Optimism, humor combat dental fear

Scientists identify most effective coping strategies

Scientists at Sweden’s Sahlgrenska Academy have identified key coping mechanisms used by people who suffer from dental fear to manage stress during dental visits and treatment. At the top of the list: optimism on the part of the patient and an atmosphere of humor in interactions with the dental staff.

Internationally, surveys indicate that approximately 50 percent of the adult population suffers some degree of dental fear.

Five percent have severe dental fear

Despite these statistics, most people, including many among the approximately 5 percent of the population who experience extreme stress and leading people to avoid professional dental care completely.

Nationwide dental practice research network created

$66.8 million, seven-year grant funds coordinated initiative

The National Institute of Dental and Craniofacial Research (NIDCR) has awarded a $66.8 million, seven-year grant that consolidates its dental practice-based research network initiative into a unified, nationally coordinated effort.

The consolidated initiative, renamed The National Dental Practice-Based Research Network (NDPBRN), is headquartered at the University of Alabama at Birmingham (UAB) School of Dentistry. It serves as a national administrative hub that leads and oversees six smaller regional research sites, or nodes. The nodes are located in Rochester, N.Y.; Gainesville, Fla.; Birmingham Ala.; Minneapolis; San

ENDO TRIBUNE
PHOTOS FROM AAE

Review of American Association of Endodontists annual session in Boston is packed with photos.

› page C1
severe dental fear, still go to the dentist regularly. To increase understanding of dental fear and its causes, scientists at the Sahlgrenska Academy at the University of Gothenburg conducted two unique studies to investigate strategies people with dental fear used to overcome dental fear.

Five core strategies

In one study, Jenny Bernson, LDS, and her colleagues asked people suffering from dental fear to complete a questionnaire, enabling the researchers to isolate five core strategies that dental patients used to overcome dental fear:

- **Self-efficacy**, using one’s own internal resources. Example: “I tell myself to be strong enough to stand it, despite my fear.”
- **Self-distraction**. Examples: “I count to myself, sing to myself or try to play mental games with myself to keep my mind off the treatment.”
- **Distancing**. Example: “I think the pain sensation feels like something else, such as numbness.”
- **Prayer**. Example: “I pray that the treatment will soon be over.”
- **Optimism**. Example: “I try to think of the future, about what everything will be like after the treatment.”

In terms of which of the five are most effective, Bernson said, “The study has shown that patients who adopt an optimistic mind-set cope with dental treatment significantly better, and they visit the dentist more regularly than patients who spend time in prayer, despair or catastrophizing.”

The second study was based on interviews with patients suffering from dental fear. They said humor was one of the most critical coping strategies. “Psychological barriers can be broken down by humor, both as a result of the patient and the dentist coming together more as equals, and as a result of humor reducing stress, increasing well-being and creating a pleasant atmosphere,” Bernson said.

The strategies that these two studies have identified will form the basis of a questionnaire that may be possible to use in the future when treating patients suffering from dental fear. The article, “Adaptive coping strategies among adults with dental fear: Further development of a new version of the Dental Coping Strategy Questionnaire,” has been published in the scientific journal *Acta Odontologica Scandinavica*. The article “Making dental care possible — a mutual affair” has been published in the scientific journal *European Journal of Oral Science*.

Bernson is a doctoral student in behavioral and community dentistry at the Institute of Odontology, Sahlgrenska Academy, University of Gothenburg and at the Research Center, Public Dental Service, Region Västra Götaland, Sweden.

(Source: Sahlgrenska Academy)

**HUMOR, page A1**

**RESEARCH, page A1**

Antonio, Texas; and Portland, Ore. The NIDCR is part of the National Institutes of Health.

A dental practice-based research network is an investigative union of practicing dentists and academic scientists. The network provides practitioners with an opportunity to propose or participate in research studies that address day-to-day issues in oral healthcare. The studies, conducted in participating dental offices with consenting patients, help to expand the profession’s evidence base and further refine care.

