. Continuing education is difficult to expand in this region at present because the profession is generally unprepared to devote the time to attend a full day course or meetings during a week end. They are also reluctant to pay a reasonable fee to attend. This is in contrast to Australia/New Zealand, where it is common to spend around US$50 per day for a continuing education program for perhaps 20 specialists, or attend a more general program such as Aesthetic Dentistry, costing US$200 for the day, where up to 400-500 delegates will attend. The current level of continuing education courses and seminars and high quality speakers in Asia is directly related to economic viability.

On the question of congresses, first there are too many and they are too frequent. Secondly, there are few we regard as being regional let alone international. Third, we understand that each national dental association wants to have their own annual local meeting, but let’s be clear, that’s why they are, local national meetings. We are very happy to support dentists and the organizing committee is prepared to have an open dialogue with the dental trade and be realistic about expectations and revenue to be made from such events.

Complexity of dentistry as a discipline requires more and more specialization from the dentist. In what areas of specialization do you see the biggest potential for the future?

The usual specialized areas will continue to persist, ortho, oral surgery, etc. Two areas that will command far more attention are paediatric specialists and dental hygienists. We are sure the status of the dental auxiliary will be coming more important when the profession begins to understand the role of saliva as a preventive tool and the damage that can happen when saliva stops protecting the tooth surface. It will be the auxiliary who will be able to identify such problems and find solutions to make the saliva healthy again.

How does GC’s R&D department work? Do you collaborate with individual dentists or research centers?

We probably work like everyone else and have fingers in all sorts of areas. For example, we co-operate with leading universities around the world. We talk with individual dentists and evaluate dozens of ‘fantastic opportunities or breakthroughs’ sent in to us each month. In addition, we have over 100 dedicated researchers working on specific areas that the company has decided are key to the future of the business.

How does GC stay connected to the ‘grass roots’ of dentistry through relationships with individual dentists or research centers?

In Japan we have GC Circle—a dental continuing club with more than 30,000 active members. We organise lecture program forums and new product evaluation meetings. Each new product is supplied to members before introduction, so we have a real feel for what is the reaction of the profession. Over time we have key opinion leader groups who meet with us and we discuss anything and everything about dentistry. We have different opinion leaders for different topics.

An opinion leader is usually identified as someone who is good at his job or is always thinking about how things could be made better. It is not necessary for him to work in a university or run a 20-person dental practice.

Prevention and infection control are both at very hot topics at the moment. Does GC react to developments in these fields, if so, how?

As you say, they are both hot topics but for different reasons. Infection control is being promoted by legislation and therefore, both manufacturers and the profession must react to comply with new regulations.

complexity of dentistry will be one of the potential for the future. At the same time we are also our marketing, as we try to influence the form of how we see the future. At the same time we are trying to develop products that will enable the dental team to make a valuable contribution to significantly improving the daily living less than before and at the same time improving endodontic treatment.

Are there any changes in the world of dentistry that you’d like to see occur?

Yes of course. We would like to see a vaccine that could guarantee the elimination of all dental disease. However even if it happened within the next 25 years – no one should be afraid that there would be less restorative work to perform. We have already seen how new fashions in dentistry can increase patient demand prompting the dental office. Prevention is part of our philosophy, and painless dentistry and prevention will ensure a bright future for all.

Where do you think dentistry will be in another 10 years?

Philosophers invariably get it wrong, so let me say this. Preventive dentistry will be one of the main income sources in developed countries. New mechanical tools will provide predictive diagnostics and control, which lead on to new pharmaceuticals which will be able to be reversed. The first periodontal vaccine will be available as quantum leapward in controlling this disease.

Cosmetic dentistry, endodontics and orthodontics will grow more rapidly than other areas. The traditional dental chair and associated equipment will go through major design changes, making today’s state of the art set as old fashioned as a model T Ford.

Thank you very much for taking the time to speak with us, Mr. Williams.
Drink White Tea for Better Oral Health

Researchers at the University of Michigan may have found how gene therapy can help restore the damaged tooth structure in periodontal disease—a chronic bacterial infection that destroys the gums that support the teeth, allowing millions of Americans to keep their natural teeth for a lifetime, according to a new study in the journal of Periodontology.

"For too long, no therapies exist that can predictably regenerate tooth-supporting structures destroyed due to periodontal disease," said William Giannobile, D.D.S., M.S., associate professor of periodontics at the University of Michigan and lead investigator of the study. "This study represents a major step toward repairing damaged tissue that helps support the teeth. It's here," said Gordon Douglass, M.D., D.D.S., D.O., D.M.S., professor of pediatric dentistry for quite some time and now we can consider its use in treating a silent epidemic that's nearly a $50 billion industry in the United States and Canada." 

A free brochure on periodontal disease and new incarnation of dental school services must be tailored for the area to treat children from affluent families who need care the least. "We believe that the new incarnation of dental school services must be tailored for the area to treat children from affluent families who need care the least," said Dr. Wright.

As a result, the dental profession's re- session was reorganized and its number of students reduced. By 1987 they numbered 1,600, but today there are only 500. Schools' student population, however, has increased since 1987. Thus, there just aren't enough therapists to go around. And among the litera- ture what therapists must do today, such as in Auckland where there are students at three or four schools.

As a result, gene therapy's potential is ready to be realized. Experts say the potential is real. "In the near future, it may be possible for patients to use gene therapy to treat a variety of diseases," said Dr. Wright.

In support of tea's effects against cancer, it has been found that tea drinking has a decreased risk of stomach and bladder cancers for men, a 40% reduction in their risk of prostate cancer.

One study worked with people who had pro-cancerous tissue called bone morphogenetic protein and improved oral health. This improved oral health is due to a combination of factors such as genetics and lifestyle. Specifically, tea antioxidant is a 20 times stronger than vitamin E and E 2.0 1 t 0 1 s s stronger than vitamin C. Just one cup of green tea contains the same number of antioxidants found in 12 glasses of orange juice.

The differences may be due to using different methods of tea preparation. Black teas, for instance, are rolled after picking and then fermented for up to 1.5 hours. In or- der to halt fermentation, heat is used to dry up the leaves. Green tea leaves are also rolled after picking, but the leaves are then steamed without any fermentation. Molar erupts, teeth buds are allowed to wither and then dried. 

The prosaic reality of dental therapist staff shortages means that a cup of tea between meals can indeed prevent periodontal disease—a chronic bacterial infection that destroys the gums that support the teeth, allowing millions of Americans to keep their natural teeth for a lifetime, according to a new study in the journal of Periodontology.

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