The future’s bright... the future’s dental

Key figures look to the future as issues surrounding piloting and patient care are discussed by the profession and politicians

The future of dentistry took centre stage at an event in London where the necessity of piloting and the burden of bureaucracy was discussed.

Key figures from the dental profession and the Department of Health, such as Prof Jimmy Steele, Dr Sue Gregory, Dr Nigel Carter, Dr Susie Sanderson and Dr Mike Warburton, debated the issues of piloting, reforming the dental contract, overburdening of the profession with red tape and legislation and the implementation of successful practices within a pilot framework.

The main message was one of positivity, with many of the speakers looking to a bright future for NHS dentistry. In particular, much was made of the potential benefits of the National Commissioning Board, due to take over the reins from PCTs in the next few years.

Another issue discussed was the piloting schedule and the commitment made by the Coalition government to piloting prior to any reform of the current NHS dental contract.

Dr John Milne, chair of the BDA’s General Dental Practice Committee, looked at the current situation with pilots and said: “I fully support an honest attempt to create meaningful pilots. Dentists are looking to be recognised as responsible clinicians, with the opportunity to run successful businesses.”

“Dental professionals need the chance to do what they are trained to do, and be engaged with, not dictated to, with imposed contracts and red tape. We are all working for the same thing; to make things better, not worse.”

Justin Ash, Chief Executive of Oasis Healthcare, discussed the pilots being run at five of the company’s practices in Cumbria.

He said: "There are many positive elements being found in the pilots, but they will only make a positive future if we turn them into real action."

“In the pilots we have been running in Cumbria, we have highlighted a fundamental need to use the wider skills mix of the whole dental team to provide the health check-type approach which can deliver patient-focused care.”

Dr Sue Gregory, Deputy CDO for England, reiterated the Government’s publicised stance on dentistry that it is not an add-on to the more frontline health care services and brought the top-down view of the current situation to the fore. She said: “The Government have four key priorities for dental services: Improvement of access, prevention, oral health of children and reform of the dental contract.”

“Within the framework of the pilots, capitation variables and the use of oral health pathways need to be tested. We must assure quality, underpinning practice with guidelines and support. We have to change the culture within dentistry so we will need to do a lot of work.”

Radioactive dentists Guidance on radiation is introduced in the practice page 4

Festive fun Dental Tribune joins forces with the BDA in our Competition page 6

Fantastic Plastic? Richard Lishman provides options to manage your money page 9

Application of PAD Livio Steier takes a closer look at photo-activated disinfection pages 15-18

News in Brief

Fewer smokers quit since recession

The number of people giving up smoking has dropped since the start of the recessions, new figures show. According to a study by Professor Robert West, director of tobacco studies at the Cancer Research UK Health Behaviour in School Children, the proportion of smokers trying to quit has fallen from 52 per cent in 2007 to just 17 per cent in 2010. Fewer than five per cent use the NHS quit smoking services, despite research showing that they are four times more effective than other methods.

Invasive dentistry

Recent research undertaken by researchers from the UCL Eastman Dental Institute, UCL Epidemiology and Public Health Department and the London School of Hygiene and Tropical Medicine and funded by the Wellcome Trust and the British Heart Foundation suggests that invasive dental treatment such as extractions involves a small, but statistically significant increase in the risk of stroke and heart attack over the short term. In a study published in Annals of Internal Medicine, the researchers examined data from the claims database of a US Medicaid programme to investigate whether impairment to blood flow resulting from invasive dental treatment created a higher risk for cardiovascular events. The results suggested that in the month following invasive dental treatment, the risk of a heart attack or stroke is increased by 50 per cent. However, the risk then returned to normal in the weeks. The researchers are keen to stress that any risk increase is likely to be outweighed by the long-term benefits of dental treatment.

An evolutionary edge

A sophisticated new examination of teeth from 11 Neanderthal and early human fossils shows that modern humans are slower than our ancestors to reach full maturity. The research, led by scientists at Harvard University, the Max Planck Institute for Evolutionary Biology (MPI-EVA), and the European Synchrotron Radiation Facility (ESRF), is detailed in the Proceedings of the National Academy of Sciences. The current study involves some of the most famous Neanderthal children ever discovered, including the first hominin fossil, discovered in Belgium in the winter of 1829-30.
Study secures SGH funding

A study that will investigate the effect of social deprivation on oral health in outer north east London has won a grant of more than £88,000.

The study, which will investigate whether people living in deprived communities define oral health differently from those living in less deprived areas, beat off competition from eleven other proposals to secure funding from the Shirley Glassstone Hughes Trust Fund.

The study, which will consider the populations of Redbridge, Waltham Forest and Barking and Dagenham, will assess whether individuals’ concepts of oral health affect the way they care for themselves and what barriers exist to individuals accessing care and adopting healthy behaviours.

Patient concepts of oral health will be used to find out whether deprivation can explain why some individuals engage in behaviours such as smoking, excessive alcohol consumption and irregular visits to a dentist, which increase their risk of oral diseases.

The study aims to assess the strengths and shortcomings of the way oral health services are provided, providing evidence on how to adapt existing structures and develop new services and interventions that overcome barriers to care. It will also provide evidence to underpin models of commissioning care.

Prof Liz Kay, Chair of the Trustees of the Fund, said: “The award of the Shirley Glassstone Hughes Trust Fund visit www.dentistryresearch.org is a real concern for dentists. It would be a serious concern both because it could affect patients’ ability to access dental care and because it would mean many experienced practitioners to consider early retirement.

Nearly half of all high street dentists are reporting that their morale has fallen during the past twelve months. More than 60 per cent of those said that growing bureaucracy is destroying the morale of high street dentists in England and could be driving experienced practitioners to retire early or leave the NHS. According to their research, excessive administration is the primary factor behind a downturn in dentists’ confidence and this could be driving many experienced practitioners to consider early retirement.

Worryingly, more than ten per cent of dentists aged 55 and over are already leaving the NHS each year.

The BDA is concerned that the registration of dental practices with the Care Quality Commission in 2011 could exacerbate the problems that are already being seen, and drive many dentists into early retirement. This would be a serious concern both because it could affect patients’ ability to access dental care and because it would mean many experienced practitioners to consider early retirement.

