A legacy of giving back

Dental Tribune catches up with Dr. Mario Vilardi, publisher of Dear Doctor – Dentistry & Oral Health magazine. The magazine is for general dentists and specialists interested in practice marketing within a cost-effective business model that uses patient education as the conduit. The beginning of each magazine starts with the dentist’s professional profile and is followed with informative articles by leading clinicians and academicians in order to educate patients about the resources available for their dental needs.

What made you decide to establish Dear Doctor?

I have always been concerned about how much misinformation patients receive and yet, it is often that misinformation that factors into their decision making process. There are a significant number of consumers who want and need to understand dentistry in order to make their health care decisions. My solution was to create Dear Doctor – Dentistry & Oral Health, a magazine that represents dentistry ethically and professionally, providing credibility but, more importantly, improving the doctor-patient relationship and our position in our communities.

How would you describe the content found in Dear Doctor? Is it broken down into specific topics?

Dear Doctor is an educational vehicle that allows dentistry to be interesting and entertaining while teaching about oral health and its connection to general health. So we provide great graphics, visual appeal, top celebrity interviews for human-interest stories and even a little humor.

How long have you been practicing dentistry and what are your areas of expertise?

I graduated from dental school in 1974 and went on to specialize in periodontics in 1977. I was extremely fortunate to have studied at the University of Pennsylvania with mentors who are legendary preceptors and Drs. Amsterdam, Leonard Abrams, Arnold Weisgold, Ed Rosenberg and Jay Seibert. I feel totally confident doing any periodontal plastic surgical procedure or implant surgical procedure necessary to obtain an excellent cosmetic result.

The World's Dental Newspaper · U.S. Edition

Dear Doctor – Dentistry & Oral Health, a magazine that represents dentistry ethically and professionally, providing credibility but, more importantly, improving the doctor-patient relationship and our position in our communities.

Did you forget to plan?

Unfortunately, in a radically changing economy, it’s no longer every dentist’s reality. Today many doctors can’t retire when they want to. After practicing 25 or 30 years, they often suddenly realize that financial independence is still years away. The biggest reason doctors don’t retire when they want to is failure to plan. As the saying goes, “If you fail to plan, you plan to fail.” In today’s economy, planning is more important than ever before.

Will you have enough to retire?

By Roger P. Levin, DDS

Picture yourself on the beach. The sun is shining, the waves are crashing. For the first time in a while you are completely relaxed. You smile as you realize that you have few cares or worries. You have no schedules to worry about. No hiring issues. No collections to think about. You have no dental office anxiously awaiting your return. Welcome to an affluent, comfortable retirement — every dentist’s dream. Unfortunately, in a radically changing economy, it’s no longer every dentist’s reality.

Think different about flowables ... because Grandio Flow is different!

80% filled Nano Hybrid Composite that flows
The wear of a universal hybrid
The filler degree of a universal hybrid
The low shrinkage of a universal hybrid
...but it flows!

More info and free sample at www.vocoamerica.com

Call toll-free 1-888-658-2584

Address Service Requested

PRISST STD
U.S. Postage
PAID
Permit # 506
Mechanicsburg, PA
humor. It is organized into departments of dentistry and our goal was to create a magazine for patients that had the credibility of the New England Journal of Medicine with cutting-edge knowledge.

Why do you believe patient education is the key to effective marketing?

When a doctor provides patients with information that is credible and reliable, it reinforces his or her recommendations, and by educating patients it enables patients to make confident and informed health care decisions and decreases procrastination.

Today many are questioning the doctor-patient relationship because it has eroded to some extent. The doctor-patient relationship is based on trust and this can be created and reinforced by the open communication and honesty that comes through education. Patients want to understand the various options available enabling them to make well-informed decisions.

Dear Doctor is not just providing information, it is providing education. It talks about the pros and cons, the indications and contraindications, and gives an explanation as to why certain treatments are needed by patients.

What is the current circulation of Dear Doctor? How many copies of Dear Doctor do you suggest a practice should purchase in order to distribute?

Dear Doctor has, in just over a year, more than tripled its circulation from 30,000 to 100,000. We are very proud of that growth, particularly in this economy.

The nice thing about Dear Doctor is the flexibility it provides. Our total marketing program is extremely comprehensive, allowing internal marketing, external marketing (direct mail) and Internet marketing in addition to patient education all in one magazine. And it’s very cost effective, about $1.45 per magazine plus shipping. It is the most cost-effective promotional tool available for professionals today. You can choose any component of our marketing program or select sections you need that supplement your current strategies. Your circulation can be as few as 500 magazines per quarter or as many as you want.

We are also releasing two exciting new products in early 2009. One is the Spanish version named Dear Doctor – Odontología y Salud Oral, en Español of which we are very proud. The other product is the online version of Dear Doctor magazine where doctors can purchase our educational material for their Web sites so that they will be able to direct patients to their Web site for additional educational support. One of the biggest challenges practices face with their Web sites is keeping content fresh. Our digital online edition of Dear Doctor is a great way to keep patients going to your dental practices for their health care information.

How is your time split up now that you are doing Dear Doctor and running your own practice?

That is obviously the most challenging part, running a practice and creating Dear Doctor magazine. There are some things that I did give up, one being teaching, and I am reducing my lecture schedule, so that frees up a fair amount of time.

On the practice side, I have a very experienced support group that allows me to handle a lot of things. Importantly, Dear Doctor is an extension of who I am and what I do, so family, practice and magazine are all intertwined. I won’t say it’s easy, but it is a labor of love when you are doing something you really believe in.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at feedback@dtamerica.com. If you would like to make any changes to your subscription (name, address or to opt out) please send us an e-mail at database@dtamerica.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.
Robert S. Graham, RFC, CFM
Certified Financial Manager
President/CEO

RG Wealth Management Advisors review your practice and practice tax strategies searching for opportunities... so you will have the potential to invest more.

RG Capital takes a SmartPlan approach to wealth management.

