CDA Foundation names Cathy Mudge executive director

The California Dental Association Foundation recently named Cathy Mudge as its new executive director. The foundation’s board of directors unanimously voted to hire Mudge during its recent board meeting. Mudge, who is also chief administrative officer of the California Dental Association (CDA), will be taking on the additional duties of the foundation’s executive director while continuing her current role.

“I’m thrilled with this new opportunity to work with the foundation and its mission to improve the oral health of all Californians through innovative programs that link dentistry to community needs,” said Mudge, who has worked at CDA since 1997.

Founded in 2000, the California Dental Association Foundation has made a number of significant contributions to oral health care in California, including its work in community water fluoridation, CAMBRA (Caries Management by Risk Assessment), the development of Perinatal Oral Health Guidelines and the Student Loan Repayment Program, which awards grants to new dentists in exchange for a commitment to provide services to those who experience barriers to care.

“Cathy is well respected for her leadership and management abilities. She has an excellent grasp of public policy, community relations and the serious challenges of eliminating oral health-care barriers for the underserved,” said Cindy Lyon, DDS, chair of the CDA Foundation. “She will be a tremendous asset in implementing the foundation’s strategic initiatives as we work to address disparities in oral health care, particularly among California’s children.”

Thanks to generous donations to the CDA Foundation, nearly 85,000 underserved Californians who otherwise

Cathy Mudge is the new executive director of the California Dental Association Foundation. (Photo/California Dental Association)

Researchers at the University of Pittsburgh School of Dental Medicine are piecing together the processes of tooth enamel biomineralization, which could lead to novel nanoscale approaches to developing biomaterials. The findings were reported online in the first week of August in the Proceedings of the National Academy of Sciences.

Dental enamel is the most mineralized tissue in the body and combines high hardness with resilience, said Elia Beniash, PhD, associate professor of oral biology, Pitt School of Dental Medicine. Those properties are the result of its unique structure, which resembles a complex ceramic microfabric.

“Enamel starts out as an organic gel that has tiny mineral crystals suspended in it,” Beniash said. “In

Pitt School of Dental Medicine isolates steps in enamel formation
Dentists, pharmacists raise awareness of xerostomia

Older adults have a higher risk of medication-induced xerostomia

Leading dental and pharmacy organizations are teaming up to promote oral health and raise public awareness of xerostomia, a side effect commonly caused by taking prescription and over-the-counter medications.

More than 500 medications can contribute to oral dryness, including antihistamines (for allergy or asthma), antihypertensive medications (for blood pressure), decongestants, pain medications, diuretics and antidepressants.

Nearly half of all Americans regularly take at least one prescription medication daily, including many that produce xerostomia, and more than 90 percent of adults over age 65 do the same. Because older adults frequently use one or more of these medications, they are considered at significantly higher risk of experiencing xerostomia.

The American Dental Association (ADA), Academy of General Dentistry (AGD), American Academy of Periodontology (AAP) and the American Pharmacists Association (APhA) are collaborating to expand awareness of xerostomia, a side effect so common that nearly one in five older adults have inadequate salivary flow or composition and lack the cleansing and protective functions provided by this important fluid.

“Each day, a healthy adult normally produces around 1.5 liters of saliva, making it easier to talk, swallow, taste, digest food and perform other important functions that often go unnoticed,” notes Dr. Fares Elias, president of the Academy of General Dentistry.

Signs and symptoms

At some point, most people will experience the short-term sensation of oral dryness because of nervousness, stress or just being upset. This is normal and does not have any long-term consequences. But chronic cases of xerostomia persist for longer periods of time. Common symptoms include trouble eating, speaking and chewing, burning sensations, or a frequent need to sip water while eating.

“Dry mouth becomes a problem when symptoms occur all or most of the time and can cause serious problems for your oral health,” explained Dr. Matthew Messina, ADA consumer advisor. “Drying irritates the soft tissues in the mouth, which can make them inflamed and more susceptible to infection.”

According to Dr. Messina, who practices general dentistry in the Cleveland area, without the cleansing and shielding effects of adequate saliva flow, tooth decay and periodontal disease become much more common. “Constant dryness and the lack of protection provided by saliva may contribute to bad breath. Dry mouth can make full dentures become less comfortable to wear because there is no thin film of saliva to help them adhere properly to oral tissues,” he adds. “Insufficient saliva can also result in painful denture sores, dry and cracked lips, and increased risks of oral infection.”

Common causes

Once considered an inevitable part of aging, xerostomia is now commonly associated with certain medications and autoimmune conditions, such as Sjögren’s syndrome. Both of these can reduce saliva flow, alter the composition or alter its composition, but experts agree that the primary cause of xerostomia is the use of medications.

Radiation treatment for head and neck cancer is also an important contributor to xerostomia.

The CDA Foundation

The CDA Foundation was formed as the philanthropic affiliate of the California Dental Association in 2001 with the mission to improve the oral health of Californians by supporting the dental health profession and its efforts to increase access to care for the state’s most vulnerable people.

The CDA Foundation works with experts in the dental profession, private business, academic institutions and government to produce programs that increase access to care; promote prevention, education and intervention; advance health policy research; and build a sustainable oral health workforce.