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Editorial comment

As you will have seen from the front page story of this issue, I recently attended the Westminster Health Forum’s meeting looking at the future of dentistry. The event was interesting and informative with the overriding message for attendees was that everything will be alright for NHS dentistry.

This would be fantastic news, except for the fact that to me it seemed that many of the speakers, with their various levels of interest in the success of a new contract and piloting, were almost trying to convince themselves that the future was indeed rosy.

I can see the need for and encourage a positive attitude when it comes to the future of NHS dentistry. Stakeholders from all side of the spectrum need to come together and take the best bits from the pilot schemes to improve the experiences for patients and the working conditions for practitioners. However, there are too many cynics (myself definitely included in that) in dentistry who would feel most disquieted by a united show of optimism from both the profession and politicians. I reserve judgement until we have more clarity about CQC and how the Commissioning Board will function before donning my shades and basking in the glow of the bright new NHS.

Award for excellence

Edward Lynch, Head of Warwick Dentistry, part of Warwick Medical School, has been honoured with accredited membership of the prestigious American Society for Dental Aesthetics (ASDA).

Fewer than 200 educators, innovators and practitioners worldwide have received this distinguished accredited membership since ASDA was established in 1976, when it became the first aesthetic dental association in the world.

Throughout its 34-year history, the association has sought to raise awareness of this specialised area of dentistry by showcasing those experts who are able to share the best and most innovative techniques.

Edward explained: “I’m delighted to receive the honour of this prestigious accreditation...We are building a team of world class academicians in Warwick Dentistry and we aim to be a world-leading postgraduate unit, internationally renowned for our high quality and relevance of our education programmes and for the excellence and significance of our research.”

To mark his membership, Edward was asked to give the prestigious keynote address at the annual ASDA congress in San Antonio, Texas. ASDA introduced his keynote address by recognising his efforts in the development of Education and Research in Dentistry and for his many achievements and contributions to the profession, appearance-related dentistry, dental education and research. He was also voted by his peers in April 2010 as this year’s most influential person in U.K. dentistry.

Contact us on 020 7400 8967 quoting DTUK10 to get your early booking discount

Already confirmed to speak are:
Tif Qureshi, James Russell, Nasser Barghi, Wyman Chan, Raj Rayan, Trevor Burke, Raj Rattan, Julian Satterthwaite, Wolfgang Richter
The Arts and Crafts of charity

The Northern Ireland Branch of the BDA is holding an art and craft exhibition and auction in aid of the Ben Fund.

All the pieces have been created and donated by branch members and their friends. The pieces range from pictures in oil, acrylic and watercolour, bronze statuettes, walking sticks and patchwork quilts.

You can view the pieces and bid for them online at www.bda.org/nibenfundation. The online auction continues until 700pm on Monday 6th December. There will be an exhibition and sealed bid auction of the pieces on Tuesday 7th December at Malone Lodge Hotel, Belfast starting at 700pm. The presidential address will follow at 8.00pm.

The highest bid online or on the night will take the piece.

Henry Schein have kindly agreed to sponsor the evening and have agreed to deliver the items to the winning bidder. To view and bid visit www.bda.org/nibenfundation

Prison dentist gets prison sentence

A dentist who treated jail inmates has been given a 2.5-year prison sentence for defrauding the NHS.

According to news reports, John Hudson was jailed for claiming more than £500,000 from the health service by billing twice for the same treatment.

Hudson, 58, provided dental care for inmates at HMP Altcourse, a privately run facility at Fazakerley near Liverpool. Dental services at Altcourse were contracted out and the dentist took advantage of a change in NHS accounting and billing systems in 2000.

The court heard that a good part of the illegally gotten payments went on fees for the education of his three children and holidays, but he now owes £40,000 and is being sued by the NHS for £500,000.

Hudson admitted to two charges of dishonesty and illegally obtaining credit from the health service. Judge Graham Morrow QC, who sentenced Hudson yesterday at Liverpool Crown Court, said that Hudson had held a

Radioactive dentists

The Health Protection Agency has been introducing guidance on radiation protection for dentists using certain new types of scanners in dental surgeries.

In the past few years, specialist dental surgeries all over the UK have been introducing Cone Beam Computed Tomography (CBCT) technology to aid treatment. These scanners are similar to those used in hospitals for medical examinations; however they only scan the jaw and skull.

The scanners are used for specialist examinations and can deliver higher doses of radiation, unlike other X-ray equipment that dentists use.

Because of the rapid uptake of this new technology and the lack of specific safety guidance on its use, the Health Protection Agency’s dental radiation specialists assembled a group of experts to formulate guidance for dentists.

Dr John Cooper, Director of the Health Protection Agency’s Centre for Radiation, Chemicals and Environmental Hazards, said: “Cone Beam Computed Tomography is a new and useful tool for dentists. However, like any X-ray equipment this technology utilises radiation and therefore there are risks.

“I am sure that the detailed and thorough work undertaken, will play an important role in ensuring that doses to patients are effectively controlled and that all those involved in the use of this technology, dentists and their staff, are well protected.”

The new guidelines sets out:

• What dentists should do before acquiring a CBCT scanner, including choosing suitable equipment, ensuring staff are adequately protected and making sure rooms where the equipment will go are specifically designed for the technology.

• How existing regulations apply to the use of CBCT.

• Standards that dental CBCT scanners should be tested against to make sure they work correctly and are capable of keeping patient doses as low as practicable.

• The training that dentists and other users, will need to enable them to use the new technology properly.

The expert group included HPA dental and medical radiation protection staff, dentists, regulators, medical physicists and academics.

Dr Cooper added: “This guidance will play an important role in protecting all those involved in the use of CBCT and I want to thank the group which developed it for its hard work. The fact that those on the group come from such diverse backgrounds illustrates how this advice has been developed by all those with a professional interest in this field.

“I hope that dental professionals will find this guidance useful.”

Vegetables are good for you: Fact

Results from a recent study have shown that women who consume high volumes of folic acid found in vitamins B from vegetables and some fruits are less likely to suffer from mouth cancer.