- Smart Growth
- Cost Efficient Investing
- Tax Avoidance Strategies
- Investing in Turbulent Times
- Defining your Vision and Goals
- Custom Retirement Plan Design
- Finding Clarity for your financial future

1-800-274-4599

rgcapital.net
info@rgcapital.net

PH 480 612 6400
FAX 480 612 6401

4800 N. Scottsdale Rd. Suite 2400 Scottsdale, AZ 85251

Registered Principal offering securities through AIG Financial Advisors, Inc. member FINRA/SIPC and a registered broker-dealer not affiliated with RG Capital. Advisory Services offered through RG Capital Investment Advisory Services.
While he should have focused on the bigger picture, Dr. S concentrated on his day-to-day expenses and neglected to consider how much he would need to retire. After all, retirement always seemed so far away.

Dr. S is not alone. He, along with many other doctors I’ve encountered, failed to plan for a better future. They did not budget how much money they would need to retire and they did not save enough to get there. They didn’t realize that you need to start planning for financial independence as soon as possible. At Levin Group, we believe that part of total success is being able to comfortably retire at an appropriate time.

And now these doctors are entering a difficult phase of a dental career— the phase in which they are strictly working for money. That’s a tough place to be in. Fortunately, it’s not too late. There are three things you can start doing right now to preserve your practice and your retirement.

Three action steps to retirement

No. 1: Get a practice analysis.

Get a practice analysis performed by experts to find out the true potential of your practice. It is often difficult to make an objective assessment from the trenches. In addition, dentists often do not have appropriate industry data to make an accurate assessment of their full potential. Expert analysis and advice can often lead to breakthroughs in performance!

No. 2: Take financial planning seriously.

Meet with a Certified Financial Planner. Besides increasing production, you can either change your lifestyle or investigate ways to increase the amount you can save. Certified Financial Planners (CFPs) are experts at finding all of the ways you can save money in the best tax scenario. Dentists receive no training in this area and CFPs are there to help.

Let your new CFP create a lifetime financial plan that evaluates and analyzes every year for the rest of your life. These plans need to be reviewed and updated on a quarterly basis. The world will keep changing and your plan will as well. But a financial plan tells you where you are and what you have to do to get where you are going.

No. 3: Consider a life plan.

Attend a life-planning course. This course should be more than a financial plan. It should encompass your professional and personal life, including your practice potential, your family’s future, financial involvements, etc.

In a course that I teach called Life Plan, participants map out each phase of their future by working through a series of educational modules and exercises. This course is completed by practitioners and their spouses in a unique setting where they chart their financial and personal goals year by year. The objective is to get the most out of your practice and your life. You should create a life plan so that you completely understand where you are going and what it will take to get there.

Conclusion

I have worked with many dentists who neglected to plan for their financial and personal future. It is these individuals who have been hit hardest by the economic meltdown. These doctors are now unable to retire when they had anticipated. The good news is it’s not too late for any dentist. By making the decision to implement the action steps in this article, you are preparing for your future. You’ll never have to look back say, “I wish I had…”

Dental Tribune readers are entitled to a 50 percent discount on a Total Success Practice Potential Analysis™, an in-office evaluation to determine the true potential of your practice. Call (888) 973-0000 and mention “Dental Tribune” or e-mail customerservice@levingroup.com with “Dental Tribune PPA” in the subject line.
Dental sensitivity is one of the most common, yet often, one of the most difficult problems that we, as dentists, are required to treat and prevent. Our diagnostic task, first and foremost, is to ascertain the cause of the sensitivity. Is the underlying cause of the discomfort for the patient dental decay? Perhaps it is a leaky margin of an existing restoration? Or is it erosion or recession, either due to mechanical or chemical causes, such as, tooth brush abrasion or GERD, respectively? Or possibly just postoperative sensitivity? Once the cause of the dental sensitivity has been correctly determined, then treatment and prevention can proceed accordingly.

If a patient’s complaint is due to decay or a leaky margin, the solution is quite simple. Remove the old restoration and/or the decay as appropriate, and restore the tooth to a healthy form and function. In many cases this process is enough to solve the problem. The solution, however, may not be so simple with other types of sensitivity.

For example, some of the situations cited above, such as erosion, recession and tooth brush abrasion can all be precursors to decay. However, they are likely to cause patient sensitivity well before they ever become a detectable carious lesion. In these situations, the best course of action is to treat the affected areas with some type of preventative approach that will stop the active process as well as eliminate the patient’s discomfort.

Fluoride varnishes have been available for many years. In fact, they have been used in Europe since the mid 1960s. In the United States, the Food and Drug Administration approved fluoride varnishes as desensitizing agents and cavity liners in the early 1990s. Fortunately for the dental practitioner, the application of varnishes requires no special equipment and can be easily administered chairside by the dentist or the auxiliary. There is also considerably less fluoride ingestion than with conventional in-office fluoride treatments using trays. This is particularly useful for younger patients who tend to swallow the fluoride. The fluoride, acting as a powerful emetic on their stomach contents, may cause them to vomit while still in the operatory (a rather messy situation for both the patient and the practitioner).

Patients can eat and drink immediately after the application of fluoride varnishes but should be warned that they may feel a “film-like” substance on their teeth for several hours after the application. Any remaining film that is still on the teeth will be easily removed when they brush and/or floss their teeth. Fluoride varnishes flow very readily, and this is a major clinical advantage; they can be applied to both smooth and non-smooth surfaces including pits, fissures, grooves, as well as interproximally.

One of the most important indications for fluoride varnishes is for children with poor oral hygiene. Fluoride varnish helps to prevent cavities and is totally controlled by the dentist or the auxiliary, requiring little or no patient compliance in order to have beneficial effects. One area that is often overlooked is the great value for those patients who are undergoing orthodontic treatments, those who are “regular” sugar-sweetened gum chewers, and for those patients who may be on medications that cause a decrease in salivary flow. In older individuals, where there is often a greater degree of gingival recession and therefore more exposed root surface, very often combined with decreased salivary flow, a fluoride varnish will go a long way to preventing sensitivity and reducing the incidence of root decay.

For most cases, the application of fluoride varnish requires only a single visit and needs to be repeated twice per year, most readily in conjunction with routine recall care. The accepted recommendation is that the tooth surfaces be cleaned of debris, plaque, etc., prior to application so that the varnish can best adhere to the dental surfaces.

