By DTI

**SINGAPORE:** A record number of 8,173 visitors from 72 countries attended this year’s International Dental Exhibition and Meeting (IDEM) in Singapore, organiser Koelnmesse reported last week.

The figures are a slight increase from the last show in 2014, which saw 7,800 visitors attending.

With 512 dental manufacturers and dealers, there were also more participants in the trade exhibition this time, including a new national pavilion organised by the Brazilian Medical Devices Manufacturers Association (ABIMO).

“Being geographically further away from the Asia-Pacific region, it is important for us to update our new technologies and the needs of the industry, as we see Singapore as a key target for the dental industry,” Laísa França, ABIMO Trade Promotion Coordinator, said. “We hope to be able to participate in the next edition of IDEM Singapore in 2018.”

The show saw a number of world-première product launches by leading dental suppliers that included new implant systems, dental disinfection lines and digital practice management solutions. Many of these products were available to dentists in the Asia-Pacific region for the first time. For the second time, IDEM was held over three floors of the Suntec Singapore Convention and Exhibition Centre from 8 to 10 April. Owing to the rise in industry participants, the exhibition space was extended to 18,000 m2 this year.

The scientific programme brought back regulars, like the New Dentist Forum, but also featured new educational formats, such as the Digital Dentistry Forum, aimed at advising attendees on ways to integrate digital dentistry and the benefits of CAD/CAM, 3-D printing and CBCT scans, among others.

“The IDEM Singapore 2016 show statistics proved once again that we are Asia Pacific’s most anticipated event on the dental calendar, providing all visitors with knowledge and insights into the industry. We will strive to continue to be the preferred platform for the dental industry to grow in this region,” said Michael Dreyer, Koelnmesse vice president for Asia Pacific.

For IDEM 2018, Koelnmesse is already in talks with the International Academy of Periodontology regarding a forum focusing on periodontology. Further collaboration with specialist organisations is under consideration. The next edition will be held from 13 to 15 April, again at Suntec. It will be the tenth time that the show is held in Singapore. Moreover, it will mark 20 years of collaboration between Koelnmesse and the SDA.

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Henry Schein gains interest in J. Morita subsidiary

By DTI

KYOTO, Japan/MEVILLE, USA: Henry Schein announced that it has entered into a definitive transaction to acquire a 50 per cent interest in the One Piece Corporation, a subsidiary of J. Morita, one of the world’s largest manufacturers and distributors of dental equipment and supplies.

One Piece is composed of eight animated feature films, with the latest, ‘One Piece: Strong World’, premiering in Japan on 29 February 2014. The company has been a leading manufacturer of dental consumables and instruments since its establishment in 1921.

Henry Schein first entered the Japanese market in October 2014 with an investment in One Piece Dental Supply, a full-service provider of dental consumables, implants and equipment. Kenshiro Iwase, the Managing Director of One Piece Dental Supply, will assume the leadership of Henry Schein’s expanded presence in Japan.

Sleep-disordered breathing often undiagnosed in Asians

By DTI

SINGAPORE: Aiming to determine the prevalence of sleep-disordered breathing (SDB) across different Asian ethnicities in Singapore, a new study has found that about one-third of the participants suffered from SDB. The study further established that over 90 per cent of the SDB group had never been diagnosed with or treated for the condition before.

In the study, SDB incidence was evaluated in 242 participants aged 21 to 79 years, with an apnoea-hypopnoea index (AHI) score of ≥ 5 events/hour, which was defined as an apnoea–hypopnoea syndrome (AHS). Moderate-to-severe SDB, defined as an AHI score of 15 events/hour or more, was present in 30.5 per cent of the SDB group, 21.8 per cent of the Chinese, 28.2 per cent of the Malay and 16.5 per cent of the Indian study participants.

Based on the results, the researchers concluded that new strategies need to be implemented in order to optimise diagnosis and recognise ethnic differences in the frequency of the condition. If left untreated, the chronic sleep deprivation that comes with SDB and sleep apnoea can lead to serious health problems, including diabetes, high blood pressure, heart disease, stroke and weight gain.