Starting in 1976, 87,000 nurses were followed by researchers from the Columbia University Medical Centre and Harvard School of Public Health for 50 years. The research revealed that women who drank a high volume of alcohol and had low folic acid intake were three times more likely to develop mouth cancer than women who drank high volumes of alcohol but had high volumes of folic acid in their diet.

As recent studies have shown, alcohol is one of the major risk factors for mouth cancer and those who drink to excess are four times more likely to be diagnosed. However, this is the first time that folic acid intake has been shown to affect the risk of the disease.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: “Rates of mouth cancer in women have been increasing for many years as a result of changing social habits with more women smoking and drinking. This new research could offer a method to reduce this by looking at the folic acid intake and increasing fruit and vegetables on their diet.”

“Past studies have tended to focus on males, as they are twice as likely to suffer from the disease. Whilst this study focuses on women we know that men also benefit from the protective value of increased fruit and vegetables.”

Folic acid or vitamin B9 is essential to an individual’s health by helping to make and maintain new cells. Alcohol leads to a reduction in folic acid metabolism by creating acetaldehyde which leads to a reduction of folic acid in the body. Folic acid is found in vegetables such as spinach, asparagus, beans, peas and lentils and is added to bread. Fruit juices, broccoli and brussel sprouts contain smaller amounts.

Having an unhealthy diet has been linked with a third of mouth cancer cases. Recent research has also shown that an increase in food such as eggs and fish that contain Omega 5, and nuts, seeds and brown rice, which are high in fibre, can help decrease the risks.
40% of denture patients are concerned about denture odour\(^1\)

Yet many denture wearers fail to keep their dentures clean\(^2\).

That’s because brushing dentures with ordinary toothpaste can scratch denture surfaces\(^3\). And scratched surfaces can lead to bacterial growth\(^4\) leading to denture odour.

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**Scanning electron microscope (SEM) images at 240 minutes confirm a significantly higher build up of Streptococcus oralis on denture materials previously cleaned with ordinary toothpaste vs. a non abrasive solution\(^5\)**

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Poligrip denture cleansing tablets effectively remove plaque and tough stains\(^6\) without scratching\(^3\), to leave dentures clean and fresh. Poligrip Total Care denture cleansing tablets also kill 99.9% of odour causing bacteria.

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**Recommend Poligrip denture cleansing tablets to help your patients control denture odour**

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**POLIGRIP** is a registered trade mark of the GlaxoSmithKline group of companies.
Charity fright bite at dental practice

Going to the dentist is already a scary prospect for many, but one Hampshire surgery made sure patients were in for an extra fright this Halloween. Spooky goings on at the Boyatt Wood Dental Centre, Eastleigh, saw Count Dracula and his team of Mummies, Witches Fairies and Cat Woman pacing up and down the corridors. Peter Saund and his bewitching dental team ensured a trick and treat for their patients as they donned their scariest outfits to end a month of fundraising for Cancer Research UK.

Dr Saund, who lost his wife Veena to ovarian cancer in September 2007 at the tender age of 43, said that this was the second year their campaign raised over £1400. Last year the theme was Christmas and they raised £906. They have already started planning next year’s campaign, Hawaiian fancy dress, in the summer. ‘It would be great if we could hit £2000 next year’, said Peter.

Peter Saund and his spooky team

Queen’s awarded for communication

Queen’s University and RNID Northern Ireland have won a national award for their work in ensuring future doctors are better equipped to communicate with deaf patients.

Queen’s School of Medicine, Dentistry and Life Sciences received the Organisational Achievement accolade at the annual Signature Awards for its Specialist Module on Deafness. Hosted by leading deaf charity Signature, recognise those who have made a significant contribution towards achieving a society in which deaf and deafblind people have full access to society.

Second year medical students are offered the specialist module, delivered by the RNID in British Sign Language (BSL). It ensures that future doctors are better equipped to communicate with deaf patients, and includes information on deaf awareness, deaf culture and health care issues for people who are deaf or hard of hearing.

Following the success of the module, both Queen’s and the RNID now intend to make the module available to all healthcare-related undergraduates at the University, through the development of a website funded by the Higher Education Academy.

For information on the School of Medicine, Dentistry and Life Sciences at Queen’s visit www.qub.ac.uk/schools/mdbs/
Denplan Awarded ‘Best Large Stand’ at BDTA

As part of the 2010 BDTA Dental Showcase, Denplan was recognised as the winner of Exhibiting Magazine’s ‘Best Large Stand’ category!

Exhibiting is the UK’s leading exhibition and events magazine, which conducted an independent review of all the stands at this year’s showcase.

Editor, James Barrett, commented that: “The Denplan stand was very well represented by its stand and staff. Staff were bright and attentive and the stand design, promotional giveaways and staff attire all linked in to its brand values and image.”

The Denplan stand asked “Do you do Denplan?” and demonstrated that it is the only dental payment plan brand that consumers can ask for by name.

Denplan’s Managing Director, Steve Gates added: “Our stand this year was designed to highlight the unique benefit that our brand offers members.

“The BDTA has been a great success for us this year and this award is the icing on the cake, recognising the team spirit and hard work of our Events team and all the staff on the stand.”

Free screening for oral cancer

A dental practice in Surrey is offering free screenings for oral cancer to support Mouth Cancer Action Month.

Throughout November, the Montrose Smile Studio in Montrose Avenue, Whitton, is offering patients a free screening test, as part of Mouth Cancer Action Month.

As has been stressed throughout Mouth Cancer Action Month, oral cancer is fast becoming common in the UK, however, many people are unaware of the symptoms and signs to look out for; consequently many are failing to see a doctor or dentist until their condition is at an advanced stage.

Therefore, the aim of the campaign is to promote regular appointments in order to ensure early detection and treatment.

The Montrose Smile Studio is raising awareness by using the slogan which accompanies the campaign ‘If in doubt, get checked out’; in addition to the screening programme, the surgery is also providing patients with leaflets and information about symptoms and causes of oral cancer.

