Dental groups respond to PBS documentary

Program furthers discussion on access-to-care

By Fred Michmershuizen, Dental Tribune America

PBS recently aired “Dollars and Dentists,” a documentary produced by Frontline and the Center for Public Integrity and billed as an investigation into America’s dental care crisis. The program exposed gaps in access to care and underscored the plight of those who cannot afford treatment. After the broadcast, several dental organizations issued responses.

According to the program, finding a dentist can seem next to impossible for about a third of the U.S. population, especially those in rural areas and whose income put them at or below the poverty line. More than 49 million people face difficulty finding care, according to the Department of Health and Human Services. A separate analysis by the Pew Center for the States found that more than 17 million low-income children go each year without receiving any dental care.

“The dental system that we have works pretty well for most people, particularly those who have money and transportation and don’t need very much,” Shelly Gehshan, director of the Pew Children’s Dental Campaign, said. “But if you are anyone else — if you are in an institution, a nursing home, a prison, if you have special needs of any sort, if you are a young child, if you’re a low-income person, rural, if you’re in that one-third of the population, it’s not so much that the system is broken, I would say there isn’t one for them.”

In a written statement issued after the program aired, the American Dental Association (ADA) responded: “The needless suffering caused by untreated dental disease that could have been prevented or easily treated in its early stages is unacceptable. Coverage by PBS’s ‘Frontline’ and other media can increase awareness of this ongoing tragedy and, we hope, the needs of those who are in need of dental care.”

• See RESPOND page A2
Crayfish found to have substance on teeth similar to human enamel

A team of Israeli and German scientists from Ben-Gurion University of the Negev (BGU) and the Max Planck Institute of Colloids and Interfaces have discovered that crayfish have found an enamel-like layer in the mandibles of freshwater crayfish, according to an article in Nature Communications. “Enamel-like Apatite Covering Amorphous Mineral in a Crayfish Mandible.”

Dr. Shmuel Bentov from BGU’s Avram and Stella Goldberg-Goren department of biotechnology engineering discovered that this species of crayfish protect their teeth against wear in a very specific and surprising manner: They produce a highly mineralized protective coating based on calcium phosphate, which is strikingly similar to the enamel of vertebrates. “Enamel is the best solution for coating molars and incisors for a long time,” Bentov explains. “We assume that in the course of evolution, both vertebrates and this crayfish independently developed enamel-like tissues to address similar needs. Crustaceans discard their old teeth during the molting events several times throughout their life, and grow new exoskeletons and teeth regularly and rapidly.”

Dr. Amir Sagi, from BGU’s department of Biotechnology in the Negev, investigated the formation process of this material and its ramifications. “There are right ways and wrong ways to access-to-affordable-care issues among patients and providers. Photo/PBS.org

A June 26 PBS Frontline documentary on dental care continues to generate discussion on access-to-affordable-care issues among patients and providers. “The focus becomes the oral health care that is lacking today,” the ADA said in a written statement. “ADA believes that part of the solution to this multifaceted access problem, which addresses both cost and access to care, is the utilization of mid-level dental providers. Both the ADA and AGD have consistently opposed licensing of dental hygienists as mid-level dental providers and dental therapists.”

A2 Dental Tribune U.S. Edition | July 2012

DENTAL TRIBUNE
The Dental Newspaper of the World

A2 Dental Tribune U.S. Edition | July 2012

DENTAL TRIBUNE
The Dental Newspaper of the World

(Sources: PBS.org, ADA, AGD, ADHA)

Do you have general comments or criticisms about this article that you would like to see published? Are there particular topics you would like to see articles about in Dental Tribune? Let us know by e-mailing feedback@dental-tribune.com. We look forward to hearing from you! If you would like to make any changes to your user profile (name, address or in opt out) please send us an e-mail at databases@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that all subscription changes can take up to six weeks to process.
Dental office emergency drugs, Part 1

Understand critical office resuscitative emergency (CORE) drugs before you need them

By John Roberson, DMD

Key points on emergency drug kits

1) An emergency drug kit is critical in the dental setting. The ADA states that all dentists should have an emergency drug kit, equipment and knowledge to use all items.
2) Emergency drugs along with their actions and dosages should be known by the dentist and his or her team.
3) Know how to use your emergency drug kit before the emergency in your office.
4) Know the location of your emergency drug kit.
5) Develop an emergency drug logbook and review your drugs each month.
6) Never administer an expired drug.
7) Know how to administer each emergency drug in your kit.

