Acupuncture can help dental phobes

People suffering from phobia could be helped by acupuncture, according to new research.

The study found that five minutes of acupuncture treatment in the top of the head cut anxiety levels by more than half.

Twenty people with an average age of 40 took part in the research, published in the journal *Acupuncture in Medicine*.

All had suffered from fear of the dentist for between two and 50 years.

On previous visits to the dentist, three patients had had to have general anaesthetic, while six others had needed sedatives. In 14 cases, the treatment had to be cancelled because the patient could not go through with it.

The patients received the acupuncture from their own dentists, who are all members of the British Dental Acupuncture Society. They had acupuncture needles inserted into their heads at acupuncture points EX20 and EX6, which have been reported to aid relaxation.

Using a well-known anxiety reporting scheme, the Beck Anxiety Inventory (BAI), the patients’ levels of distress were measured. Scores fell from 20.5 to 11.5 after acupuncture and all 20 patients were able to undergo treatment.

Statistics suggest that, in western countries, phobias afflict seven to 15 per cent of the population and that women are twice as likely to suffer from a phobia as men. However, as many people do not feel comfortable talking about their phobias, it is thought that this figure could be a lot higher.

Dr Palle Bosted and colleagues of the UCL Eastman Dental Institute in Sheffield and other centres in the UK and Denmark carried out the research. They said more studies are needed but concluded ‘acupuncture prior to dental treatment has a beneficial effect on the level of anxiety in patients with dental anxiety and may offer a simple and inexpensive method of treatment’.

Changes for dental therapists and hygienists

Dental therapist and hygienists are to be allowed to administer local anaesthetics and supply fluoride supplements, under new changes.

The Medicines and Healthcare products Regulatory Agency (MHRA) is to allow dental therapists and dental hygienists to perform new functions under a Patient Group Direction.

These are the administration of local anaesthetics plus the sale, supply or oral administration of fluoride supplements and mouthwashes with high fluoride content.

The Department of Health hopes to make the necessary amendments to the Medicines Act 1968 within the next three months.

Kevin Lewis, dental director for the indemnity and risk management advisers Dental Protection, welcomed the change and said: “As an organisation, that is very much at the heart of the profession, Dental Protection has long been aware of the frustration and dento-legal danger created for dental hygienists and dental therapists created by existing legislation. I am delighted to hear from the chief dental officer that this unintended consequence will soon be removed.”

Clinical Innovations Conference

Education and training provider, Smile-on, is hosting this year’s Clinical Innovations Conference, along with the AOG and the Dental Directory.

Now in its seventh year, the Clinical Innovations Conference (CIC) will be held on the 7-8 May at the Royal College of Physicians in Regent’s Park, London.

Promising to be the biggest conference yet, the CIC programme has been put together in consultation with a panel of international experts with the aim being to update participants on new technologies, materials and techniques in dentistry.

The 2010 conference will host a line-up of highly prestigious international speakers alongside exhibitors offering the latest dental technologies from around the world.

A spokeswoman for Smile-on said: “Together with the AOG we have brought together an impressive programme that will be both inspirational and motivating, preparing your practice for the future and ensuring that you too are at the leading edge of dentistry”.

After the success of last year’s CIC, the Clinical Innovations Conference is growing and the 2010 conference is expecting delegate numbers in excess of 500 highly motivated dentists who are passionate about learning.

For more information call 020 7400 8889 or email info@smile-on.com.

Course in sports dentistry

The UCL Eastman has joined forces with the London Sports Institute of Middlesex University and is offering a course for dentists wishing to treat athletes.

The course will made up of lectures, seminars and clinical sessions along with practical and laboratory skills.

It will explore:
- the recognition of neurological injury
- Healing of hard and soft tissues to include suturing
- Stress and TMJ dysfunction
- Tooth surface loss and the relationship with sporting activity
- The aetiology, prognosis and treatment of dental and maxillo-facial trauma
- maxillo-facial subjects, there will be lectures and demonstrations on sports psychology, sports injuries, diet and nutrition, therapeutics and drugs in sport plus medicolegal aspects of dental injuries.

In addition to the dental and maxillo-facial subjects, there will be lectures and demonstrations on sports psychology, sports injuries, diet and nutrition, therapeutics and drugs in sport plus medicolegal aspects of dental injuries.

The course may be taken as either an optional module of the Restorative Dental Practice programme, or as a standalone course.

For further information or to register for September 2010, please contact the programme administrator on 020 7905 1281 or visit www.eastman.ucl.ac.uk/cpd.

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Editorial comment

Going up in smoke

So the General Dental Council is dipping into its reserves to the tune of £5m to get through the backlog of Fitness to Practise cases sitting in its case files. This is not the only reason for the funding: Revalidation, Overseas Registration Exam regulation, Customer Advice and Information Team capacity... many of the facets of the GDC’s regulatory role need additional funding to cope with the rise in demand of the GDC’s services.