Dr Nigel Carter, from the British Dental Health Foundation, is urging members of the public to see their dentist for a check-up every six to twelve months. It is being asked that people keep an eye out for symptoms of oral cancer and make positive changes to their lifestyle habits in order to reduce the risk of developing oral cancer.

Drinking regularly and smoking have been identified as the major risk factors of oral cancer and a poor diet, lacking in fruit and vegetables, can also increase the risk.

Symptoms and signs to look out for include red or white patches in the mouth, unusual swelling or lumps in the throat or mouth and sores which do not heal for a long time.

New BSDHT President

At the recent BDTA Showcase Sally Simpson, pictured, was installed as the new President of the British Society of Dental Hygiene & Therapy, BSDHT. Sally takes over from Marina Harris, who has completed her two-year term.

Sally has been a member of the BSDHT from when she was a student at King’s College in London in 1995 where she was studying to be a dental hygienist. She subsequently joined her BSDHT regional committee and held the positions of Honorary Treasurer and Regional Representative on the National Council. Since then Sally has acted as a consultant to the dental trade industry, working closely in the development of equipment and to the DCP markets and has been a member of the Executive Committee for the last four years. Sally became President-Elect two years ago and will serve a two-year term as President.

Speaking at the Annual General Assembly of Members Sally said: “It is an honour and a privilege to become BSDHT President, I am committed to representing the views of our membership, promoting our profession and organisation, and continuing the work of past presidents and executives in further developing relationships with other major organisations in Dentistry and Healthcare.”

The President of the BSDHT, leads an Executive Committee of 10 that is responsible for the day-to-day management of the Society. The President also heads the BSDHT Council, which ratifies recommendations made by the Executive, sets budgets and ensures that the aims of the Society are being met.

The British Society of Dental Hygiene & Therapy, BSDHT (formerly British Dental Hygienists’ Association, BDHA) was set up in 1949 by a group of 12 dental hygienists who felt the time was right to organise a professional association to represent the interests of their profession. More than 60 years later, the BSDHT is a nationally recognised body that represents more than 4,000 members across the UK and beyond.

The Society’s aims are to:

• Represent members at national level, particularly in the political arena.
• Provide services to members.
• Support members on issues which affect their working lives.
• Produce a publication that educates, updates and inspires.
• Produce CPD opportunities, both locally and nationally.
• Help members to find employment and provide guidance on contractual matters, as well as salaries, and access to a 24/7 legal helpline.
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Halloween on Canal St
Elaine Halley gets residential and looks at critical reading

Following on from a few more webinars, the course module on critical reading has begun. This is hosted on Manchester University's own platform called Blackboard, which allows us to follow the course on-line week by week. We were introduced to the system by Anne-Marie Glenny, who is the course leader and tutor and advised us that if we keep up week by week she will be facilitating the discussion board and we will get feedback week by week. This has been a good discipline as otherwise it has been tempting to let the lectures build up and then find you have nine hours of webinar to catch up on in a short space of time.

The blackboard system utilises interactive learning with videos and tutorials on searching for documents on Medline and other databases – I had no idea there were so many different ways to search! There are also links to further learning including some very useful checklists on how to critically appraise different types of studies – dusting down my memory banks to remember the difference between an RCT (not the endo type!) and a cohort study etc. And I am thrilled, in a kind of sad way that I should probably not admit, to see that this week there is a section on Endnote - I may finally understand how to keep track of all my references! Hooray!

We faced considerable stress and late nights to complete the submission of our next five clinical cases – which was reduced to three at the last minute, but I managed to submit five as that means I’ve only got six instead of eight to get together before the end of January. The clinical case submissions are very specific which makes case selection quite difficult – and we are learning how to include more evidence in the case write-ups. The specific feedback is yet to be received so we’ll see! I was fortunate to have documented many cases over the years which I could use in some instances (although there always seems to me a photo missing!) but if you have just started with photography at the start of this course, the workload to get all the cases in must be even harder.

This deadline was closely followed by our second residential course held in Manchester with teaching at the MANDEC institute. We had three days with Prof Nasser Barghi, who has unbelievable energy and passion for teaching – and provided a detailed update on materials, repairs in porcelain and handling Zirconia. The hands-on session was well supported by Opidental who had order forms for everything that was mentioned in the lectures. The Sunday was a hands-on critical appraisal session (not easy after Halloween on Canal Street – you’d think I’d learn!) followed by a hands-on session on muscle exam and face-bow registration.

Again, I have the greatest respect for the students who have travelled literally from all over the world. Never again can I complain about the flight from Edinburgh. The diversity within our student group truly adds to the learning experience.

Meanwhile – I have two deadlines looming in the next few weeks – a critical reading assignment and two essays. Help – Medline here I come!!
Fantastic plastic?

Richard Lishman discusses some of the options available to manage your credit cards

Oscar Wilde once famously remarked, when a colossal fee for an operation was mentioned, that he would have to die beyond his means.

Even before the recession, the statistical evidence that many of us were sustaining our lifestyles on the back of our credit cards was overwhelming. As hard times continue, and with inflation returning, if you find you cannot clear the balance on your plastic friend at the end of every month, it’s time to take a long, hard look at the deals on offer across the credit card market.

In spite of a Bank Base Rate of only 0.5 per cent, credit card interest rates are averaging an astonishing 18 per cent, the highest level since 1998. Dr. Albert Sabin, a former Downing Street pension’s adviser, is calling for an investigation into the industry and has suggested appointing a regulator to protect the public from exploitation. Recent Government proposals do suggest it is considering taking action, but the companies themselves justify the figures by referring to the increasing number of customers defaulting on their liabilities, itself a reflection of the recession-induced rise in unemployment.

Although as individuals we cannot control macro economics, we are able to take responsibility for our own circumstances. You need to decide which offer dovetails best with your own finances.

Whatever the banks may say about supporting society, their first obligation is to make a profit and 0 per cent loans are clearly untenable in the longer term. But this does not mean you can’t exploit the situation to your own maximum benefit.