Since launching the practice-based initiative in 2005, NIDCR had supported three regional networks, including one at the UAB School of Dentistry. Each had its own affiliated practitioners, clinical studies, and administrative tasks independent of the others.

“The regional research networks were built from scratch, and it took some time and effort to get them up and running.”

The initial seven-year Regional Dental PBRN grants proved extremely productive, Somerman said. The networks enrolled 1,719 practitioners in 43 states.

In collaboration with the Dental PBRN academic faculties and staff, the practitioners organized and conducted 51 research studies, generating 87 journal articles on topics ranging from preventive and restorative dentistry to pain management and smoking cessation.

“The regional research networks were built from scratch, and it took some time and effort to get them up and running.”

**AD**

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**JULY 20-24, 2012**

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The National Institute of Dental and Craniofacial Research (NIDCR) is the nation’s leading funder of research on oral, dental, and craniofacial health. To learn more about NIDCR, visit the institute’s website at www.nidcr.nih.gov.

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For the first time, dental organizations representing African American, Native American and Hispanic dental professionals — and often underserved populations within those groups — will meet together in a multicultural oral health summit. Photo/Provided by VOCO, NDA, HDA, SAID

Ethnic dental groups combine their 2012 annual conventions

African Americans, Hispanics and Native Americans represented by three U.S. associations at July summit

Three premier dental organizations for ethnic minorities will host a historic joint annual convention July 20-24, in Boca Raton, Fla. The National Dental Association (NDA), Hispanic Dental Association (HDA) and Society of American Indian Dentists (SAID) collectively represent the needs and concerns of African American, Hispanic and American Indian oral health professionals and the communities they serve. The conference theme is: “Multi-Cultural Oral Health Summit: Collectively Meeting the Needs of a Diverse Population to Improve Oral Health.”

Underserved, under-represented

“I am delighted to be a part of this historic undertaking,” said Dr. Sheila R. Brown, immediate past president of the Washington, D.C., based NDA. “Our organizations share a common bond — communities that have been traditionally underserved and providers that have been woefully underrepresented in the health professions. I look forward to this collaboration and to future collective efforts to eliminate racial and ethnic health disparities in America.”

“The Society of American Indian Dentists is excited to continue the collaborating efforts of organizations representing underserved populations,” said Dr. Ruth Bol, president of the SAID. “American Indians continue to live in communities where there is an up-to-90-percent tooth-decay rate. This meeting will be the first of its kind to bring together the very professionals that will help to make the greatest impact on the oral health crises. The SAID, HDA and NDA represent a great wealth of oral health diversity, and this meeting will be a testament to this empowerment of dental medicine for these underrepresented minorities.”

“The Hispanic Dental Association (HDA) looks forward to this monumental event,” said Margo Y. Melchor, RDH, MEd, president of the HDA. “As an inclusive organization, HDA is very proud of the collaborations we have formed with NDA and SAID. This summit will enable the membership of the three unique ethnic dental organizations to unite and focus on the similar efforts of our missions: the elimination of oral health disparities.”

Convention attendees will include dentists, auxiliaries, students, community leaders, corporations and other stakeholders interested in improving oral health. The program will include continuing education seminars and ceremonial events that reflect the rich culture and tradition of each group. This summit will enable all groups to discuss oral health issues that impact diverse communities throughout the United States.

(Concluding text continues...)

For more information or courses in your area, check out “Upcoming Courses” off the NEWS & EVENTS Menu at www.aurumgroup.com OR contact Aurum Ceramic Dental Laboratories Continuing Education Department at 1-800-383-3989 or email: ce@aurumgroup.com

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The Greater New York Dental Meeting (GNYDM) has done it again, as it continues to be the largest dental congress and health-care meeting in the United States. In 2011, the GNYDM registered 53,789 attendees from all 50 states and 127 countries.

The Greater New York Dental Meeting offers a choice of more than 300 educational courses including full-day and half-day seminars, essays, hands-on workshops and a “live” 430-seat high tech patient demonstration area. Attendees are urged to not only participate in the many educational courses but also to visit the meeting’s evolving exhibit floor with more than 1,500 exhibit booths and more than 600 exhibiting companies.