Every dentist should realize that medical emergencies can, do and will happen during the course of practice. These emergencies could be related to dental treatment, patient risk factors, or they could occur unexpectedly in the dental environment. A medical emergency could evolve into a life-threatening emergency without proper treatment. It is for these reasons emergency medications should be present in dental offices.

The majority of states require certain emergency medications if the dentist is performing any type of advanced anesthesia such as minimal and moderate sedation (either PO or IV) as well as deep sedation/general anesthesia.

Emergency drug kit development

Dentists can develop their own emergency drug kit:

1) Know which drugs you will need in your office.
   • Do you need just the “Core-8” drugs?
   • Do you need more advanced medications such as used in ACLS or PALS protocols?
   • Dentists should be thoroughly knowledgeable about the emergency drugs they have in their office.
2) Purchase those drugs and then maintain them in some type of container, whether it is a plastic container/box or a metal crash cart.
3) Place these emergency drugs in zip top bags or smaller plastic containers with color coded labels for easy identification.
4) Know the medical emergencies for which these emergency drugs are used.
5) Develop an emergency drug logbook and keep up with your drugs and their expiration dates.
6) Assign a staff member to serve as the “Emergency Drug Safety Officer,” charged with the responsibility of ordering and maintaining the emergency drug kit.
7) Do you need emergency drugs for pediatric patients?

Note: Many dental software programs may already have a “task manager” or you may have Microsoft Outlook on your computer. You can enter each of your emergency drugs along with their dosages, expiration dates and other important information in the task manager. Of course, you can also enter the same information into your computer database.

*See EMERGENCY page A4
expiration dates so a reminder is sent to you before the actual expired date. Also, at monthly staff meetings, encourage emergency medications as a regular topic so that area is covered each month and you can prevent your drugs from being expired.


“In designing an emergency drug kit, the Council suggests that the following drugs be included as a minimum: epinephrine 1:1,000 (injectable), histamine-blocker (injectable), oxygen with positive-pressure administration capability, nitroglycerin (sublingual tablet or aerosol spray), bronchodilator (asthma inhaler), sugar and aspirin. Other drugs may be included as the dentist’s training and needs mandate.

“It is particularly important that the dentist be knowledgeable about the indications, contraindications, dosages and methods of delivery for all items included in the emergency kit. Dentists are also urged to perform continual emergency kit maintenance by replacing soon-to-be-outdated drugs before their expiration.

“Local anesthesia is the backbone of pain control in dentistry. Dentists realize and know that adverse events can occur before, during or after administration of local anesthesia. Package Insert (PI) of all local anesthetics clearly illustrates the importance of the dental practitioner having the proper equipment and resuscitative drugs prior to administering any local anesthetic.” Here is what the “warnings” section states:

“Dental practitioners who employ local anesthetic agents should be well versed in diagnosis and management of emergencies which may arise from their use. Resuscitative equipment, oxygen and other resuscitative drugs should be available for immediate use.”

CANAL acronym
Medical emergencies happen in dental offices, and we must be ready to respond. Here is an acronym that could assist you in trying to remember the many emergencies, along with the emergency drugs that could potentially be used to treat those emergencies.

C = Cardiac
• Chest pain: oxygen, nitroglycerin
• Myocardial infarction: oxygen, aspirin
• Dysrhythmias: ACLS drugs
• Sudden cardiac arrest: AED
• Ventricular Fibrillation: ACLS drugs

A = Airway
• Foreign body obstruction: airway techniques
• Bronchospasm: albuterol, oxygen, epinephrine
• Laryngospasm: oxygen, succinylcholine
• Hyperventilation
• Aspiration/Emsis: airway techniques

N = Neurological
• Seizures: anti-convulsant
• Transient ischemic attack
• Stroke
• Panic attack: anti-anxiety agent
• Anxiety: anti-anxiety agent

A = Allergic and drug reaction
• Latex allergy: diphenhydramine
• Anaphylaxis: epinephrine, diphenhydramine, albuterol, dexamethasone
• Allergic reaction: diphenhydramine
• Epinephrine overdose: oxygen, nitroglycerin
• Local anesthetic overdose: oxygen
• Narcotic overdose: narcan

L = Loss of consciousness
• Syncope: ammonia
• Sudden cardiac arrest: AED
• Hypoglycemia: glucose
• Stroke