Of the 85 offers I found, only two did not charge a transfer fee, while the 0 per cent interest ‘honeymoon’ period varied between one an 15 months, with some stating a definite end date. In most cases the fee was between two and four per cent of the balance transferred, with the longer interest free periods attracting the higher fees. Of course, if the transfer fee is taken into account and spread over the relevant period, 0 per cent effectively ceases to be 0 per cent, whatever the advertisements may say! You should also take note of the rate which man, a former Downing Street pension’s adviser, is calling for an investigation into the industry and has suggested appointing a regulator to protect the public from exploitation. Recent Government proposals do suggest it is considering taking action, but the companies themselves justify the figures by referring to the increasing number of customers defaulting on their liabilities, itself a reflection of the recession-induced rise in unemployment.

Although we were sustaining our lifestyles rough the relevant period, 0 per cent effectively ceases to be 0 per cent, whether the advertisement which offer dovetails best with your own finances.

Whatever the banks may say about supporting society, their first obligation is to make a profit and 0 per cent loans are clearly untenable in the longer term. But this does not mean you can’t exploit the situation to your own maximum benefit.

Of the 85 offers I found, only two did not charge a transfer fee, while the 0 per cent interest ‘honeymoon’ period varied between one and 15 months, with some stating a definite end date. In most cases the fee was between two and four per cent of the balance transferred, with the longer interest free periods attracting the higher fees. Of course, if the transfer fee is taken into account and spread over the relevant period, 0 per cent effectively ceases to be 0 per cent, whatever the advertisements may say! You should also take note of the rate which offer dovetails best with your own finances.

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DUO Plus: the symbol of Castellini excellence
Appraising the true value of Decision – Making Process for Tooth Retention or Extraction

by Prof Dr med dent Liviu Steier

A vila et al. state that the decision tree introduced “...was developed upon available scientific literature”. This last phrase may be misleading to the general dental practitioner.

The author of the current paper has written this paper to avoid confusion among the profession.

Scientific papers published in peer reviewed journals should have a similar framework:

• Introduction – to emphasise the topic / question / hypothesis raised by the paper.

• Methods – to explain the approach, topic / question that should be highlighted.

• Results – to describe the findings / results / answer and present them.

• Discussion – to explain the importance / significance of the findings / answer and put in context with the evidence by analysing own methodology and compare with available data and knowledge; if need of further work has been identified this of contemporaneous papers.

The paper published by Avila et al, in 2009: “A novel decision – making process for tooth retention or extraction” in the JOP is intended as “…a reference guide for dentists when making the decision to save or extract a compromised tooth”.

Who wrote this paper?

The paper has been written by multiple authors with different backgrounds:


What is the goal?

The authors’ intention was to offer “…a reference guide for dentists when making the decision to save or extract a compromised tooth”.

Why has this paper been published?

Fast on-going research has expanded multiple fold treatments options in modern Dentistry: Biotissue - and Biofilm engineering, three dimensional diagnosis (radiology), CAD CAM technique as well as dental materials ensure more support for diseased hard and soft tissue. Reviewing treatability in the context of disease stadium was the major goal of the paper.

When was the paper published?

The paper was published in Volume 80 of The Journal of Periodontology in 2009. It is of major importance for the general practitioner with limited time availabilities and a restrained access to the literature to be offered updated complex decision taking instruments.

Where was the paper published?

The paper has been published in the official organ of the American Academy of Periodontology. The review methodology of this journal guarantees the highest professional confidence.

130 papers have been referenced by the authors. The ref-
The authors successfully managed to build a first decision tree for the general practitioner when appraising the question: to save or to extract? 1

Dr. med. dent. Liviu Steier, FICOL, FEBM, FING, FIADF Liviu Steier received his Dr. med. dent (PhD) in 1992. He is Specialist for Prosthodontics and Implantology (GDC-UK). He is Honorary Clinical Associate Professor at Warwick Dental Institute, Warwick Medical School – University of Warwick, and course director of the MSc in Endodontics. He holds a Visiting Professorship at Temple School of Dental Medicine - Boston (US) in the Department of Postgraduate Endodontics, as well as a Visiting Professorship at Florence School of Dental Medicine (Italy) – Multidisciplinary Department. He is a member of the Scientific Board of the Journal of Endodontics, Editor-in-Chief of REALITY ENDO (www.realitiesendeo.com), and Clinical Editor of Dental Tribune UK and maintains private practices in 28 Wimpole Street, London (www.msdentistry.co.uk) and Mayen, Germany (www.drsteier.de).

Correct and comprehensive appraisal of the literature is decisive for the outcome of contemporary papers. The reduced number of referenced endodontic, prosthetic and orthodontic papers when compared to the number of periodontic papers, prove the high specialty bias of the current paper.

The discussed paper can be considered a helpful but not exclusive tool for general practitioners when evaluating treatment options for diseased teeth. Multidisciplinary decision making enhancements should be offered to the profession to guarantee highest level of evidence. Addition of case difficulty assessments to differentiate between treatments options performed by general practitioners and specialists will compliment the presented reference guide.

Correct and comprehensive appraisal of literature published and used by the profession is mandatory. It should be taken as highly recommended advice to never relay on non-critically appraised papers no matter from which source of publication.

About the author

References

K. Avila, G. Calabro, M. B. Raport, S. Schmitt, Chr. Hoehler, F. A. Steier, “Multicenter decision-making chart with six different levels…” which they present to their readership.

Conclusion

The task to decide on the save ability of tooth is a multidisciplinary decision. The authors have taken the profession a great step forward by analysing decision criteria from different specialties. Out of 150 referenced papers, 67 were written by periodontists, five by prosthodontists, six by endodontists and one by an orthodontist, etc. This is an uneven distribution.

As an example: Endodontics has come a long way in the past decade to offer a wide variety of treatment options for compromised teeth. The panel of authors should have been expended by the expertise and the knowledge of an endodontist.

The authors successfully managed to build a first decision tree for the general practitioner when appraising the question: to save or to extract? The decision making chart will benefit by revision and introduction of additional levels. The American Association of Endodontics published in 2008 a “case difficulty assessment”. Similar cases of difficulty assessments would be beneficial for the different specialties. Placing case difficulty assessments at the forefront of any specialist decision tree will help differentiate between treatment offered by the general practitioner and the one granted by specialists.