It is good also that the GDC has decided to share this fairly critical set of documents with the public and practitioners – it gives an air of transparency to an area of the Council’s operations that can be given to rumour and conjecture.

Of course the document does not give happy reading that one of the ways in which the GDC will have to fund in the future is to raise the Annual Retention Fee (ARF) by up to £100 for dentists (DCPs are not specified in the document). In these cash-squeezed times, anything extra that has to be paid out will be unpopular; the flip side is of course that dentists have had the ARF frozen for the last couple of years.

Interesting times indeed for 57 Wimpole St.

As you read this I will be weather and beginning my trip to the village of Bukumbi to renovate a community centre and provide support for the charity Bridge2Aid with colleagues from Schulte UK and Henry Schein Minerva. It is a strange feeling having to mentally (and packing-ly) prepare for a trip that would be the experience of a lifetime, whilst having to hear about the doom and gloom of yet more delays in the reopening of the airspace. I have friends ‘stack’ (being trapped in New York doesn’t sound much like stuck to me!) all over the world and I have been bearing stories of dental practitioners forced into expensive trips via hired cars and Eurostar (and don’t forget the poor unfortunate who are stranded in Singapore after IDEM last week!). In fact the only winners seem to be the temp agencies that are doing a roaring trade in providing cover!

Anyway, back to Bukumbi. There is still time to support me and the team - go to www.justgiving.com/bukumbi-bound. And keep a look out for my reports from Tanzania after I get back! See, ever the optimist...

Erratum

Dental Tribune has received comment from Ingenious Media regarding the recently published column “A sensible alternative”, by Michael Lansdell (DT; Volume 4, Issue 6 pp 24-25).

Ingentia was the company featured in the Mail on Sunday article of 14 February to which Mr Lansdell refers. There are two major errors in his piece to which they object:

1. Mr Lansdell refers to “the Inland Revenue’s position...” (that the arrangement was primarily aimed at tax avoidance). This is untrue. It is the job of the HMRC to distinguish between bona fide trading businesses and schemes aimed at simply exploiting tax benefits. As a matter of routine, all of our businesses are subject to rigorous scrutiny and have been found to have been operated in the proper manner.

2. Mr Lansdell goes on to state that “the firm that developed the scheme...” Again, Mr Lansdell has got this wrong, confusing Ingenious with another company mentioned in the piece (Vantis). Apologies for any confusion caused.

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don’t hesitate to write to:

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19-21 Hatton Garden,
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Go to www.clinicalinnovations.co.uk or call 020 7400 8967
A dentist who refused to give a woman gas during surgery still represents a risk to patients, according to the General Dental Council.

David Henthorn told the woman she needed to have her teeth pulled out, but refused to give her gas during the procedure, despite her asking for it.

Henthorn failed to notice the patient’s ‘severe’ loss of tissue and gum disease, despite her making frequent visits to his practice in Slack’s Lane Heath, Charnock, Lancashire.

The patient told the General Dental Council (GDC), that her gums became ‘baggy’ in 2001 and abscesses appeared in June 2002.

In May 2007, the woman changed practices after Henthorn refused her requests for sedation. She then had to have nine teeth removed, the GDC heard.

In July 2008, Henthorn was only allowed to work subject to conditions, after being criticised for ‘gross negligence’.

However at a new hearing Jason Leitch, chairman of the GDC tribunal, said the dentist still represented a risk to patients. He said: “The committee has determined that it is necessary for the protection of the public and in your own interests that your conditional registration should continue.”

He then re-imposed 10 conditions on his practice for a further year.

These include informing the GDC of any professional appointment, allowing it to exchange contact details of any colleague prepared to take on his practice and notifying the GDC of any formal disciplinary proceedings taken against him.

Multi-media dentist guide

People in Scotland looking for information on NHS dentists can now go to a website or watch a DVD available in 17 different languages.

The new multi-media NHS services guide has been launched to raise the profile of all the major services offered by NHS Scotland.

The ‘How to use the health service in Scotland’ initiative comprises of a website, online videos and resources and a DVD, available in 17 different languages including British Sign Language, giving information about dentists, family doctors, opticians, pharmacists, and out of hours services.

There is an introduction which contains some important general information, and a short section on how to give comments, whether good or bad, about services.

Nicola Sturgeon, the Cabinet Secretary for Health & Wellbeing said: “Our aim is to put our patients at the heart of the NHS and make them partners in their own care. Initiatives like this will help us achieve this. Good patient care depends on understanding patients’ needs and effective communication is key to this.”

Memory decline research

Breakthrough scientific research has suggested there could be a link between having a low number of teeth and poor memory.

The study, specifically related to memory decline, examined the participant’s from a series of cognitive assessments and their ability to recall words.