Duraflor Halo (Medicom, Montreal, Quebec) is an excellent solution to delivering fluoride to tooth surfaces predictably at all age levels and in all patient groups (Fig. 1). Duraflor Halo White is a five percent sodium fluoride varnish.

Fig. 1: Duraflor Halo White 5% Sodium Fluoride Varnish.
ride gel that is quite thixotropic yet easily dispensed onto the tooth surface. The package contains an applicator brush and a detachable cup that fits nicely into a prophylactic paste ring so that the gel is conveniently located where it can accessed, close to the area(s) being treated. Duraflor Halo White 5% Sodium Fluoride Varnish is available in either spearmint or wild berry flavors, and is sweetened with xylitol, a progressive sweetener, which helps to prevent decay.

Duraflor Halo White 5% Sodium Fluoride Varnish has an added benefit in that it is white in color, eliminating the objection that some individuals had to fluoride treatments. Duraflor Halo White is an excellent product that focuses on the patient’s remineralization and desensitization needs as well as the conservative and clinical goals of the dental practitioner.

The clinical technique is quite straightforward. When the patient presents (Fig. 2), a prophylaxis and scaling is done first to eliminate all stain, plaque and tartar from the tooth surfaces. Once the prophylaxis is complete and the teeth are relatively plaque and tartar free, then they are ready for the application of the Duraflor Halo White 5% Sodium Fluoride Varnish (Fig. 5). The applicator brush that is included with the individual varnish dispensers is used to mix the varnish and apply it directly to the tooth surfaces (Figs. 4, 5). For application in orthodontic cases, the varnish is applied all around the brackets (Fig. 6).

All the teeth are covered in sequence with the Duraflor Halo White Varnish, a process that should not take more than 15 seconds per arch (Fig. 7). Once the varnish is on the teeth (Fig. 8), the patient is ready to leave the office and resume normal activities, including eating and drinking, although ideally, these are to be avoided for 30–60 minutes.

As evident in the photo (Fig. 8), Duraflor Halo White provides no yellowish appearance to the teeth. This avoids creating an esthetic liability where the patient is in a rush to eliminate the varnish from the tooth surfaces. Because the fluoride varnish is able to release more fluoride over a period of several hours, the longer the varnish stays on the teeth, the more effective it is for desensitization and remineralization.

Dr. Howard S. Glazer is a fellow and past president of the Academy of General Dentistry, and former assistant clinical professor in Dentistry at the Albert Einstein College of Medicine (Bronx, N.Y.). For the past several years, he has been named as one of the Leading Clinicians in Continuing Education by Dentistry Today. He lectures throughout the United States, Latin America, Canada, Europe, Scandinavia, India and Korea on the subjects of cosmetic dentistry, forensic dentistry and patient management. Currently he publishes a monthly column in AGD IMPACT titled “What’s Hot and What’s Getting Hotter?” He maintains a general practice in Fort Lee, N.J.
A perfect 10
Las Vegas Institute celebrates its 10th anniversary

By Dan Jenkins, DDS

As I drove down the Town Center off-ramp and looked to my right I saw the Las Vegas Institute (LVI). This visit was special and unique — like no other visit. I was attending the celebration of the 10th anniversary of the opening of the Las Vegas Institute Summerton campus in Las Vegas on Oct. 11, 2008. I remembered overhearing two dentists discussing LVI at a convention in 1997. They did not think LVI would last because of the high costs — but it’s still here.

The ceremony started with Congressman Jon Porter giving a speech on the importance of LVI to Las Vegas to the crowd seated in white chairs in the parking lot. Then Dr. Ron Jackson spoke. Ron is a dynamic and inspirational speaker. For this 10-year celebration Ron outdid himself. When Ron spoke, the wind started to blow hard and snow with hail started to fall — so the celebration was quickly moved inside.

Indoors, Ron finished his speech on LVI. Initially, Bill Dickerson held the classes in his own office with lectures conducted in the team lounge. Later he found more room in a warehouse. In 1997 Bill took a hard swallow and sought funding to build a dream campus in Summerlin. It was opened in August 1998.

Dr. Heidi Dickerson narrated slides of the construction of the LVI campus, and Bill’s years of dental school and teaching at Baylor. Heidi spoke about how Bill purposefully never named LVI after himself because he felt the bigger picture is the purpose of LVI. However, Bill was then honored with the rotunda being named after him. He said, “LVI has lasted because it has a mission, a purpose — it is not about a building — it is about changing dentistry and changing lives.”

The evening activities were at the Red Rock Casino. Bill was presented an amazing painting of The Rolling Stones painted by Ron Wood, a member of The Rolling Stones. While the song “Bad to the Bone” was playing in a video, a loud Harley Davidson motorcycle came along the back and down toward the front of the room. To Bill’s surprise it was being ridden by clinical instructor Hamada Makarita. This was a gift for Bill from both the clinical instructors and many LVI sponsors including Aurum Ceramic, Las Vegas Esthetics, Micro-dental DII, ProWest Laboratories and Williams Dental Laboratory. It is a beautiful bike with brilliant royal blue flames, and it also has a Rolling Stones type mouth and tongue on the back fender with “Bill D” on it and a front fender with the Las Vegas Institute logo going up in flames. Everyone in the room was gasping, laughing, smiling and beaming, so proud to be a part of honoring the person that has inspired us.

For the first time that anyone could remember, Bill was speechless! With moist eyes, Bill thanked his clinical instructors and the labs for something he liked so much, but “probably would not have gone out and purchased” for himself. The crowd spent the rest of the evening dancing in celebration.

I could not help but think about the two dentists who wondered if LVI would last. In 10 years, 7,800 dentists have attended LVI and caused it to expand to 65,000 square feet. And now LVI has two additional programs in Canada and Australia. This event was perfect for celebrating an exceptional institution of learning for dentists. It was also perfect for acknowledging the person whose vision, drive and self-sacrifice of personal life experiences has persisted to make LVI what it has become. This celebration was, like the Las Vegas Institute, a perfect 10.

SHOFU Solutions Selection & YEAR END SAVINGS!
These are exciting times to be working with dental implants. Advances continue to be made at places like the Ashman Department of Periodontology and Implant Dentistry at New York University’s College of Dentistry. At the same time, companies like Dentatus facilitate these advances with new products that are smaller, less expensive and more efficient than ever. As a result, options are increased for practitioners, and — even more important — results are improved for patients.