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A prevention-based approach

Mhari Coxon looks at moving your practice to prevention-based dentistry as best practice

Warning - this is not an evidence-based clinical abstract. This is an article based on 15+ years of experience in practice growing and developing, providing a preventative regime that empowers both your team and the client in a profitable manner. Those who have the perfect preventative based practice can thankfully stop reading now (that doesn’t include you know, there is always room to improve).

Changing attitudes

Dentistry has been a ‘see the problem - name the problem - fix the problem’ profession for a very long time. We were conditioned that way while in our safe institutions and find it hard to move to a preventative approach to our health care when we transition to general practice and the time constraints and attitudes that come with it.

With growing evidence showing common sense links with our systemic health (if you had an inflamed, suppurating, bacteria covered area on your arm the size of an egg you would expect to feel ill so why would it not be the same for the same size lesion in the mouth??) and our oral health we as a profession need to improve our prevention led practice. This is clearly best practice.

“But we do it already” I hear us all cry. “You are reinventing the wheel Mhari!” If this was the case then the incidence of periodontal disease and caries in the population would be decreasing, as would the incidence of litigation against dental professionals in relation to periodontal issues and undiagnosed caries. It is not easy to look at what we are not doing and seek to improve but it is the only way we, as clinicians and as practices can develop and progress.

The right foundations

The first time your patient spends time with us is the only way we, as clinicians can learn – this is not an evidence-based clinical abstract. This is an article based on 15+ years of experience in practice growing and developing, providing a preventative regime that empowers both your team and the client in a profitable manner. Those who have the perfect preventative based practice can thankfully stop reading now (that doesn’t include you know, there is always room to improve).

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ent’s behavioural change and treatment acceptance. Do you think saying “you have some gum problems and the hygienist will see you for a scale and polish” conveys a preventative message? Does that show that the patient has to make a commitment to their treatment by supporting with their home routine? Or does it make it sound as though the patient has a “problem” that they have “named” that the hygienist will “fix” and so the cycle continues. Our principal talks about the gums and bone as the foundation to any dental work and without solid foundations he can’t work. He also explains how the biggest health benefit we can give patients is their oral health assessment and advice programme, which always follows an examination and is precursor to any further treatment. If you as “The Dentist” are telling them they need this then they will feel it has some value and are more likely to be open to advice from your team.

Communication prevention

So, how do we change our patient’s behaviour? By changing our own behaviour of course. If what we were saying RIGHT now in practice worked, then almost all our patients would be regular maintenance patients with a good level of understanding of their health and stability in their oral health for the majority. If this is not the case then what have you got to lose by trying something new? Communication at that initial examination can make all the difference. It doesn’t need to be a long session, you just have to fine-tune how you talk and listen to your patients. Some good rules are:
• If you ask a question, REALLY listen to the answer… and don’t interrupt!! (harder than it sounds, I know)
• Ask about the patient’s knowledge about the topic you wish to discuss. This can open up the discussion in a non-confrontational manner
• Ask questions and... but realistic about their treatment needs
• Ask the patient if what you have said makes sense to them. Are you sure they understand the message you are trying to convey?
• Praise the talents of your team. “Sell” their care to your patient and watch as your treatment acceptance increases with little effort

A picture speaks 1000 words

Every working environment is different and has restrictions, but preventative dental care is very cost-effective so we do not have an excuse as a profession. For those with good budget to change the practice dynamics, you will save time and increase compliance with the addition of a microscope. This should be linked to a live screen so the patient can see what you see. Taking a sample of your patient’s plaque and showing them what is growing there is very powerful and motivating. Backing this up with a few photos of inflamed gum or early decay with an explanation can be all it takes to get that oral health advice appointment booked.

Be positive

We all respond better to positive suggestion as a rule and so how we discuss this with the patients can affect their attitude towards their health and your team’s part in it. I do not like to be lectured or scolded by anyone - an automatic wall comes up; so why would I use this method with my patients. Yes there are “problems” in their mouths. Yes you can “name” those problems. But you and your team cannot “fix” their problems. You can help the patient to find solutions and maintain health. This is ultimately more beneficial than fixing the problem then trying to modify the behaviour. That is like feeding the donkey the carrot and then asking it to carry the load.

So to summarise:

Use your team to glean information and discuss patient needs, fears and expectations; Question the patient gently to develop conversation about their health; Emphasise the importance of prevention in dental health and the benefits of this; Show your patients what is happening; Be positive, explain that they can make a difference with their home routine; “Sell” your team and their part in preventative care in the practice.

Obviously, if the patient is immediate pain or risk then this should be dealt with. Otherwise resist carrying out treatment until the preventative routine has been introduced.

For any questions please email me at mhari.coxon@cpdfordcpc.co.uk

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A. Kanting

“...I need a composite that behaves like a tooth!”

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NEW

So to summarise:
Spread of antibiotic resistance among pathogenic bacteria is alarming the medical science. Inappropriate prescription of antibiotics in the dental profession could add to this. Oral bacterial infection can commonly be considered of local origin. Several attempts have been undertaken in dentistry to try and maintain antimicrobial treatment regimens restricted locally.

The combination of dyes and visible light has proven to kill microorganisms about 100 years ago. Harmless dyes sensitive to light are delivered locally (soft and hard tissue) and exposed to light at certain predetermined wavelength are highly successful in disinfection. Key is presence of oxygen to excited state of the Photosensitiser enhancing transfer of electrons to the ground state of molecular oxygen resulting in reactive oxygen like singlet oxygen and hydroxyl radicals. The latest two have lethal effect on pathogenic microorganisms. The process described is called photo activated disinfection when related to dentistry. Resistance to Photo Activated Disinfection (PAD) has been researched in periodontology but could not be induced artificially (Lauro et al. 2002).

Dai et al. (2009) reviewed literature on Photodynamic therapy (PDT) in regards to localised infections. Key points of interest were:

- Photosensitisers and their interaction with different bacterial strains.
- Photodynamic therapy at different tissue structures.

