Eating Your Teeth Away

Implant Cures

Blindness

Ox Dentist Shortage

A study by the University of Adelaide reports that despite expected yearly increases in the number of dentists, Australia’s demand for dentists will outstrip supply by 2010. The country’s ageing population will exceed supply by nearly 4 million visits. The study proposed a short-term solution that entailed recruiting dental school graduates from overseas.

Eating Your Teeth Away

A technique, pioneered in Italy, transfers a tooth’s root and part of the bone and ligament around it to help people with damaged corneas regain their sight. The root, bone, and ligament are shaped into a cube that the cylinder is in-serted into. This cylinder channels light to the retina, which allows the person to see. To date only surgeons in Italy, Britain, Germany, and Singapore have attempted the procedure. Britain has performed 16 operations and achieved 100% success. Singapore doctor’s first attempt was in January of this year at the Singapore National Eye Centre (SNEC).

Eating Your Teeth Away

Dental problems in New Delhi are on the rise, and the increase is seen among all age groups. The culprit, despite increased dental hygiene awareness, is an increasing reliance on junk foods and carbonated drinks. The high acid content of carbonated drinks wears down tooth enamel, which makes junk foods, like pizza and chips stick to teeth more readily. In addition, skipping meals or fasting to “stay slim” means that stomach acid reaches the mouth and de-cays tooth enamel.

What is Evidence-Based Dentistry?

Paul S. Farsai, U.S.A.

Today, the concept of evidence-based health care surrounding our clinical practice of dentistry is discussed more than ever before. However, many times this term has been utilized to define anything but “evidence-based dentistry” (EBD). The term ‘evidence-based’ was first used in a British Medical Journal article by David Sackett et al. (BMJ 1996; 312: 71-2) and was defined as the “…consen-sious, explicit and judicious use of current best evidence in making decisions about the care of individual patients…”

The term ‘current best evidence’ is the operative word here because it implies that our best available evidence should be defined change as we progress through more research findings, to the point that what was true as the best available evidence even as early as ten years ago in dental or dental hygiene school in some respects is not even true today.

Oral Disease Around the Globe: The Battle Continues

Dental Tribune International

By Robin Goodman

Amidst the findings of the World Oral Health Report, released in February of this year by the World Health Organization (WHO), is the surprising fact that dental caries still affects 60-90% of schoolchildren and the major-ity of adults in the developed world. Also, in several Asian and Latin American countries, dental caries is the most preva-lent oral disease.

Treatment in industrialized countries accounts for 5-10% of total health costs, which is beyond the resources of most de-veloping countries. The report esti-mates that among the 6.5 billion people on the planet, 5 billion have experienced dental caries.

Given limited access to oral health care, the situation in de-veloping countries in Africa is expected to get worse due to low exposure to fluorides and in-creased consumption of sugars. Africa’s dentist-to-population ratio is estimated at 1:150,000, a far cry from the 1:2,000 found in many industrialized countries.

In most populations, severe periodontis exists among 5-15% of the populace. Although a modest reduction in tooth de-cay has been realized among the younger generation of the developed world, it is still a primary cause of pain and illness for the older generation.

Oral cancer is one of the three most common types of cancer in south central Asia. Worldwide, it is the eigth most common among men and some forms of pha-ryngeal cancer, is exhibiting an alarming increase in central and eastern Europe, Denmark, Ger-many, and Scotland. Increases in these two types of cancer have also been reported in Australia, New Zealand, Japan and the USA. Risk factors include alcohol use, chewing betel, smokeless tobacco use, and smoking.

The World Oral Health Report outlines the major aspects and priorities of the WHO’s Global Oral Health Programme. The report addresses in detail what are defined as modifiable risks (tobacco use, sugar con-sumption, lack of calcium) and sociocultural determinants by levels of education, poor oral health traditions, poor living conditions) and suggests solu-tions.