Among recent advances is the Anew implant system, a narrow-bodied, screw-attached restoration developed by Dentatus. This new implant is ideal for placement in slim, limiting spaces, and it can also be used for “first-visit” replacement of missing teeth. Anew implant restorative protocol was developed by Bernard Weissman in conjunction with the Department of Implant Dentistry, NYU College of Dentistry. To help explain and demonstrate, Sang-Choon Cho, DDS, an assistant clinical professor and associate director of clinical research at NYU, recently offered a hands-on workshop for dentists. The title of the workshop, which was conducted at the NYU College of Dentistry Department of Continuing Education on Oct. 31, was “Advanced Narrow Diameter Implant Technologies for Replacement of Patients’ Missing Teeth in Narrow Bone and Limiting Spaces.”

During the lecture portion of the workshop, Cho explained how Anew implants can be used for patients with thin bone, limiting inter-root spaces or narrow teeth. Special characteristics of Anew implants make them ideal for physically compromised patients, or for those with systemic problems. They provide an immediate, economical interim and customized restoration. They can also be used for ridge augmentation procedures. Cho also explained the osseointegration process of immediate-loaded narrow-bodied implants and identified the non-invasive, cost savings procedures and benefits to patients.

In the hands-on portion of the course, Cho took attendees, using hard plastic models, through the sequential steps involved in placing Anew implants. Each participant fabricated a single tooth and a three-unit posterior bridge. At the conclusion of the workshop, participants were able to keep their models with constructed restorations for use in training assisting staff in their practices.

Dentatus regularly offers similar educational events throughout the country. For more information, visit Dentatus online at www.dentatus.com or call the company at (800) 523-3136.

The Whole Kit and Caboodle

On display at www.photomed.net - 24/7

Canon

www.photomed.net • 800.998.7765

Mention the “kit and caboodle ad” when you order for some extra kit!
Make paper fly …

M ake it fly right into your practice management sys-
tem (PMS) or patient’s clini-
cal record. Xpaper PDF and “digital pen” technology will increase your efficiency in handling a wide vari-
yty of forms and documents within your dental practice. If your goal is to become “chartless” or you just want to be sure the information in your charts is safe, secure and easily retrieved, then Xpaper PDF is a must!

The information on many of the forms in a dental office is best col-
lected using pen and paper: new patient information, medical his-
tory update, and informed consent. Xpaper PDF automates the digi-
tal capture of these forms, and its companion application, PaperView, decreases data entry time by 70 per-
cent while reducing entry errors substantially.

Here’s how it works. First, you print your forms on your existing laser printer just like you normally would — except you use the spe-
cial Xpaper printer driver. Next, your staff or patient writes on the form using the included digital pen. The pen records all the handwritten information and stores it in its mem-
ory — up to 100 forms at a time.

When the pen is docked in its cra-
dle, the recorded ink is downloaded and an exact copy of the paper docu-
ment is instantly created in PDF format. This digital image can then be stored in your PMS database or patient clinical record.

PaperView takes over from there and enables you to more easily enter data by displaying portions of the form alongside the data entry screen in your PMS.

From printing to data entry, Xpa-
per PDF and PaperView will allow you to use regular paper in a simple digital way that interfaces with all your existing practice software.

For more information or to sched-
ule an online demonstration, con-
tact:

Chris Golding,
Talaria, LLC
Phone: (701) 200-4181
E-mail: chris.golding@talaria.com
Additional information is also available at our Web site: www.XpaperPDF.com
Many Working...
Times change. Pentron Clinical quality and value is consistent.

Great Products, Dependable Quality, Reasonable Prices.

Now, more than ever, it is important to find ways to save money without compromising quality. Pentron Clinical has always offered great products at reasonable prices. We are offering a unique opportunity for you to try three of Pentron Clinical’s most popular products and see our commitment to value for yourself. Consider it an economic stimulus package from Pentron Clinical.

Call 800.551.0283 Now to take advantage of this offer!

SPECIAL OFFER

Try three of our most popular products for just $19.95!

Get samples of all three products:

1 sample syringe of Breeze
Self-Adhesive Resin Cement

1 sample Mini-Mix™ Syringe of
Build-It FR Core Build Up Material

FibreKleer Serrated Post Trial Kit

A $115.00 Value
Only $19.95

800.551.0283 | www.pentron.com | 203.265.7397
You Can Thrive In A Slowing Economy

Break away to an LVI Regional Event today. We will help you to unlock your potential, rediscover your passion and reclaim your life.

“Going to LVI in August 2008 has set our compass in the right direction and allowed us to exponentially expand the practice. The most valuable information was to continue to work on the practice even, and especially, during challenging economic times. Since our return from LVI, we have had the best September and October ever!”

- Dr. Brian C McDowell Fitchburg, MA

LVI: The Key to Your Great Escape

Reap the rewards that LVI can unlock for you without traveling to Las Vegas!

Sign up today at www.lviregionalevents.com or call 888.584.3237

Register for a Regional Event Near You!

2009 Dates
January 23-24 Riverside, CA
January 30-31 Milwaukee, WI
January 30-31 Woodlands, TX
February 27-28 Portsmouth, NH
March 27-28 El Paso, TX
April 17-18 Greenville, SC
April 17-18 Fresno, CA
April 17-18 Davenport, IA

$495 Doctors and Lab Technicians
$195 Dental Team and Students

11 CE Credits
Esthetic inlays and onlays: the coming of age

By Ronald D. Jackson, DDS, FAGD, FAAcD

There are many prominent teaching clinicians who feel that inlays and onlays (of whatever color) are a grossly underutilized restoration, and that crowns are an overutilized procedure. I think it is worthwhile to examine some of the possible reasons for this unfortunate situation (for our patients’ sake) and see if the reasons for dentists’ reluctance to incorporate these restorations into their routine services are really valid today.

Reason No. 1: Large amalgam fillings are easier and more affordable than inlays and onlays.