The study, titled “Prevalence of sleep-disordered breathing in a multiethnic Asian population in Singapore: A community-based study,” was published online ahead of print on 29 February in the Respirology Journal.
Planmeca ProModel technology part of first Nordic facial tissue transplant

By DTI

HELSSINKI, Finland: Finnish dental manufacturer Planmeca’s ProModel technology has supported the first facial tissue transplant procedure in the history of the Nordic countries. The service, which designs and creates patient-specific surgical guides and skull models from CBCT/CT images, helped surgeons to significantly reduce operating time for the demanding procedure, which was performed at Töölö Hospital in the Hospital District of Helsinki and Uusimaa (HUS).

In addition to a decrease in surgical time, the ProModel technology was able to produce significantly more precise results compared with conventional methods, the surgical team stated at a press conference. Dr. Jyrki Törnwall explained: “Based on literature, we know that it can take 3 to 4 hours to trim bones. In this particular operation, it took Patrik [Lassus] and myself under 10 minutes to place the transplant. This led to a drastic reduction in the duration of the surgery, while also significantly improving the accuracy of bone placement.”

Using virtual surgery to simulate procedures is an increasingly important part of surgery today. “Surgeons and us engineers both see tremendous potential in this kind of collaboration,” said Jani Horelli, CAD/CAM Design Manager at Planmeca. “The field continues to advance at a fast rate and it is very interesting to witness this evolution first hand. I am proud to be part of a highly skilled Finnish community of specialists. It feels meaningful to take part in improving the lives of people, who have encountered serious illnesses and disabilities.”

Planmeca’s collaboration with HUS spans nearly a decade. “Planmeca’s role has been essential to our work for years—we have been able to utilise computer simulations to create saw guides, which allow us to saw at a specific orientation and to an exact depth, as well as remove facial structures, which we know match the donor, at a precise angle,” said Törnwall, acknowledging the benefits of the company’s 3D services.

Both HUS and Planmeca began planning for the operation already years before the surgery was carried out and this consisted of modelling donor tissue and determining how it matched the recipient, as well as simulating the operation together with the surgeons in advance. Following this, the components were designed and manufactured at Planmeca’s headquarters and transported to the hospital, where they were taken directly to the operating room.

The extremely rare procedure, which was only the 35th of its kind in the world, entailed transplants of the patient’s upper and lower jaws, lips and nose, as well as segments of the skin, midfacial and tongue muscles, and the nerves of these muscles. The surgery itself took 21 hours and included a team of 11 surgeons, 20 nurses and other medical experts. The first face transplant in the world was carried out in France in 2005.

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NOW AS A FLOW!
Sugar, sugar...honey, money

By Aws Alani, UK

The sugar tax is finally upon us here in the UK, but are corner shops or supermarkets for that matter likely to worry about this potentially threatening change to their flagship product line? The tax targets all drinks and equates to a tax of 24 pence per litre on those with the most sugar content. This could potentially equate to an increase in the price to the consumer, but bearing in mind that soft drinks are more accessible and cost less in the UK than water in many Third World countries, it is doubtful that things will change markedly.

There is the argument that taxing tobacco has had an effect on the uptake of smoking and the consequent addiction, but the evidence for this is relatively sparse and weak. Although a worthy initiative, taxing may result in a greater squeeze on those who can afford it the least and I doubt whether little Jimmy will stop his tearful tantrums for penny sweets as a result of a celebrity chef’s campaign as our sugar saviour.

As a child of the eighties, these celebrity-led campaigns remind me of rock bands who decided that African poverty should be on the agenda, but this does not seem to be as important to them now. It would appear that it is easier to tax sugar than to provide funding for dentistry. Unfortunately, there is unlikely to be a symbiotic decrease in caries as a result.

One could argue that sugar pollutants much in the same way that inefficient power stations do. The societal repercussions need to be managed by all, with no or little comeback for the fizzy producers. As carbonated drinks are so popular, these juggernaut companies are powerful and, as a result, denting their progress with a tax is unlikely to truly positively affect the general health of the population.

In 2014, the UK soft drinks industry was worth £15.7 billion, with over 14.8 billion litres in overall consumption, which represents a steady and exponential growth that is likely to continue. One interesting observation is the slow demise of the 350 ml can—it being replaced by the 500 ml plastic bottle. The larger bottle may represent better value for money, but is less likely to represent better health value, especially since a sealable bottle is more likely to be sipped over hours than a can once opened.