There is a never a pre-registration fee to attend the Greater New York Dental Meeting.

The live dentistry arena is always a major hit, with standing-room-only in the ever-expanding arena. This revolutionary concept of treating patients with new materials and high-tech applications takes place in the educational hall right on the show floor with no tuition costs to attendees.

There is a never a pre-registration fee to attend the Greater New York Dental Meeting.

The GNYDM has significantly expanded its international program, accommodating 6,656 international visitors from 127 countries in 2011 and offering programs in Spanish, Portuguese, French, Italian and Russian.

With three major airports nearby [Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA)] and special discounted hotel rates for those attending the meeting, it is easy for dental professionals to visit New York City during this most wonderful holiday time of the year.

See all that New York City has to offer during an always-captivating time of the year, Nov. 23 through 28.

(Source: Greater New York Dental Meeting)
Witnessing the evolution of digital impression solutions

An interview with digital-scanning pioneer Dr. Svend W. Carlsen

Since 1982, Dr. Svend Carlsen has used various differing intra-oral scanners for taking impressions digitally. The 3-D scanner company 3Shape spoke with Carlsen about developments in digital impression systems and how technology can help dentists in their daily work. Following are some of Carlsen’s comments.

How did you get started with digital imaging?

“It all started with a digital chairside solution, where we had both the technology to digitally record the tooth and the milling equipment to manufacture the crown.

In the beginning, we were all very enthusiastic about the new technology, but we discovered that results lacked the required accuracy. We were forced to regard our ceramic inserts only as well-functioning mega-fillers.

Since then I have been constantly searching for a digital system that could meet the accuracy challenge.

How would you describe the status of that search today?

A little over a year ago, I attended an event that included a demonstration of 3Shape’s TRIOS system.

This experience renewed my belief that digital imprint technologies could, in fact, fulfill our needs.

Today we use the 3Shape TRIOS system for most of our impressions in the clinic for single-tooth crowns and bridges.

What do you demand of a reliable digital system?

With most of the digital impression systems that I have used, there has been a need to make small corrections before the final crown could be placed in the patient’s mouth. This should not be necessary.

It is also now a great benefit to be able to view an enlarged image of the prepared tooth, with every detail clearly displayed. This enables you to identify and immediately correct areas where the tooth preparation is not sufficiently smooth or sharp.

This level of control means that only correct information is sent to the laboratory. It also provides effective control of our own work.

Patients are rather impressed that we can take an impression so quickly and so easily. I think that the high degree of control that dentists can demonstrate with the technology creates a greater sense of security for patients. Patients can follow their own treatment’s details on the screen and thus better understand what it entails.

How does the new system compare to the earlier devices you have tried?

Previously, you had to apply spray or powder on the teeth before you could scan.

This was very annoying because it’s hard to put an even layer of coating on the teeth — and an uneven layer would ruin scan precision. With previous systems, it was also necessary to maintain a completely steady hand while...
scanning. The slightest movement of the patient or of the operator’s hand was enough to create a useless image.

The new scanners allow a high degree of movement freedom, and this makes it much easier to get a good picture.

Here at our clinic, assistants scan as often as dentists. The system is very intuitive.

You started with a chairside milling system, but the TRIOS system you use today builds on cooperation with the lab. How do you view these different approaches?

I know from my own experience that chairside milling is not worth the investment because dentists need to spend too much time perfecting the esthetic details. In relation to my business, I have no doubt that it’s better for me to outsource my milling needs. More importantly, skilled dental technicians will usually provide better restorations than dentists can. They are simply better artists and have more practice.

Have digital impression solutions come to stay?

I think that the existence of digital impression solutions in all clinics will soon be taken for granted. Even in a little town such as ours, all four dental clinics are equipped with their own digital impression system. Actually, we find that our area’s high-tech profile affects competition because it helps us attract patients from other cities.

We also see a clear trend among laboratories. More and more labs are working with advanced digital systems that allow them to mill crowns directly from our digital impressions — without first manufacturing a model. This means that we can get our crowns back from the lab even faster.