Both terms — easier, affordable — are relative. Whether something is easy or not in dentistry depends on your training and how often you’ve done it. Our first amalgam filling or crown in dental school wasn’t easy either. As for affordability, isn’t that for the patient to decide? People generally buy what they want or what they perceive is in their best interest.

Reason No. 2: It’s just easier to do a crown than an onlay.

Same response as above. However, I will agree that when doing a crown, the clinician isn’t faced with the decision of which cusps to keep and which to remove — you just unthinking-ly remove them all. But as practitioners, we have to ask, are we deserving of patients’ trust and their money by only recommending that which we perceive (possibly because of lack of training or practice) as expedient?

Reason No. 3: Inlays and onlays are expensive.

Not anymore than crowns or root canals! We have no trouble recommending these services when they are indicated. Maybe it would be easier for dentists to accept and recommend these restorations if an onlay (gold or tooth colored) was referred to, and thought of, as a partial crown and carried the same fee as a crown.

Reason No. 4: Crowns last longer and are more predictable.

Although longevity is important and ingrained in the dental psyche, it is not the only criteria of value. In the age of adhesive dentistry, respecting remaining tooth structure and esthetics have become components of value as well. Keeping in mind that patients are living longer and want and expect to keep their teeth for a lifetime (something we tell them can be done) means, in most instances, it is best to recommend a crown only when it’s truly indicated.

The name of the game in dentistry today is “bank the tooth structure” for future use. Regarding durability, esthetic inlays and onlays are not new anymore. They have a track record, and it is good.* * With today’s materials, longevity is mainly a matter of diag-nosis, correct treatment planning and proper execution of technique (Figs. 1-4).

Although not esthetic, well-done gold inlays and onlays are consid-ered to have a proven durability and longevity similar to crowns. If esthetics is not an issue, gold is still the standard and what I always recom-mend for second molars when a conservative indirect restoration is indicated. However, it’s interesting to note the number of people and the types of people who still desire tooth-colored non-metal restora-tions even in these teeth.

Reason No. 5: Posterior direct resin restorations are less costly to the patient and can be completed in one appointment.

It is a fact that more and more patients today are selecting tooth-colored restorations for their posterior teeth, and there is no question that well-placed Class I and Class II direct resin restorations are proving to be viable alternatives to amalgam. However, the indica-tions for these restorations do have limits.

Generally, when the cavity is large or the tooth is under excessive functional demand (heavy bruxer or clencher), indirect restorations (resin or ceramic) are indicated.

Certainly, when a cuspid is missing, many clinicians feel the standard of care is best satisfied by an indirect restoration (Figs. 5-10). After all, there is no question that a laborato-ry technician working with mounted models at the bench is going to provide a more accurate occlusal morphology, contact and overall contour as well as properly located functional stops of the right intensity than we can by grinding all the blue-spots in the mouth. It’s also very dif-ficult to achieve quality contacts in large restorations with poor tooth alignment or spacing.

No matter how good the direct resin materials get, the above situ-ations will usually be better served by indirect restorations in the same way that gold inlays/onlays are con-sidered superior to large amalgams, especially those that replace cusps.

Reason No. 6: Many third-party payment plans don’t pay benefits for esthetic inlays and onlays, but most pay a benefit toward porcelain fused-to-metal crowns.

In a health care profession, it shouldn’t be necessary to even respond to such a statement, but I will. If a properly informed patient sees ESthEtic, Page 2
would rather sacrifice healthy tooth structure to save a few dollars or for a perceived greater longevity, well, that’s his or her choice. It may be that what patient feels is best for himself or herself at that time. The operative words, however, are “properly informed” (pros vs. cons) and “his or her choice.” We shouldn’t make the choice for a patient based on an assumption that all patients want the cheapest option or what their insurance will partially pay for.

In conclusion, for many dental practices, offering only low-cost (at least initially), large fillings or expen-
dent crowns where they may not be the best our profession has to offer, is questionable and shortsighted. The bottom line in dentistry today, as it always has been, is to recom-
mend treatment, which according to the clinician’s professional judgment, is in the patients’ best inter-
est. This is usually what the clini-
cian would select if he or she were the patient. The patients may not always want that particular service and decline to have it done, but they always deserve the choice.

The trend in dentistry is clear-
tly toward more esthetic and less invasive. Indirect resin and ceram-
ic inlays and onlays are not only compatible with this trend, but ful-
fill very nicely the restorative void between fillings and crowns.

**Literature**

2. Crispin BJ. Indirect Composite Restorations: Alternative or Replacement for Ceramic? Com-
8. Throstrup M, Isidor F, Horsted-Blindtved P. A Prospective Clinical Study of Indirect and Direct Composite and Ceramic Inlays: Ten-

**About the author**

Dr. Ron Jackson has published many articles on esthetic and adhesive dentistry and has lectured exten-
sively across the United States and abroad. He has presented at all the major U.S. scientific conferences. Jackson is a fellow in the Ameri-
can Academy of Cosmetic Dentistry, a fellow in the Academy of General Dentistry and is director of the Advanced Adhesive Aesthetic Dentistry and Anterior Direct Resin programs at the Las Vegas Institute for Advanced Dental Studies. Jack-
son maintains a private practice in Middleburg, Va., emphasizing com-
prehensive restorative and cosmetic dentistry.

Tell us what you think!

Do you have general comments or criti-
cism you would like to share? Is there a particular topic you would like to see articles about in Cosmetic Tribune? Let us know by e-mailing feedback@ dtamerica.com. We look forward to hearing from you!
How Will You Survive The Slowing Economy?

Invest in your future. Come to LVI and gain a competitive edge.

At LVI, you will learn exceptional clinical skills, which will enable you to provide complete comprehensive dental care to your patients. These skills will enable you to increase your income, renew your love for your profession and give you the competitive edge you need to survive.

Don’t Let Anything Stop You.

Come to LVI. Sign up today for our CORE I course by visiting www.lviglobal.com today or call 888-584-3237.

Excellence in dentistry has never made more sense or been more affordable.
What can a new smile do?

Previous consumer studies have proved that a beautiful smile will make you more attractive. But according to research conducted by Beall Research & Training of Chicago, a new smile will make you appear more intelligent, interesting, successful and wealthy to others as well.