Restaurants may not be as ironic as I first thought!

Erosive tooth wear seems to have been forgotten amongst overweight toddlers needing ear-to-ear clearances. From bulimics who like to taste but do not like their waist to the energy drink crew who prefer machismo graphic designs, the younger generation is likely to experience more dissolution of tooth tissue. At the other end of the spectrum, obese patients are more likely to mask by other ills while slowly swelling corporate turnovers.

Society is forever changing and food is now at the centre of how we relate and connect with each other. From Instagram posts of freshly cooked home meals to wedding cake bliss after inordinate tastings, it seems to be important to everyone. As a result, food is an emotive issue that affects oral and general health in ways that may not be readily apparent to our patients. I have an old friend in Florida, who I visited last year. He is a specialist in periodontology and runs a successful, swish, modern referral practice. As a matter of routine, he tells patients they need to stop carbohydrate intake post-surgery.

Once patients understand that this improves outcomes owing to decreased plaque build-up on the wound edges, they are receptive to this brief change in their diet. He also advocates periodontal medicine while identifying stress as a risk factor for periodontitis.

Research by Prof. Iain Chapple in Birmingham investigating the effect of diet on periodontal disease confirms that one is what one eats. Overconsumption of sugar causes an inordinate amount of health problems. Indeed, Type II diabetes and obesity are leading causes of death and disability in the US, the birthplace of the canned.

Society’s gluttonous overconsumption is manufacturing pathology unheard of 50 years ago.

Overconsumption of sugar causes an inordinate amount of health problems. Indeed, Type II diabetes and obesity are leading causes of death and disability in the US, the birthplace of the canned. Unfortunately, regardless of the imminent extra tax on the already dirt-cheap confectionery, the inanimate responsibility held by the patient to self-govern will always trump our advice, treatment, knowledge or collective experience.

As such, capable patients exert some control over lifestyle choices that influence their well-being. Unfortunately, regardless of the more consistent management of periodontal disease, only for it to become important when teeth are all but held in by the last tenacious Sharpey fibre. Owing to their own lack of awareness or lack of engagement with a toothbrush, they can request some sort of compensation or pursue a litigious course likely to involve an expensive implant-based restoration. What may escape the lawyers and the patient is that previous periodontal disease is a significant risk factor for implant failure, and so the cycle is likely to continue. Patients are responsible for their own health and the lack of recognition of this cannot be the fault of the clinician.

Successful dental care requires collective effort between the patient and the dentist. Health care is a partnership in which both sides have different responsibilities and active roles, but if the clinician provides a service for ailments that the patient could have prevented, the question of self-governance arises. Patients have a right to health care, but they also have responsibilities derived from the principle of autonomy. The patient’s physical and mental integrity should always be upheld and respected. In contrast, autonomy identifies the human capacity to self-govern and choose the most appropriate pathway to protect that integrity.

One is now left wondering whether little Jimmy will stop his tearful tantrums for penny sweets. As a result of the sugar tax, these juggernaut companies will be motivated to take ownership of their health and relate this with foresight to repercussions in the future. It is this lack of responsibility and potential blame shifting by patients that not only results in poorer health, but also makes providing National Health Service care for all increasingly impossible. If prevention is the best cure, this commonly occurs when patients claim to be unaware of the oral health effects of smoking and the related exacerbation of periodontal disease, only for it to become important when teeth are all but held in by the last tenacious Sharpey fibre. Owing to their own lack of awareness or lack of engagement with a toothbrush, they can request...
Survey sees majority of British dentists rejecting Brexit

More than half would vote against the United Kingdom leaving the EU

By DTI

LONDON, UK: Were it up to dentists, the UK would remain a member of the European Union after the national referendum in June. According to an online survey conducted among Dental Tribune Online readers between February and March this year, a slight majority of dental professionals would vote for staying in the EU rather than leaving it.

After analysing the results of the poll, Dental Tribune found that more than 55 per cent of dentists who participated in the survey intended voting against Britain leaving the EU, while 44 per cent were in favour of a Brexit.

Less than 1 per cent were still undecided on the issue, but perceived an overall more negative future should Britain decide to split from the Union.