Registration material earns 5 stars

R-SI-LINE® METAL-BITE®, the universal registration material, which was introduced in 2000 as the first hard, universal registration material that also is scanable for CAD/CAM applications, has received a five-star rating from Dental Consultants Inc. (publisher and operator of the product-evaluation periodical ‘The Dental Advisor’ and product-evaluation website www.dentaladvisor.com), based in Ann Arbor, Mich.

The product has also earned the organization’s prestigious Editor’s Choice award, and it was chosen by the evaluators as the 2012 Top Bite-Registration Material.

METAL-BITE received a clinical rating of 96 percent from the evaluators, while 93 percent of the evaluators would recommend the material.

After a decade since its introduction, METAL-BITE is well-known to a growing number of dentists in many countries throughout the world. The material has become a standard for universal registrations, although the material is also indicated for a broad variety of indications. The product boasts a number of beneficial physical properties, including: very good handling, short setting time and easy-to-trim-and-polish silicone. The dark gray METAL-BITE is also scanable (powderfree) for CAD/CAM applications, it is ideal for the bitplate and facebow registrations.

For more information, you can contact the manufacturer directly: R-dental Dentalerzeugnisse GmbH is based at Winterhuder Weg 88, 22085, Hamburg, Germany.

You can phone R-dental internationally at +49-40-22757617 or send a fax to +49-40-22757618. You can contact the company via email at info@r-dental.com or visit R-dental online at www.r-dental.com.

(Sources: R-dental)
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A number of sessions have already sold out at the American Dental Hygienists’ Association Center for Lifelong Learning at the 89th Annual Session. But plenty of opportunities remain open as the June 13-19 meeting approaches.

The Phoenix Convention Center’s west building is expected to be filled with more than 2,000 dental professionals representing various dental-profession sectors and career stages. Certainly the focus is on dental hygienists, but the annual session includes educational and networking opportunities of benefit to all members of the dental-practice team.

Highlights include a two-day-long exhibition hall, two plenary sessions designed to get the days started on fun, inspirational notes and, of course, the three days featuring 28 unique C.E. sessions divided into six tracks: clinical practice, public health, education, research, professional development and new hygienist. There also is a separate student track. A total of 24 C.E. hours are available.

This year’s theme is “Navigating through a changing profession and seizing the opportunities of tomorrow.”


On Thursday, June 14, from 1 to 2:30 p.m. there is a selection of 15 different “Lunch & Learn” sessions, with box lunches for all participants. Each table topic is limited to nine registered participants per table. Quite a few of the choices already are filled up, but others still have slots open. Among the still-open sessions as of mid-May: “Calming Dental Anxiety,” “The Role of Inflammation in Periodontal Disease and Rheumatoid Arthritis,” “Minorities in Dental Hygiene,” “Forensic Dentistry: How to Get Involved,” “School-Based Sealant Programs” and “Integrating Preventive Oral Health Measures in Health Care Practice.”

An annual Community Service Day on Wednesday, June 13, provides 50 attendees the opportunity to go to a local senior center to provide oral health and oral cancer screenings, toothbrush prophylaxis, fluoride varnish and oral health education. Preregistration for this event was required and the registration deadline has passed. It’s sponsored by the ADHA, the ADHA Institute for Oral Health and DentalEZ Group.

On the “just-for-fun” side of things, a number of area tours are available through the meeting website, including a visit to the Grand Canyon and a tasting tour of area vineyards. There’s even a night-vision Hummer tour through the pitch-black Sonoran Desert. A barbecue dinner is included, complete with campfire, cowboy guitarist and a country western band. Many of these group tours sell out quickly so you’re encouraged to sign up soon.

Event registration and details are available via a link on the association’s website, www.adha.org. The association can be contacted at (312) 440-8900.

For information about Crest Oral-B products and resources, you can visit www.dentalcare.com.

‘Pros in the Profession’ winner named

Crest® Oral-B has selected Olga Torres, RDH, of Clewiston, Fla., as the fifth winner of the brands’ second annual Pros in the Profession® award program, which honors registered dental hygienists who go above and beyond the call of duty every day.