Dr. Anne Beall, a social psychologist and market research professional carried out the independent study on behalf of the American Academy of Cosmetic Dentistry (AACD). Pictures of eight individuals were shown to 528 Americans, a statistically valid cross section of the population. The respondents were asked to quickly judge the eight people as to how attractive, intelligent, happy, successful in their career, friendly, interesting, kind, wealthy, popular with the opposite sex, and sensitive to other people they were.

Two sets of photos were created, with each set showing four individuals before undergoing cosmetic dentistry and four after treatment. Half the respondents viewed set A, the other half set B. The eight subjects viewed by respondents were evenly divided by gender. Two had mild improvements through cosmetic dentistry, two had moderate improvements, and four had major improvements to their smiles, to give a wide range for respondents to view. None, however, had visibly rotten teeth, missing teeth or catastrophically had dental health in the before shots.

Respondents were not told that they were looking at dentistry, but were asked to make snap judgments rating each person for the ten characteristics, on a scale of one to ten, with “one” being “not at all,” and “ten” being “extremely.”

The results indicated that an attractive smile does have broad ranging benefits:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>“Before” rating</th>
<th>“After” rating</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attractive</td>
<td>4.6</td>
<td>5.9</td>
<td>1.3</td>
</tr>
<tr>
<td>Intelligent</td>
<td>5.9</td>
<td>6.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Happy</td>
<td>6.2</td>
<td>6.8</td>
<td>0.6</td>
</tr>
<tr>
<td>Successful in their career</td>
<td>5.8</td>
<td>6.7</td>
<td>0.9</td>
</tr>
<tr>
<td>Friendly</td>
<td>6.3</td>
<td>6.8</td>
<td>0.5</td>
</tr>
<tr>
<td>Interesting</td>
<td>5.4</td>
<td>6.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Kind</td>
<td>6.0</td>
<td>6.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Wealthy</td>
<td>4.9</td>
<td>5.9</td>
<td>1.0</td>
</tr>
<tr>
<td>Popular with the opposite sex</td>
<td>5.0</td>
<td>6.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Sensitive to other people</td>
<td>5.6</td>
<td>6.1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

While the change was most dramatic for “Attractive,” “Popular with the opposite sex,” “Wealthy” and “Successful in their career,” the change was statically significant in all areas.

“Based on a lot of interaction with happy patients, we were expecting this type of difference in attractiveness and popularity with the opposite sex,” said Dr. Marty Zase, president of AACD, “but to have large gains in how successful, intelligent, interesting and wealthy patients appeared after cosmetic dentistry caught even us by surprise. We’ve been telling people that a beautiful smile was a great investment in their futures. Now we have independent evidence.”

To view the complete survey results, please visit www.aacd.com/press/releases/2006_09_08.asp.

(Source: AACD)

Well connected.

- CAMLOG’s implant-to-abutment connection gives superior stability and strength
- User-friendly system
- Place, twist, and seat—it’s that simple

Contact your Henry Schein Dental Sales Consultant to learn more about the CAMLOG® Implant System, or call CAMLOG directly at 1-877-537-8862.

www.camlogimplants.com
An updated clinical practice guideline released by the United States Public Health Service on May 7, 2008, identified new medication treatments that are effective at helping people to quit smoking. No matter the level of addiction, anyone attempting to quit should consider trying at least one or more of the effective pharmacotherapies.

The goal of cessation pharmacotherapy is to alleviate or diminish the symptoms of withdrawal. The more physically comfortable the smoker is, the more likely he or she will make a serious quit attempt and succeed in permanently quitting.

Assessing pharmacotherapy's application

Tobacco use is a complex behavior involving the interplay of physiological, psychological and habitual factors that continuously reinforce one another to promote dependence. One way to determine if pharmacotherapy would be helpful is to determine the level of physical addiction. Two hallmarks of dependency include smoking within 30 minutes of arising from sleep and experiencing withdrawal symptoms if a regular pattern of use is disrupted. The cardinal withdrawal symptoms include a craving for nicotine, irritability, anxiety, difficulty concentrating and restlessness.

Approved medications

Currently, the FDA-approved, first-line agents for smoking cessation include five nicotine replacement therapy (NRT) products and two non-nicotine medications. All of these medications were found to be effective first-line medications in the guideline’s meta-analyses. There is no question that the odds of a smoker quitting are increased by using a pharmacological treatment.

In addition, multiple combinations of medications were shown to be effective. For the first time, the 2008 clinical practice guideline update assessed the relative effectiveness of cessation medications. These comparisons showed that two forms of pharmacotherapy, varenicline (Chantix) used alone and the combination of a long-term nicotine patch plus ad lib (i.e., as needed) nicotine nasal spray or gum, produced significantly higher long-term quit rates than did the patch by itself. This is “off label” use, but now it is definitively medically sanctioned. (I have been encouraging my own clients to use multiple NRT products for years!)

A reason to smile: New immigrants respond best to oral hygiene campaign

An updated clinical practice guideline released by the United States Public Health Service on May 7, 2008, identified new medication treatments that are effective at helping people to quit smoking. No matter the level of addiction, anyone attempting to quit should consider trying at least one or more of the effective pharmacotherapies.

The goal of cessation pharmacotherapy is to alleviate or diminish the symptoms of withdrawal. The more physically comfortable the smoker is, the more likely he or she will make a serious quit attempt and succeed in permanently quitting.

Assessing pharmacotherapy's application

Tobacco use is a complex behavior involving the interplay of physiological, psychological and habitual factors that continuously reinforce one another to promote dependence. One way to determine if pharmacotherapy would be helpful is to determine the level of physical addiction. Two hallmarks of dependency include smoking within 30 minutes of arising from sleep and experiencing withdrawal symptoms if a regular pattern of use is disrupted. The cardinal withdrawal symptoms include a craving for nicotine, irritability, anxiety, difficulty concentrating and restlessness.

Approved medications

Currently, the FDA-approved, first-line agents for smoking cessation include five nicotine replacement therapy (NRT) products and two non-nicotine medications. All of these medications were found to be effective first-line medications in the guideline’s meta-analyses. There is no question that the odds of a smoker quitting are increased by using a pharmacological treatment.