Similar responses were given by the participants when asked whether a Brexit would have positive or negative consequences for the country. A larger share of dentists, however, replied “I do not know” to this question.

The overall majority of respondents to the survey said they will definitely vote in the referendum. Only one in ten did not intend to participate in it.

The poll was conducted among 16,000 recipients of the Dental Tribune UK & Ireland weekly newsletter, with almost half of all replies from dentists in southern England, particularly London, which made up almost 20 per cent of the survey respondents. There was less participation by dentists from the northern regions, with slightly less than 30 per cent taking part in the poll. Only one in ten respondents were from the Midlands.

Dentists from Scotland, Wales and Northern Ireland, who made up 12 per cent of the participants in the poll, were split, with almost the same number voting for the Brexit as voting against it.

Almost one-third of those who responded to the survey said they were in private practice, while one-quarter said they were employed in the National Health Service. Forty per cent worked in practices that offered both NHS and private dental care services.

Regarding the age of the respondents, more than half were between 30 and 50 years old, followed by a large group aged 50 to 60.

Britons have to decide on 23 June whether they want the UK to remain a member of the EU. Mirroring the results of the Dental Tribune survey, the latest national polls indicate that the slight majority of the population will vote to stay in the UK.

However, 10 per cent of eligible voters have still not decided which way to vote. Prominent political and economic figures have argued that a decision to leave the EU will have widespread negative consequences for the UK.
Swiss dental company Curaden is one of the few businesses in the industry that adopt a holistic approach to dentistry. The company combines high-quality dental products, pioneering training systems and prophylaxis concepts for long-term oral health. In this interview, CEO Ueli Breitschmid talks about new ways and knowledge in dentistry and optimal preventive care as key to good oral health, as well as prevention programmes that both promote patients’ health and offer practices financial success.

Dental Tribune: Mr Breitschmid, Curaden aims to offer more than just dental care products. You advocate comprehensive training in the field of dental prevention. Why is this issue so important?

Ueli Breitschmid: Curaden is the only company that, in addition to manufacturing products, provides patients with the necessary knowledge and skills, in cooperation with trained instructors, to take control of their oral health themselves. We have developed our knowledge and products with the aim of teeth re- maining healthy for a lifetime. Our corporate philosophy combines the innovative CURAPROX products, our dental educational system iTOP and the practical Prevention-One plan. Our goal is to reduce the prevalence of gingivitis, periodontitis and tooth loss. Therefore, we support comprehensive soft-tissue prophylaxis. Finally, gingival problems are still the most common cause of poor oral health. We support prophylaxis to this end with our great interden- tal brushes in common. This allows every dentist to brush perfectly, with good out- comes. Through iTOP, we offer concepts of Curaden.

Every dentist knows how little is taught in dental schools about prevention. There are long-established and financially attractive prevention concepts for the entire office staff, including Prevention-One. Today’s digital solutions offer a painless and quick prophylactic therapy. The future of dentistry is digital and focused on prevention, and the dentist of the future as a preventive physician is responsible for patients’ overall health.

How can control and continued motivation be achieved?

Patients and dentists should fol- low a regular schedule concerning both treatment and training. Today’s appointment or dental visits annually is no longer appropriate. Going to the dentist or the dental hygienist should not be an annual event, but more frequent. Just think how often we enjoy a beauty treat- ment or a pleasant massage. White and well-kept teeth are part of the modern concept of body awareness, much like a trip to the fitness centre.

So, does this mean that most oral health problems can be solved through regular prophylaxis?

Dental prophylaxis is only one aspect of oral health. It seems much more important to consider dental training. For years, leading dentists and dental companies have been in favour of a change in dental edu- cation. Preventive dental therapy should hold at least the same position as restorative dentistry now better understood. Slowly but surely, dentists will be recognised for their role in medicine. They are the gatekeepers of health, because the mouth represents the basis of almost all chronic diseases. In time, dentists will measure blood pres- sure and take saliva samples or blood samples. It will become pos- sible to decrease the prevalence of chronic diseases, including cancer, Alzheimer’s disease, cardiovascular disease and diabetes, through better oral health. At the same time, medicine of the future will be able to detect signs of gingivitis or peri- odontitis.

