A hygienist goes to Hollywood

Call of Tinseltown presents perfect opportunity to pursue perfect teeth

By Patricia Walsh, RDH, Hygiene Tribune Editor in Chief

After 50 years of clinical practice and only a few journalism, I decided it was time to learn about digital filmmaking. I signed up for a week of intensive training at Universal Studios. After two months of diligent homework, the last minute, girly girl travel preparations began. Spray tan? Check. Shellac nails? Check. Teeth bleached? Check. Ear-to-ear veneers at the last minute? Hmm. Perhaps not. Not enough time and not enough cash.

Sure, I’ve dreamed about retiring from dentistry with perfect “Hollywood” teeth. In form and function, I’m in tip-top shape. But I am certainly not a magazine cover girl. Sometimes I wonder what my “smile line” will look like when I’m an old hag in spite of my night guard. I plead my vanity is genetic. My mother asked about braces to move one pesky bicuspid? Normally I would say, “Who cares!” But this is Tinseltown, where everyone is beautiful — even a dental professional needs a little visual motivation to get those permanent crowns done to mask the obvious. My reinvented self after film boot camp has given me a fresh perspective on business appearances and stereotypes. The growing pains of the film industry, while making the switch from celluloid to digital, reminded me of our changes in dentistry. Older filmmakers resist the transition for artistic reasons but admit there are great cost-reduction benefits. Others insist the technology of digital will mature and the craft will maintain its artistic depth. I listened tentatively as a cameraman spoke of the wrist pain he experiences using the smaller digital camera vs. the old shoulder-born style. I’ve never had to hold a camera for hours, but wrist pain, I can relate to that.

I’m ready for my close-up now Mr. Spielberg. Perhaps our collaborative blockbuster film could be titled “Close Encounters of the 32 Kind.”

Ear-to-ear veneers

Recently, while watching a favorite actress in a 1999 movie, I couldn’t help but fixate on her overly dark bicuspids. They weren’t there for her last major film, and yet, even 20 years ago, she was certainly a millionaire. Have Hollywood’s demands for perfection changed? Perhaps not. Not enough time and not enough cash.

I anticipated being in a New York Film Academy movie. What if that easy, broad smile of mine shows my amalgam-stained (and slightly lingually rotated) pesky bicuspid? Normally I would say, “Who cares!” But this is Tinseltown, where everyone is beautiful — even without airbrushing. Perhaps absolutely perfect ear-to-ear teeth would look too artificial. Would I loose my unique cultural characteristics? As the saying goes, I have the “map of Ireland on my face.” Leprechaun ears notwithstanding, I decided to try out a temporary dive into the realm of perfection. Dr. Paul Ayotte with Denmat, www.denmat.com/rentasmile for my big L.A. adventure. First an alginate impression was made as a study model to check my bite. Then a rubber-base-type material was used for a second impression, which was sent off via FedEx along with a shade and thickness choice.

Rent-a-smile

Two weeks later my maxillary “smile line” arrived. Not quite ready to invest in 10 veneers, I’m willing to “rent” them via a temporary fix. Coworkers muttered, “Why are you doing this?” I would kill for your teeth!” I could legitimately say that I was going to be in a student film in Hollywood, but really, I secretly wanted to know what my “smile line” would look like with ear-to-ear veneers. I discuss cosmetic dentistry with my patients on a weekly basis, so why couldn’t I practice what I preach?

I brightened up my mandibular arch with Henry Schein’s new Sheer White whitening films. Great adhesion ensured that even the cuspids were up to OM1 standards within two hours. I expected sensitivity or gingival blanching with 20 percent carbamide peroxide, but there was none.

I was instrumental in the creation of The Thailand Dental Project, a volunteer program focused on providing educational, preventive and restorative dental care to children in a tsunami affected region of Thailand. She may be contacted at pwalshrdh@uberhygienist.com.

www.denmat.com/wi
Hygienists group supports Dental Reform Act of 2012

American Dental Hygienists’ Association sees benefit of establishing new tiers of licensing to create force of midlevel dental providers

The American Dental Hygienists’ Association (ADHA) has issued a news release commending Sen. Bernard Sanders, chairman of the Senate Subcommittee on Primary Health and Aging, and Rep. Elijah Cummings, ranking member of the House Committee on Oversight and Government Reform, for their leadership on oral health issues. The two lawmakers introduced the Comprehensive Dental Reform Act of 2012, which seeks to overcome barriers that more than 140 million Americans face in accessing oral health care services — and ensure that the public has dental coverage and access to safe and high-quality oral health care.

The ADHA news release reported that the United States is in the midst of an oral health care crisis, with nearly 48 million people living in federally designated poverty that lack an adequate number of dentists to serve the population. Less than 20 percent of Medicare-eligible children received dental treatment services in 2010. In addition, nationwide, the number of dental-related visits to the ER jumped by 16 percent during a three-year period between 2005 and 2009 to more than 83,000 visits for preventable dental conditions.