In addition, multiple combinations of medications were shown to be effective. For the first time, the 2008 clinical practice guideline update assessed the relative effectiveness of cessation medications. These comparisons showed that two forms of pharmacotherapy, varenicline (Chantix) used alone and the combination of a long-term nicotine patch plus ad lib (i.e., as needed) nicotine nasal spray or gum, produced significantly higher long-term quit rates than did the patch by itself. This is “off label” use, but now it is definitively medically sanctioned. (I have been encouraging my own clients to use multiple NRT products for years!)

A reason to smile: New immigrants respond best to oral hygiene campaign

The research found that families that had been in the United States longer were less responsive to the program’s messages than new immigrants.

According to the U.S. Department of Health and Human Services (2002), there is a “silent epidemic” of dental and oral diseases in disadvantaged communities, particularly among children of minority racial and ethnic groups. The researchers conducted focus groups of participants in urban areas with large Hispanic populations. Those participants were parents of children in the national oral health outreach program that was launched in 2000, with the involvement of a corporate sponsor, the Boys and Girls Club of America, the American Dental Association, and dental schools.

And here’s good news for the corporate sponsor: The parents who participated in the program said they intended to reciprocate by purchasing the sponsor’s products. “Their intention to reciprocate toward the company is proportionate to their perceptions of how much the program has helped their children and family,” the researchers conclude.

(Source: University of Chicago Press Journals)
Dear Readers,

E
ev
time we turn around these
days we can’t help but hear about
the state of the economy. It is
affecting most everything currently,
including dentistry. While people are
trying to spend less money on things
they don’t think are necessary, they
might put off dental needs as well.
Some patients view dental care as a
luxury and not as an essential piece
necessary to complete the puzzle of
overall health. This train of thought
leads to canceled appointments and
lost revenue for the dental office.
So short of dragging patients in off the
streets, what can the dental team do
to help patients realize that prevent-
ive dentistry is necessary? Education
is paramount!

At each professional cleaning and
dental check-up appointment, clini-
cians need to be reiterating the con-
nexions between oral health and
overall health. Patients need to be
taught that bleeding gums are not
healthy and may be a sign of much
larger problems. Co-diagnosis needs
to be taking place with each patient
that sits in the dental chair.

Patients understand what they are
being told much better if they can
see the issue. Who is able to believe
there isn’t a problem if they see the
issue with their own eyes? If patients
understand why they need to return
to the office, they are more likely to
place the visit on the necessary list
rather than the luxury list.

It is time to pull out all the stops
so dental offices remain productive
through these shaky times. Educate,
educate, educate! This is no time to
be chatting and polishing!

If you have any comments or sug-
gestions on this topic, please feel free
to let us know!

Best Regards,

Angie Stone, RDH, BS
Editor in Chief

UPCOMING EVENT

‘Train the Trainer’ workshop on infection control

The United States Air Force (USAF) and the Organization for Safety & Asepsis Procedures (OSAP) will hold their 2009 Federal Dental Services Infection Control Training Course from Jan. 12-15, 2009 at the Crowne Plaza Atlanta-Ravinia Hotel in Atlanta. This four-day “Train the Trainer” course is recommended for everyone responsible for their dental facility’s infection control and safety program.

The Federal Dental Services Infection Control Training Course offers a way for dental professionals to verify competency in dental infec-
tion control and safety principles. The program will provide the latest information on the implementation and management of effective infec-
tion control and occupational health and safety programs for dental set-
tings, emphasizing the infectious
diseases and occupational risks
associated with dentistry.

The program is geared to federal
services dentists, hygienists, dental
assistants and laboratory technicians
who have been assigned responsi-
bilities in infection control and occu-
ptional health/safety, but is also
applicable to large civilian dental
practices, health maintenance organ-
zations, dental insurers, dental man-
ufacturer sales/marketing staff, den-
tal infection control consultants,
fac-
ulty of dental schools, dental hygiene
and dental assisting programs, and
infection control nurses who work
closely with dental clinics.

Attendees can receive up to 27
C.E. hours. OSAP and the USAF are
American Dental Association (ADA)
CERP recognized providers. These
credits are also accepted by the Acad-
emy of General Dentistry.

For more information, visit the
www.OSAP.org Web site. There are
also opportunities for companies to
exhibit products and services at the
product vendor fair. For more infor-
mation, call (800) 298-OSAP (6727).

OSAP is the Organization for Safety
and Asepsis Procedures. Founded
in 1984, the non-profit association is
dentistry’s premier resource for infec-
tion control and safety information.
Through its publications, courses, Web
site and worldwide collaborations,
OSAP and the tax-exempt OSAP Foun-
dation support education, research,
service and policy development to
promote safety and the control of infec-
tious diseases in dental health care
settings worldwide.

Tell us what you think!

Do you have general comments or criti-
cism you would like to share? Is there
a particular topic you would like to
see articles about in Hygiene Tribune?
Let us know by e-mailing feedback@dtamerica.com. We look forward to hearing from you!

换取 CEU 来源Top Clinic - Learn new paradigms in dentistry - Master state-of-the-art techniques

Come Aboard and Experience In-Depth Education

Boston Convention & Exhibition Center

January 28 - February 1, 2009 • Exhibits January 29 -31, 2009

Chart a New Course for Learning and Discovery in Dentistry

Thursday, January 29, 2009

YANKEE Dental Congress®

The Coaching Center

Earn CEUs from Top Clinicians

Engage with 29,000+ Dental Professionals

Explore 500+ Educational Exhibits

Team Development Day: Real-World Communication Made Easy

Designed specifically for the dental auxiliaries, this day of practical sessions will build clinical knowledge and strengthen team relationships.

• Earn basic skills of effective communication with colleagues and patients

YANKEE Dental Congress®

The Coaching Center

Earn CEUs from Top Clinicians

Engage with 29,000+ Dental Professionals

Explore 500+ Educational Exhibits

Team Development Day: Real-World Communication Made Easy

Designed specifically for the dental auxiliaries, this day of practical sessions will build clinical knowledge and strengthen team relationships.