We Breitschmid, you focus on holistic oral health prevention rather than restoration. What concepts does Curaden offer in this regard?

We focus on optimisation of prophylaxis for patients and dental profes- sionals. Individually trained oral prevention (iTOP) is our interna- tionally well-known educational system. For this purpose, we have been working together with establish- ed dentist Dr Jiri Sedelmayer. He has revolutionised the ap- proach to teaching, motivation and communication of individual prophylaxis for long-term dental health. This approach includes regular train- ing, the proper tools and a good dose of motivation. First, we begin with the dental professionals, who pass their new knowledge and skills directly to patients. All our iTOP seminars are supervised by independent dentists and dental hygienists who have completed the training themselves.

I would like to recommend our iTOP workshop on 23 June in Basel in Switzerland to all dental hygien- ists. This is being held as part of the 2016 International Symposium on Dental Hygiene. We have invited top speakers from Ireland, South Africa, Canada and Switzerland to talk about their experiences with iTOP in their respective fields and how it has helped them to achieve sustainable oral health in their patients.

With iTOP for students, Curaden is targeting young and young dentists. Why does Curaden place so much importance on the early training of students?

First, students should maintain their teeth for perfect oral health; only then can they treat their pa- tients. The dentist of the future should always have the regular care of their own teeth with good tooth- brushes, toothpaste and interden- tal brushes in common. This allows the aspiring dentist to become fa- miliar with how the damage to be repaired arose. Early on, we convey the principle of touch to teach—the proof is in the pudding.

How can dental professionals better apply your iTOP concept for the ben- efit of the patient and practice?

We offer them a financially at- tractive service package for the long-term dental health of their patients, called Prevention-One. Prevention-One is our innovative treatment approach to prophyla- xis services. The plan includes regular dental cleaning and den- tal procedures, as well as our CURAPROX products. We believe strongly that Prevention-One rep- resents the future of dentistry.

No matter the product, whether Prevention-One or CURAPROX, we strive to be accessible to patients. In 2015, we founded the first Curaden clinic, in the heart of London. The practice offers top facilities and, of course, all the products and concepts of Curaden.

Thank you very much for the inter- view.

“The future of dentistry is digital and focused on prevention.”

An interview with Curaden CEO Ueli Breitschmid

Ueli Breitschmid

“There are always new ways to brush teeth and gaps properly.”

“I would like to recommend our iTOP workshop on 23 June in Basel in Switzerland to all dental hygienists.”

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Unrivaled innovation, thoughtful design, lasting integrity: A-dec 500 is based on decades of collaboration with dentists worldwide. Such cooperation has led to pressure-mapped patient comfort, robust integration of handpieces and technology to minimize reach, and a touchpad that provides single-point system control.

In a world that demands dependability, A-dec delivers a proven solution without a single compromise.
Poor root fillings result of stress and financial pressure in dentistry

By DTI

GOTHENBURG, Sweden: A new survey has linked the quality of root fillings to the level of stress dentists experience in performing the procedure and the fee charged. Some dentists reported that “good enough” was often a more realistic goal than optimal quality in light of the complexity of root fillings and insufficient time allocated owing to the associated treatment tariff, and insufficient time allocated owing to the perceived technical difficulty. Another cause of dentists accepting poorer root fillings was that allotted time for treatment according to the fee charged was insufficient, participants reported.

“The dentist then finds they are facing a dilemma, to ‘go back’ to the treatment, to optimize quality, or to offer care within the framework of the compensation and, thus, risk accepting an incomplete root filling,” Dahlström explained.

Regarding quality, the dentists interviewed reported uncertainty as to what constitutes reasonably acceptable quality. According to Dahlström, they often stated that “good enough” was a more realistic goal than optimal quality. However, despite the difficulties experienced, the survey also showed that the dentists wanted to provide good treatment and that they were very concerned about their patients, the researcher said.

In order to improve the quality of root fillings, Dahlström suggested measures such as increased opportunity for continuing education, time for discussion and exchange of experiences at the workplace, as well as investment in equipment that enhances treatment, shortens the time needed and improves visibility.

Each year, approximately 2.5 million root-filled teeth affected by periapical periodontitis.