Torres has been practicing dental hygiene for five years, holding a dental hygiene degree from Palm Beach Community College. She also works as the sole dental hygienist at the Florida Community Health Center.

Torres frequently works with pedi-atric patients, sometimes seeing up to 15 children a day for dental cleanings. She has a passion for these patients and dedicates much of her free time to giving presentations to both kids and their parents to teach them about the importance of oral health. She also uses her bilingual skills to communicate with migrant patients facing language barriers in her community.

When Torres is not working or volunteering, she is in school part-time pursuing a bachelor’s degree or spending time with her 16-year-old daughter. She also guest-hosts a local radio show a few times a year, covering a variety of dental health and hygiene topics.

Torres relies on Crest and Oral-B products for maintaining her own oral hygiene, as well as that of her patients. Among her favorite products is the Crest and Oral-B Pro-Health For Me Collection for her pre-teen patients.

Throughout the year, a total of six deserving professionals will be named this year’s Crest Oral-B Pros in the Profession winners.

Winners receive a plaque, a $1,000 monetary award, recognition at an awards cocktail reception at RDH’s “Under One Roof 2012” annual meeting in Las Vegas; tribute in dental trade media news announcements and on thewww.dentalcare.com; and an exclusive trip to Proctor & Gamble Co. headquar ters in Cincinnati.

The Crest Oral-B Pros in the Profession program recognizes registered dental hygienists who go above and beyond the call of duty every day. Throughout the year, Crest Oral-B rewards a selection of deserving professionals, as nominated by their peers, who truly make an impact on patients and the oral health cause.

To learn more about the program, visit www.prosintheprofession.com.

For information about Crest Oral-B products and resources, you can visit www.dentalcare.com.
Hygienists help in forensics

RDHs critical in documenting patients’ unique, permanent oral characteristics

By Patricia Walsh, RDH, Hygiene Tribune Editor in Chief

The Rhode Island fire of 2003 was the fourth deadliest in U.S. nightclub history. Ninety-six people perished on the night of the fire, four more in the hospital later on. The staff of the local medical examiner’s office was completely overwhelmed. The services of many dentists were needed to help bring peace and closure for the families of the victims.

Without a standing local identification team, matching dental records was a call 24/7 and works closely with the medical examiner. Each year, as members of one of the teams (antemortem, postmortem, comparison), we continue our work in disaster preparedness.

The annual American Society of Forensic Odontology meeting is routinely held the week in February and attracts dental professionals from around the world. During a course entitled “Beyond ID’s and Bitemarks,” I had the privilege to be seated next to the only forensic odontologist from the nation of Senegal. This particular dentist, an army colonel, had made the trip for continuing education for the past five annual meetings. I noticed several of his uniform insignias were against a purple velvet background. They reminded me of the purple velvet ribbon that graced my nursing cap from the Fones School of Dental Hygiene. I suppose we all come from somewhere, universal. During lunch I found myself sitting between a doctor who works hand-in-hand with the Canadian Mounted Police and a woman dentist from Korea.

While my focus was on community preparedness, there were other areas covered at the meeting as well. These specialties included preparation for court testimony in civil litigation, child or spousal support, and a woman dentist from Korea.

Typically when dental remains are used in forensic identification via DNA, it is the molar that is used because of its bulk. A noncanor molar is preferred to minimize compromised DNA. In a cataclysmic event, the molar is most likely protected by thick cheek tissues, thus less likely to have been damaged by extremes in temperature. The molar is the tooth class richest in DNA and the root body is the anatomical region with the highest concentration of DNA.

Standardization of dental charting greatly increases the likelihood that remains can be identified. Hygienists play a critical role in the documentation of a patient’s unique permanent oral characteristics. Muticellular recording and up-to-date quality radiographs are essential to assist law enforcement or disaster response teams. Beyond the charting of missing and existing dentition, dental hygienists need to document what makes each and every patient truly “different.” Is it their cusp of carabelli, rotated bi-cuspid, peg lateral or large tori? Is there an eddion position impaction, macrodontia or microdontia? Hygienists can ease the burden of those working long hours, often in a difficult environment, by simply doing their day-to-day job well.