As a result one can state that bactericidal action was achieved by neutral or cationic PS molecules on Gram positive flora when compared to cationic in combination with non cationic ones on Gram negative (Nitzan et al. 1992, Merchat et al. 1996)., Santamaria et al. (1972) listed more than 400 compounds demonstrating photosensitising properties. Usacheva et al. has proven in 2001 that:

“TB exhibits a greater bactericidal activity than MB against most bacteria in dark and light conditions.”

Cohen et al. (1995) cited by Mesel et al. (2005) summarised the photobiological principles of light involved in the process:

- The Grothus-Draper law: discusses the wavelength of light requested.
- The Stark – Einstein law: discusses intensity and duration of light applied.
Mesel and Kocher identified in their review 2005 the “pre-requisites and further demands” in regards to PAD in Periodontology: suitability of the photosensitising dyes, optimisation of efficacy, determination of irradiation device as well as exposure time, etc.

Today PAD can be regarded as a helpful adjunct in biofilm management. Its indication in clinical dentistry varies from Cariology to Peri-implantitis covering Endodontics and Periodontology.

Application in Perio
Use of PAD in Periodontology is multifaceted as an adjunct after non-surgical or in conjunction with surgical approaches.

Interestingly, Azarpazhooh et al. (2010) performed a systematic review and meta-analysis for the use of PAD in Periodontology and concluded: “PDT as an independent treatment or as an adjunct to SRP was not superior to control treatment of SRP. Therefore, the routine use of PDT for clinical management of periodontitis cannot be recommended.”

Once one understands mechanisms of action of PAD, as briefly discussed above, and starts to critically appraise the systematic review performed by the group of Azarpazhooh et al. a major shortcoming becomes eminent – there was no appraisal of the studies included, in regards of suitable selection of photosensitiser, adequate light source and timing. Correct conclusion would have referred to the kind of PS used and concluded: “the adjuvant application of PDT may be an effective alternative to conventional modalities in the treatment of periodontal disease.”

Andersen et al. (2007) compared the use of Pad to SRP and concluded that “Within the limits of the present study, it can be concluded that SRP combined with photodisinfection leads to significant improvements of the investigated parameters over the use of SRP alone.”

Milanezi de Almeida et al. (2009) examined periodontal bone loss in rats by ligature and treated with PAD. Their conclusion: “PDT may be an effective alternative for control of bone loss in furcation areas in periodontitis.”

Kümker et al. (2003) researched the lethal action of Toluidine blue as PS on Porphyromonas Gingivalis and concluded “The results of this study show that Toluidine blue-mediated lethal photosensitisation of P. gingivalis is possible in vivo and that this results in decreased bone loss. These findings suggest that photodynamic therapy may be useful as an alternative approach for the antimicrobial treatment of periodontitis.”

Application for treatment of Peri-implantitis
Hayek et al. (2005) published a study comparing conventional therapy versus PAD for treatment of ligation induced peri-implantitis in dogs. They concluded that the non invasive PAD technique could be used to reduce pathological microwear in peri-implants.

Shibli et al. (2005) examined the efficacy of PAD application alone in ligature induced peri-implantitis in dogs and concluded that complete elimination of pathogens was achieved in some cases.

Dorhout et al. (2001) researched microbial decontamination on peri-implantitis affected IMZ implants in vivo and identified a significant reduction after PAD application.

Baron et al. (2000) reviewed 29 papers on regenerative methods in regards to regenera- tion of peri-implantitis affected sites and concluded: “Of all tested treatment methods, the combination of guided bone regeneration and augmentation with demineralised freeze-dried bone resulted in the most favorable results regarding bone gain and reosses- sion giration.”

Application in Cariology
Williams et al. (2002) researched the bactericidal efficacy of Tolui-idine blue and variable energy on Streptococcus mutans. The results were extremely encouraging: “The system was highly effective in killing TBO-treated Streptococcus mutants NCTC 10449 in stirred planktonic suspension, killing at least 109 cfu/ml. Antibacterial action increased as the delivered energy dose increased.”

The study of Lima et al. (2009) “evaluated the effect of PACT (Photodynamic antimicrobrial therapy) on dentine car- ries produced in situ.” They came to the following conclusions: “PACT was effective in killing oral microorganisms present in dentine caries produced in situ and may be a useful technique for eliminating bacteria from dentine carious lesions before restoration.”

Steier et al. researched the efficacy of PAD bovine root canal dentine previously infected with Enterococcus Faecalis mono-culture Biofilm.

Especially with today’s trends of endodontic inter- vention and using adhesive dentistry the use of PAD may prevent excessive hard tissue re- moval and help maintain great amounts of dentin. Major ben- efit of course is the conservation on tooth vitality.

Application in Endodontics
An in vivo study performed by Bonso et al. (2006) concluded that “Results indicate that the use of a chelating agent acting as a cleaner and disrupter of the biofilm and photo-activated disinfection to kill bacteria is an effective alternative to the use of hypochlorite as a root canal cleaning system.”

Another in vivo study published as well in 2006 by the group of Bonso researched the ability of PAD to complement conventional RCT disinfection and concluded that “The PAD system offers a means of de- stroying bacteria remaining after use with conventional irrigants in endodontic therapy.”

Williams et al. (2006) tested the efficacy of PAD on Fusobacterium nucleatum, Peptostreptococcus micros, Prevotella intermedia and Streptococcus intermedius and concluded that “PAD killed endodontic bacteria at statistically significant levels compared to controls.”

Garcez et al. (2008), in an in vivo study, researched the “Antimicrobial Effects of Pho- todynamic Therapy on Patients with Necrotic Pulp and Periapical Lesion” and their results suggested “that the use of PDT added to endodontic treatment leads to an increased decrease of bacterial load and may be an appropriate approach for the treatment of oral infections.”

The research hypothesis of Bergmans et al. (2007) was: “To test the hypothesis that photo-activated disinfection (PAD) has a bactericidal effect on pathogens inoculated in root canals, with emphasis on biofilm for- mation/destruction.” Their conclusions were: Photo-activated disinfection is not an alternative but a possible supplement to the existing protocols for root canal disinfection as the interaction between light (diode laser) and associated dye (TBO) provides a broad spectrum effect.