• Earn basic skills of effective communication with colleagues and patients

Register Now!

www.yankeedental.com

800-342-8747 (MA)

800-943-9200 (Outside MA)
Several quitlines distribute over-the-counter nicotine replacement therapy to callers. The use of accepted cessation pharmacotherapy at least doubles the odds of quitting. Adding psychosocial therapy increases quit rates. However, unlike with other drug dependencies, concomitant psychosocial therapy is not mandatory for cessation medication use.

There are five nicotine replacement therapy (NRT) products on the market in the United States. The nicotine gum first appeared in 1984, and the nicotine patch was made available in 1994. Between 1995 and 1996 both became available without a prescription. This resulted in the largest increase in smoking cessation since the 1964 surgeon general's report on smoking. Two NRT products are attainable only through prescription: the Nicotrol Nasal Spray, which appeared in 1996, and the Nicotrol Inhaler that appeared in 1998. The final NRT product to materialize, obtainable without a prescription, is the nicotine lozenge, which has been on the market since 2002.

**Research and labeling**

Almost all researchers agree that nicotine is not a carcinogen, and there is growing consensus that nicotine derived from medications does not promote cardiovascular disease. All of the NRT formulations are associated with slower onset and much lower nicotine levels than cigarettes, and, of course, they do not produce carbon monoxide, toxins, and carcinogens. The safety and abuse records of NRT have been excellent. The choice of NRT should be individualized — based on preferences, past experience, smoking dependence and habits.

The labeling on NRT products still instructs tobacco users to consult their clinician if there is a history of heart disease, ulcers, hypertension or if the patient is pregnant or breastfeeding. However, the only medical contraindications in the guideline are:
- immediate myocardial infarction (less than 2 weeks),
- serious arrhythmia,
- loss of vision or worsening angina pectoris,
- accelerated hypertension.

There is a documented lack of an association between NRT and acute cardiovascular events in persons who continue to smoke while on the patch, as well as in those who have had past cardiac events! The guideline recommends the use of NRT in pregnancy if other therapies have failed. Clearly, the fetus is exposed to significantly less nicotine with NRT than with smoking, and, most importantly, is not exposed to carbon monoxide, carcinogens and toxins from cigarettes.

**‘Light smokers’**

Light smoking has become more common, perhaps due to smoking restrictions and increases in the price and taxation of tobacco products. Many light smokers have a strong dependence even though they smoke relatively few cigarettes. They are less likely to receive treatment than are heavier smokers, but anecdotal evidence shows an increase in success rates for light smokers with the use of NRT. At the other end of the spectrum, higher than recommended doses may be needed for tobacco users with severe addiction. Failure to respond to NRT products may reflect inadequate dosage, incorrect usage or both.

**Other options**

**Bupropion** There are two non-nicotine medications available to tobacco users as well. Bupropion (Zyban), an atypical antidepressant, has been shown to double quit rates. It blocks the reuptake of dopamine and norepinephrine in the central nervous system, which modulates the dopamine reward pathway and reduces cravings for nicotine and symptoms of withdrawal. It is effective in those whether or not the symptoms are current or past depressive symptoms. Combining bupropion with NRT often increases success rates over bupropion used alone.

**Varenicline** The most recent non-nicotine medication is varenicline (Chantix), a partial agonist selective for a specific nicotine receptor subtype, and it was approved in 2006. The drug's efficacy is believed to be the result of a sustained, low-level agonist activity at the receptor site, combined with competitive blockade of nicotine binding. The partial agonist activity modestly stimulates receptors, leading to increased dopamine levels that reduce nicotine withdrawal symptoms. By blocking the binding of nicotine to receptors in the central nervous system, varenicline inhibits the surge of dopamine release that occurs immediately (seven to 10 seconds) following each inhalation of tobacco smoke. This effect may help prevent relapse by reducing or even eliminating the pleasure linked with smoking. Evidence suggests that using varenicline can increase successful quitting three times more when compared to placebo.**

**The hygienist’s role**

Dentists have prescriptive powers for all cessation pharmacotherapy. Once the RDH assists the patient in determining which medication may work best, the dentist should be approached for prescriptions as appropriate. Few health interventions have such overwhelming evidence of effectiveness as cessation medications. The seven first-line FDA-approved therapies reliably increase long-term smoking abstinence rates. All approximately double the rate of cessation when compared to placebo.

Smokers cite a health professional’s advice to quit as an important motivator for attempting to stop smoking. With effective education, counseling and support (rather than condemnation and warnings about the dangers of smoking), hygienists can provide an invaluable service.

---

**About the author**

Carol Southard, RN, MSN, an American Lung Association certified instructor with more than 20 years experience and proven success, is a pioneer in the field of smoking cessation. Southard is a Tobacco Consultation Specialist for Chicago area hospitals and has published articles and presented numerous workshops and seminars for health professionals as well as for community groups on smoking cessation throughout the nation. Southard served as the project consultant of the Smoking Cessation Initiative, a national program under the auspices of the American Dental Hygienists’ Association. Recently, Southard joined the staff of the University of Chicago Medical Center as a Study Therapist for the Clinical Addictions Research Laboratory. In addition, Southard was instrumental in launching the Chicago Second Wind: A Chicagoland Smoking Cessation Initiative.

Carol Southard, RN, MSN
Tobacco Treatment Specialist
Northwestern Memorial Physicians Group
Wellness Institute
150 East Huron, Ste. 1100
Chicago, IL 60611
Tel.: (312) 926-2089
Fax: (312) 926-5444
Reduce Seating Time by 25%

Over 250 dentists evaluated 5000 units and reported saving an average of 25% of chair time compared to traditional PFM's.

Conventional cementation

Eliminate Internal Adjustments

Cad/Cam Technology Offers

» Laser scanner for 100% blockout of undercut
» Computer design
  • Margins marked at 75x magnification
  • Uniform die relief for cementation
» Precision Mill
  • Eliminates wax and casting distortion

Predictable Price

ONLY

$139

per unit

Made in the USA

“The margins are fantastic and the esthetics are so much better than PFM’s. KZ3 is an exceptional value!”
Dr. Kenneth Bell, Louisville, KY

Call for your case pick-up today!

800.325.3056

Keller Laboratories, Inc. 160 Larkin Williams Industrial Court
Fenton, Missouri 63026