With access to comprehensive dental coverage, the ADHA news release reported, vulnerable populations, such as the elderly, children in low-income families and members of racial and ethnic minority groups, are able to receive treatment for oral disease while it is still manageable. This diminishes the need for more costly restorative services and emergency care.

In addition to expanding dental coverage, the Comprehensive Dental Reform Act seeks to raise the public’s awareness of the importance of oral health and expand the dental workforce to accommodate the millions more Americans who may become eligible for dental coverage in 2014. More than 50 countries have used midlevel dental providers for decades to help deliver much-needed oral health care to patients.

Minnesota recognized the need for midlevel dental providers — and their ability to increase access to care — by passing legislation establishing two new members of the dental team: the dental therapist (DT) and the advanced dental therapist (ADT). The DT, like the physician’s assistant, requiring the onsite supervision of a dentist for most services provided. The ADT, how- ever, is modeled after the nurse practitioner, and collaborates with a dentist in the treatment of patients but does not require onsite supervision. This collaborative relationship allows the ADT to provide services in communities where no dentist is regularly available, creating a pipeline to care for those disenfran- chised from the current delivery system.

At a Feb. 29 hearing on access to dental care, Christy Fogarty, RDH, MSOHP, told members of the Senate Subcommittee on Primary Health and Aging about her experience practicing as a dental hygienist and ADT in the Minneapolis area, and the impact she has had on increasing access to care for vulnerable populations. Her patients include children (under the age of 21) and pregnant women who currently have limited or no access to oral health care.

“Christy’s testimony spoke to the advantage of [how] being educated first as a dental hygienist and then as an ADT allowed her to provide important preventative care combined with restorative services within the ADT scope of practice. This combination greatly benefits patients as they receive comprehensive care,” said ADHA President Pam Qui- vette, RDH, BS. “Our goal is to improve access to dental care throughout the country and to ensure that the public is receiving the best care possible.”

About the ADHA

ADHA is the largest national organization representing the professional interests of more than 150,000 dental hygienists across the country. Dental hygienists are preventive oral health professionals, licensed in dental hygiene, who provide educational, clinical and therapeutic services that support total health through the promotion of optimal oral health.

For more information about ADHA, dental hygiene or the link between oral health and general health, visit ADHA online at www.adha.org.

(Source: ADHA)
Advanced Laboratory Services, in collaboration with a research team at the University of Southern California, has developed a new test that can assist health care professionals in the early detection, diagnosis and treatment of oral cancers.

Advanced Laboratory’s saliva biomarker test measures three specific biomarkers that play a role in cancer development. As a monitoring tool, the test has the potential to be an essential part of every patient’s annual general-health or dental check-up.

With monitoring of biomarker levels determined by the saliva biomarker test, cancer development in patients can be detected far earlier than previously possible. On average, one person in the United States dies every hour from oral cancer, but it’s not because the cancer is difficult to discover or diagnose. It’s because the cancer is often detected late in its development.

One of the advantages of the saliva biomarker test is that it does not rely on localization of a lesion to detect cancer, and can thus detect oral cancers at treatable stages.

Health care professionals can utilize this test during multiple stages of diagnosis and treatment:

- **As a yearly screening tool**: The test can be used as an annual screening to assess cancer risk levels in patients 18 and older.
- **As a prognosis tool**: Patients already diagnosed with oral cancer with higher biomarker levels tend to have poorer outcomes, and may require more aggressive treatment.
- **As a post-treatment monitoring tool**: The test can be used to assess whether reoccurrence is likely before a new cancer lesion has developed.

Advanced Laboratory’s test is a simple, noninvasive saliva test that can detect biomarkers across a range of cancers in the oral cavity, including cancers of the tongue, floor of the mouth, cheek lining, gums, palate, salivary glands and tissues that line the mouth and lips.

Health care professionals interested in the effort to find and fight oral cancer can consider use of the test for patients with risk factors for oral cancer — including tobacco and alcohol users and those with persistent viral infections such as the human papilloma virus, or HPV. Patients who have been diagnosed but not yet treated for oral cancer, or who have undergone treatment for oral cancer can also take the test to help with prognosis or detect reoccurrence.

Collection kits consist of a saliva collection tube, instructions, refrigerator pack, requisition form and FedEx mailer. Collection kits are provided to health care professionals free of charge, with no upfront fees or set-up costs. The cost of the test, billed when the sample is received, is $179.99 for all three biomarker levels.

Kits are shipped to Advanced Laboratory Services’ lab in Pennsylvania. The lab is certified by the Clinical Laboratory Improvement Amendments (CLIA) and COLA (formerly Commission on Laboratory Accreditation), and it is HIPAA compliant.

To order collection kits or for additional information, you can send an e-mail to questions@advanced-lab.com.

**About Advanced Laboratory Services**

Advanced Laboratory Services Inc. is a state-of-the-art laboratory located just outside of Philadelphia, Pa. With both clinical and research divisions, the company is committed to developing and releasing new, cutting-edge laboratory tests to aid clinical diagnosis and treatment, including its recently launched, exclusive Oral Cancer Saliva Screening test.

(Source: Advanced Laboratory Services)