Eight CORE drugs
Here is a suggested list of the CORE (Critical Office Resuscitative Emergency) eight emergency drugs needed for each dental office, with suggested other emergency medications for those doing advanced anesthesia. Confirm with your state dental board the mandatory emergency medications you must have in your office. Emergency drugs should be available in all dental offices that are ready to address the medical emergencies for which such drugs would be used. These eight emergency drugs should be the minimum in dental offices. They are:

- Epinephrine: for anaphylaxis, bronchospasm
- Benadryl: for allergic reactions, anaphylaxis
- Albuterol: for asthmatic attack, bronchospasm
- Nitroglycerin: for angina
- Aspirin: for suspected myocardial infarction
- Glucose: source for diabetic emergency (hypoglycemia)
- Ammonia: inhalants for syncope
- Oxygen: as supplemental adjunct.

Note: Part 2 in this two-part series will cover the eight CORE drugs in more detail.

Disclaimer
The publisher and author are not responsible (as a matter of product liability, negligence or otherwise) for any injury resulting from any material herein.

This publication contains information relating to general principles of medical care that should not be construed as specific instructions for individual patients. Manufacturers’ product information and package inserts should be reviewed for current information, including contraindications, dosages, and precautions.

The purpose of this article is to provide information only, rather than advice or
The International Association of Comprehensive Aesthetics describes itself as being a progressive, apolitical, dynamic, scientific association that is receptive to all philosophies and ideas.

That all-inclusive philosophy also guides the tone of its annual scientific conference, held this year in Hollywood, Fla.

The annual IACA conferences present a variety of lectures and hands-on workshops by world-renowned professionals in their respective fields. Conference attendees develop comprehensive esthetic treatment skills, network with a wide variety of healthcare professionals and are introduced to proven practice-management techniques, all of which lead to the common goal of building a successful comprehensive esthetic practice.

Among the more than 30 educational sessions and 21 hours of C.E. courses this year: Total Body Health, Sleep Apnea, Pediatric Orthodontics, Relating TMD to Ortho and Sleep Apnea, Science of Teeth Whitening, Expanding the Boundaries of Neuromuscular Dentistry, and Surgical/Restorative Complications in Oral Implantology.

The next annual conference after the July 26-28 event in Florida is Aug. 1–3, 2013, in Calgary, Alberta, at the Telus Convention Centre.

The association defines its mission as follows: “To elevate aesthetic dentistry around the world through an exchange of doctors’ experiences and knowledge for the betterment of humanity. To remain a dynamic dental organization that serves as a catalyst for the fusion of contributions from all disciplines that serve mankind in attaining health and beauty.”

But, as the association’s annual conference confirms, there’s also a strong focus on helping dental professionals keep their profession as enjoyable as possible. The IACA was established not only to provide a vehicle for healthcare professionals to learn and experience advanced oral health and practice management education. But also, to create an enjoyable environment in which dentists and their team members can interact.

The IACA is headquartered in Las Vegas. You can contact the association by phone at (866) NOW-IACA or via email at info@theIACA.com. Visit its website at www.theIACA.com.

(Source: International Association of Comprehensive Aesthetics)
Hong Kong is site of FDI Annual World Dental Congress

The FDI Annual World Dental Congress brings together 10,000 professionals from all fields of dentistry and features a diverse program to address the wide-ranging needs of dental professionals. The Aug. 29–Sept. 1 event venue is the Hong Kong Convention and Exhibition Center, in the heart of the city in the modern and dynamic Wan Chai District, overlooking the Hong Kong harbor.

FDI World Dental Federation is an ADA CERP recognised provider: Delegates who have registered for the congress are eligible to receive continuing education points by attending scientific sessions throughout the meeting. The number of C.E. points available is as follows: Main scientific program, five points per day, with a maximum of 20 over the whole event; early morning seminars (user pay, one point per day, maximum of four over the whole event; meet the experts (user pay), one point per day, maximum of four over the whole event.

discover the very latest cutting-edge developments in dental technology and oral care from Chinese and international companies at the exhibition. Special features include the Dental Tribune International Study Club, an exhibit of FDI’s history through its 99 previous congresses, a historical collection of dental stamps and many more attractions.

The exhibition operates all four days at the at the Hong Kong Conference and Exhibition Center, opening at 10 every morning and closing at 6 p.m. Wednesday through Friday and 4 p.m Saturday.