The results showed that people with fewer teeth scored lower than those with more teeth in the first examination and declined far quicker after further testing in later years.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, says this study adds to a growing list of evidence of the wide ranging systemic links relating to poor oral health.

Dr Carter said: “Heart disease, strokes, diabetes, lung disease and pre and low weight babies have all been found to be linked with poor dental health. This latest research could highlight yet another worrying risk factor of having poor oral health.”

Participants were aged between 75 and 98 years old and were mostly of a high educational background – 85 per cent had a bachelor’s degree or greater while 88 per cent were teachers by profession.

They were assessed by the Delayed Word Recall test, which involved the subjects being presented with ten words, waiting five minutes and then testing them for how many they could remember.

Each participant had their score recorded in three consecutive years.

Results showed that participants with more than ten teeth achieved an average recall of 5.5 words at age 75, while those who had less than nine teeth only averaged three. By the age of 90 those who had more than ten teeth still averaged 5.5 words, however, those who had between zero and nine teeth fell dramatically and could only average a recall of less than two words.

Low levels of education were also associated with missing teeth. While only 14 of the 144 participants were of a lower education, 86 per cent of these individuals had less than nine teeth, compared the 50 per cent of those with a better education.

The study was conducted at the University of Kentucky in America with lead author Pam Stein and published in the Journal of Dental Research.

They also managed to establish a link between a low number of teeth and a person’s genes.

It has previously been proven that gum disease is the major cause of tooth loss in adults.
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GDPUK launches dental exhibition website

A new diagnostic tool to help detect oral cancer in its early stages has successfully been developed by researchers.

The highly-receptive instrument, which looks similar to a toothbrush, is able to achieve extremely accurate results by lightly touching a lesion on the tongue or cheek.

Trials carried out on the nano-bio-chip sensor showed it was 97 per cent ‘sensitive’ and 93 per cent specific in detecting which patients had malignant or premalignant lesions – results that compared well with traditional tests.

Chief executive of the British Dental Health Foundation, Dr Nigel Carter, has welcomed the new technology into the dental practice.

Dr Carter said: “Mouth cancer is a deadly and debilitating disease that would greatly benefit from such early diagnostic technology as the nano-bio-chip.

“Currently the best chance of beating the cancer comes from early detection, which improves survival rates to 90 per cent.

“Mouth cancer is a potentially fatal condition that is taking more lives each year. Without early diagnosis, chances of survival plummet to 50 per cent.”

If introduced, the brush could be used by dentists while treating patients in the dental chair during a regular appointment.

The minimally invasive technique would deliver results in 15 minutes instead of several days, as lab-based diagnostics do now, and offer an alternative to often invasive, painful biopsies.

A larger trial involving 500 patients has been planned, while researchers hope the eventual deployment of nano-bio-chips will dramatically cut the cost of medical diagnostics and contribute significantly to the task of bringing quality health care to the world.

In the United Kingdom, approximately 5,000 people are diagnosed with mouth cancer each year, claiming the lives of almost 2,000, making it the UK’s fastest growing cancer.

Mouth cancer has previously been found to be more common in men than women and people over the age of 40, though an increasing number of women and young people are developing the condition.

The new nano-bio-chip was developed by Prof John McDevitt and his team at Rice University in Houston, Texas.

The study appeared online in the journal Cancer Prevention Research.
Pensioner banned from dental surgery for life

A pensioner has been banned from a dental surgery for life, after he left a hoax bomb outside the surgery.

Peter McShane, aged 84, put a ticking clock inside a box with wires showing and left it outside Bush Street dental surgery in Pembrokeshire. Police closed off the area and evacuated nearby residents from their homes. The box was destroyed in a controlled explosion.

McShane, who lives very close to the surgery, was among those who were asked to leave their homes, yet he still did not tell the police that the bomb was in fact a hoax.

He was caught on CCTV camera and he admitted to leaving the hoax bomb and vandalism when he was arrested.

Swansea Crown Court heard that the hoax bomb was the latest in a string of attacks on the surgery, after being charged £187 for dental work in 2002. The money was later refunded to him by the surgery, but he still carried out the revenge attack.

His barrister, Georgina Buckley, said he was 'extremely remorseful' and added that he had not fully appreciated what he was doing and was shocked by his behaviour.

McShane received a 34-week suspended jail sentence and a curfew order.

Judge Keith Thomas called him a vindictive man 'determined to get his own back on people who had upset him'.

The judge said the offences would normally attract a prison sentence, and it was only because of McShane’s age that he was agreeing to suspend the jail term.

McShane was also placed under a 12-month supervision order, banned indefinitely from visiting the dental surgery, and also placed under a curfew between 8pm and 8am for the next three months.

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* Data based on 3M ESPE Internal trials.

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