More information is available at www.cdafoundation.org.
tant cause of severe xerostomia. The treatment can produce significant damage to the salivary glands, resulting in diminished saliva production and extreme xerostomia in many cases.

"Saliva plays an important role in maintaining oral health," said Dr. Donald Clem, president of the American Academy of Periodontology. "With decreased saliva flow, we can see an increase in plaque accumulation and the incidence and severity of periodontal diseases."

How to relieve xerostomia

Individuals with xerostomia should have regular dental checkups for evaluation and treatment. Patients should carry an up-to-date medication list at all times, and dental offices should review this information at every appointment to make sure there have not been any changes.

"In some cases, a different medication can be provided or dosage modified to alleviate dry mouth symptoms," said Thomas Menighan, executive vice president and chief executive officer of the American Pharmacists Association. Patients should talk to their pharmacist if they have any questions regarding their medication.

Increasing fluid intake, chewing sugarless gum, taking frequent sips of water or sucking on ice chips can also help relieve dry mouth symptoms. Avoiding tobacco and intake of caffeine, alcohol and carbonated beverages may also help those with the condition.

Dentists may recommend using saliva substitutes or oral moisturizers to keep the mouth wet and local pharmacists are also a helpful source for information on products to help manage dry mouth.

About the American Dental Association

The not-for-profit ADA is the nation’s largest dental association, representing more than 156,000 dentist members. The premier source of oral health information, the ADA has advocated for the public’s health and promoted the art and science of dentistry since 1859.

The ADA’s state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive.

The ADA Seal of Acceptance long has been a valuable and respected guide to consumer dental care products. The monthly Journal of the American Dental Association (JADA) is the ADA’s flagship publication and the best-read scientific journal in dentistry.

For more information about the ADA, visit the Association’s Web site at www.ada.org.

About the American Academy of Periodontology

The American Academy of Periodontology (AAP) is the professional organization for periodontists — specialists in the prevention, diagnosis, and treatment of diseases affecting the gums and supporting structures of the teeth, and in the placement of dental implants. Periodontists are also dentists’ experts in the treatment of oral inflammation. They receive three additional years of specialized training following dental school, and periodontics is one of the nine dental specialties recognized by the American Dental Association.

The AAP has 8,000 members worldwide. Visit the AAP online at www.perio.org.

About the American Pharmacists Association

The American Pharmacists Association (APhA), founded in 1852 as the American Pharmaceutical Association, is a 501 C6 organization, representing more than 62,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians and others interested in advancing the profession.

APhA, dedicated to helping all pharmacists improve medication use and advance patient care, is the first-established and largest association of pharmacists in the United States. Visit APhA online at www.pharmacist.com.

(Source: American Dental Association)
The School of Dental Medicine’s comprehensive clinical offerings include the new Multidisciplinary Implant Center and the Center for Patients with Special Needs, one of the few centers in the United States dedicated to training future dentists to care for patients with disabilities.

Recognized for excellence in research, the School of Dental Medicine ranked 13th in National Institute of Dental and Craniofacial Research funding for fiscal year 2008.

For more information about the School of Dental Medicine, please visit www.dental.pitt.edu.

About University of Pittsburgh School of Dental Medicine
Established in 1896 as an independent institution named the Pittsburgh Dental College, the School of Dental Medicine was incorporated into the University of Pittsburgh in 1905. The school offers a four-year predoctoral program leading to a Doctor of Dental Medicine (DMD) degree, an international and advanced standing program for graduates of foreign dental schools, and post-graduate residency programs in 10 disciplines.

The school of Dental Medicine offers the only dental hygiene certificate program in Pennsylvania affiliated with a major university, in addition to a dental hygiene baccalaureate degree program.

New AGD president
Howard Gamble, DMD, FAGD, of Sheffield, Ala., was installed as president of the Academy of General Dentistry (AGD) during the July meeting in San Diego.

“Being chosen to lead the AGD’s 37,000 members is one of the greatest achievements of my career,” Gamble said. “Our members can take solace in knowing that the organization is working tirelessly every day, advocating and protecting the rights of general dentists. We also foster our members’ ongoing learning through quality continuing dental education so that they may better serve their patients and the public.”

A member of the AGD since 1979, Gamble has served the organization in many capacities, including as speaker of the house and national spokesperson for the AGD. Gamble has also served the AGD on the National Sponsor Approval and Internet Committees; the Marketplace Task Force; and the Legislative and Governmental Affairs, Dental Practice, and Communications Councils.

He is a past president of both the Alabama AGD and the Alabama Dental Association and has served as a delegate or alternate delegate to the American Dental Association (ADA) for 10 years and the AGD for 17 years.

Gamble has also presented lectures on the use of technology in the dental office at numerous dental meetings, including those presented by the ADA and the AGD. He has written articles for AGD Impact, the AGD’s monthly newsmagazine, and other dental publications, as well.

Gamble is an active member of the ADA and is a Fellow in the American College of Dentists, the International College of Dentists, and the Academy of Dentistry International. He graduated from the University of Alabama School of Dentistry in 1967 and has been practicing dentistry in Sheffield for more than 42 years.