(Source: FDI)

Greater New York Dental Meeting registration opens

Registration is open for the 2012 Greater New York Dental Meeting (GNYDM), the largest dental congress and health care meeting in the U.S., with 53,789 attendees from all 50 states and 127 countries in 2011. A significantly expanded international program accommodated 6,656 international visitors in 2011, with sessions in French, Spanish, Portuguese, Italian and Russian. The 2012 meeting runs Friday through Wednesday, Nov. 23–28.

The high-energy event, which never has a pre-registration fee, draws top dental professionals with an expansive exhibit hall and 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.

New York City is full of cultural enclaves that give attendees the opportunity to experience foods, festivals, arts and more from all over the globe. Few cities offer a wider variety of iconic attractions, historic buildings and cultural sites. Three major international airports, Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA) and discounted hotel rates for registrants, make it easy for any dental professional to visit New York City and attend the meeting.

The GNYDM staff encourages you to see all New York City has to offer during one of its most beautiful times of year.

(Source: Greater New York Dental Meeting)
The C.E. program “The Comprehensive Cone Beam Program” will be held in Phoenix, Oct. 4-6, at the Ritz-Carlton Hotel and Conference Center. The three-day, comprehensive C.E. program, taught by Dale Miles, DDS, MS, FRCD(C), is for potential cone beam computed tomography buyers and existing owners of cone beam machines who want additional training with the technology.

The program will enable the dentist to:
• Understand the principles of CBCT.
• View and understand the wide variety of applications for this modality.
• Visualize more precisely common and rare x-ray lesions.

Eighteen hours of C.E. credit are offered for the complete program. Cost is $1,995, which includes the just-published, second edition of the “Cone Beam CT Atlas” by Miles.

More details and online registration are available at www.learndigital.net (Hotel detail: www.ritzcarlton.com/Phoenix).

You can contact Digital Radiographic Solutions at (623) 208-3412 or via email at damilesrad@cox.net.

Registration forms must be received before Aug. 15.

(Source: Digital Radiographic Solutions)
CURRICULUM

Session I - 4 Days
Optimal Implant Placement, Bone Regeneration & Implant Prosthodontics
January 16 - 19, 2013 in Los Angeles
with Dr. Jovanovic and Dr. Perri

Session II - 4 Days
Soft Tissue Management/Esthetics Around Implants & Advanced Implant Prosthodontics
April 10 - 13, 2013 in Los Angeles
with Dr. Jovanovic and Dr. Simon

Session III - 4 Days
Advanced Implant Surgery & Esthetic Implant Prosthodontics
June 26 - 29, 2013 in Los Angeles
with Dr. Jovanovic and Dr. Kan

Session IV - 5 Days
Live Surgery Patient Demonstrations & Implant Research Update
August 26 - 30, 2013 in Los Angeles
with Dr. Jovanovic, Dr. McLaren & UCLA Faculty

Program Fee: 15,900 USD

EXPERT FACULTY
Dr. Sascha A. Jovanovic, Periodontist, Program Chair
Dr. Joseph Kan, Prosthodontist
Dr. Ed McLaren, Prosthodontist
Dr. George Perri, General Dentist
Dr. Harel Simon, Prosthodontist
Dr. Henry Takei, Periodontist

PROGRAM FEATURES
- Complete Implant Curriculum
- Live Surgery Demonstrations
- Hands-On Workshops
- Case Reviews & Exams
- iPad Self-Study Lectures & Videos
- Online Forum
- Literature Review
- 260 Implant CE Hours
- Certifications from gIDE & UCLA

“The Master Clinician Program is everything I expected. It has allowed me to implement many implant procedures, both basic and advanced, immediately into my practice.”
- Dr. David Azar, New York, New York - North America Master Clinician Program 2009-2010

“The Master Clinician Program is an excellent training course to gain confidence in approaching advanced and complex implant patients. It helped me to achieve a scientific and evidence-based approach to my patient concerns. I would highly recommend this course to anyone interested in providing the best and informed treatment for their patients.”
- Dr. Gordon Wong, Toronto, Canada - North America Master Clinician Program 2011

CONTACT
Nena Puga de Mena, Education Coordinator
nena@gidedental.com
+1 310.696.9025, ext.10

More Information and Online Registration at gIDEdental.com or call +1 310 696 9025