Mass casualty situations are emotionally tiring and difficult times. Response teams should not have to waste precious hours trying to understand chart notations or searching for good radiographs. A decrease in the use of amalgam only augments the need for detailed patient records. Hygienists are ideally suited for assisting authorities with antemortem (predeceased) information on dentures, ortho appliances, or dental photographs.

All persons possess an identity during their lifetime, and the dignity of confirming and maintaining this identity after death is a strong compelling societal need. Hygienists, as compassionate health care workers, are ideally suited to play an integral role in forensic organization and record keeping. We are already trained, well-educated observers of the human condition.

Hygienists wishing to learn more about forensics can go to the following sites:

• American Society of Forensic Odontology (www.asfo.org): Continuing education credits, membership open to all dental professionals.

• American Board of Forensic Odontology (www.abfo.org): Membership limited to dentists.

• Center for Education and Research in Forensics (www.arforensic.org): Weeklong training courses.

• Disaster Preparedness Response (www.oaks.org/2j50j.aspx)

• National Disaster Medical System (www.phc.gov/preparedness/responders/ndms/pages/default.aspx)

References


Left, a typical WinID examination chart used in medical examiner offices in the United States. Right, example of remains needing identification. Below, X-ray documenting unique dental characteristics.

Winnie Funari, a forensic dental hygienist from the Fones School of Dental Hygiene, University of Connecticut took note of this tragedy and encouraged by my boss, Dr. Tom Brady, to become a member of the American Society of Forensic Odontology. Dr. Brady had many years of service as a police constable to add to our response team knowledge base. Each year, as members of one of the teams (antemortem, postmortem, comparison), we continue our work in disaster preparedness.

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While my focus was on community preparedness, there were other areas covered at the meeting as well. These specialties included preparation for court testimony in civil litigation, child or spousal support, and a woman dentist from Korea.

Typically when dental remains are used in forensic identification via DNA, it is the molar that is used because of its bulk. A noncanor molar is preferred to minimize compromised DNA. In a cataclysmic event, the molar is most likely protected by thick cheek tissues, thus less likely to have been damaged by extremes in temperature. The molar is the tooth class richest in DNA and the root body is the anatomical region with the highest concentration of DNA.

Standardization of dental charting greatly increases the likelihood that remains can be identified. Hygienists play a critical role in the documentation of a patient’s unique permanent oral characteristics. Muticellular recording and up-to-date quality radiographs are essential to assist law enforcement or disaster response teams. Beyond the charting of missing and existing dentition, dental hygienists need to document what makes each and every patient truly “different.” Is it their cusp of carabelli, rotated bi-cuspid, peg lateral or large tori? Is there an eddion position impaction, macro
CONGRATULATIONS,
OLGA TORRES, RDH

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WINNER FOR YEAR TWO OF THE PROGRAM

Olga Torres, Registered Dental Hygienist, has been practicing dental hygiene for five years, holding a dental hygiene degree from Palm Beach Community College. Olga resides in Clewiston, FL, where she also works as the sole dental hygienist at the Florida Community Health Center.

Olga frequently works with pediatric patients, sometimes seeing up to 15 children a day for dental cleanings. She has a passion for these patients and dedicates much of her free time giving presentations to both kids and their parents to teach them about the importance of oral health. She also utilizes her bilingual skills to communicate with migrant patients facing language barriers in her community.

When Olga is not working or volunteering, she is in school part-time pursuing a bachelor’s degree or spending time with her 16-year-old daughter. She also guest-hosts a local radio show a few times a year, covering a variety of dental health and hygiene topics.

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Olga relies on Crest and Oral-B products for maintaining her own oral hygiene, as well as her patients'. Among her favorite products is the Crest and Oral-B Pro-Health For Me Collection for her pre-teen patients.

For more information about Olga and the program, log onto www.prosintheprofession.com or stop by the Crest Oral-B booth at upcoming dental conventions.

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