The research goal of Garcez et al. (2008) was “To compare the effectiveness of antimicrobi- al photodynamic therapy (PDT), standard endodontic treatment and the combined treatment to eliminate bacterial biofilms present in infected root canals.”

Their results: “Endodontic therapy alone reduced bacterial biofilm fluorescence by 90 per cent while PDT alone reduced biofilm fluorescence by 95 per cent. The combination reduced biofilm fluorescence by 98 per cent, and importantly the bacterial re- growth after 30 days after treatment was much less for the combination (P<0.0005) than for either single treatment.”
The in vitro study of Soukos et al. (2006) ended with the conclusion that “PDT may be developed as an adjunctive procedure to kill residual bacteria in the root canal system after standard endodontic treatment.”

Pinheiro et al. (2007) study was to “evaluate photodynamic therapy in deciduous teeth with necrotic pulp by means of fully quantifying viable bacteria, before and after instrumentation and after the use of photodynamic therapy”. They concluded that “Photodynamic therapy is recommended as adjunct therapy for microbial reduction in deciduous teeth with necrotic pulp.”

When using Methylene blue as PS, Fimple et al. (2008) concluded “that PDT can be an effective adjunct to standard endodontic antimicrobial treatment when the PDT parameters are optimised.”

The research group around Lim (2009), calling the PAD process “Light Activated Disinfection” (LAD) used “biofilms of Enterococcus faecalis at two different stages of maturation” and extracted teeth. The results of the study showed “Sodium hypochlorite and improved LAD showed the ability to significantly inactivate bacteria in four-day-old biofilms when compared to the control and LAD (p < 0.05). Inactivation of bacteria from deeper dentine was higher in improved LAD than sodium hypochlorite. In four-week-old biofilms, a combination of chemomechanical disinfection and improved LAD produced significant bacterial killing compared to either chemomechanical disinfection or improved LAD alone.”

Souza et al (2010) compared the efficacy of Methylene blue and Toluidine blue as an adjuvant in root canal disinfection. Their conclusions were “These in vitro results suggest that PDT with either MB or TB may not exert a significant supplemental effect to instrumentation/irrigation procedures with regard to intracanal disinfection. Further adjustments in the PDT protocol may be required to enhance predictability in bacterial elimination before clinical use is recommended.” It may be noted that the culture media for E. faecalis may play a role in the different outcomes.

Based on current knowledge and evidence the author suggests the implementation of PAD in root canal disinfection once conventional protocol completed.

**Conclusion**

PAD is not at all a new concept. It has proven its efficacy in action over almost the last hundred years. New microbiologic knowledge is continuously compensated with advanced research in light emitting sources. Intensive work is committed into the identification process of correlating adequate PS to specific bacterial infection, enhancing dye penetration, adjusting light exposure time, etc.

On the other side numerous new applications arise. Confirming treatment efficacy is a demanding and highly time-, resource-and finance-consuming process. Rewards are amazing taking under consideration the huge added benefits in regards of antibiotic resistance.

**TREATMENT AREAS**

- Endodontics
- Caries
- Periodontics
- Implants
- Trauma
- Dry socket
Figs 10-13 Example of PAD used in endodontic therapy. Figs 10-11 The root canal split in half, this SEM/SEM observations were made along the dentinal tubules after the canal was divided by the conceptual line of the inner canal group with a bur. Comparison of the mycelial thickness of the bacteria invading the whole length of the tubules. SEM x 2000: a – control, b – PAD activated.

Fig 14 a – SEM/BSE observations (in process of publication) b – the bacteria were capable of colonizing a length of 20 Mm; c – PAD activation – dentinal tubules free of the bacteria to its whole length.

References

Dr. med. dent. Liviu Steier FICOI, FIDM, FIADF, MDS received his Dr. med. dent (PhD) in 1982. He is honorary clinical associate professor at Warwick Dental Institute, Warwick Medical School – University of Warwick, and Warwick Dentistry, Warwick Medical School. He is a member of the Scientific Board of the Journal of Endodontics, Editor-in-Chief of REALITY END, and Editor of Dental Tribune UK and maintains private practices.
Interdental Cleaning: the path to better oral hygiene for patients

Helmut Nissen discusses the next generation of cleaning products

One of the most important parts of the job of any dental practitioner is the education of their patients with regards to maintaining a good oral care regime. Some of the most important parts of the mouth in this respect are the interdental areas, which experts agree are an ideal breeding ground for pathogenic bacteria and a high-risk area for the development of caries. The self-care regimens taught by practitioners are crucial in the prevention of gum disease, but patients can struggle to maintain their good work outside of the dentist’s office and often slip back into bad habits. Worryingly, the British Dental Health Foundation now estimates that a mere 21 per cent of the British public use dental floss.

In recent years, researchers have amassed a body of evidence to substantiate claims about the links between oral and other diseases, including, but not limited to, diabetes, cardiovascular disease, dementia and strokes. In trials conducted by the Northern Manhattan Stroke Study (NOMAS) links between oral infection and the onset of a stroke have been examined. Seventy eight people of mixed ethnicity (Caucasian, Hispanic and Afro-American) who resided in the same community and had never suffered strokes, received detailed oral examinations. These included measurement of probing depth and attachment loss at six sites per tooth as well as an ultrasound measurement of the carotid arteries. It was duly noted that those with the most severe periodontal disease also showed the greatest thickening of the arteries. These results remained consistent, even when known cardiovascular risk factors were accounted for, including hypertension, diabetes, and cholesterol levels. It has been noted that many patients contract some kind of infection shortly before suffering a stroke, and this provides a link between periodontal disease and cardiovascular disease. The results suggest that infections such

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as can cause chronic inflammation and activation of T-Lymphocytes, leading to plaque formation and lesions in the carotid arteries. Further thickening of the arterial walls can severely increase the possibility of stroke or heart disease.

**Interproximal Cleaning**

With evidence for the connection between oral health and cardiovascular disorders, interproximal cleaning is at the top of many dental researchers’ priority lists. In light of up to date research, recent studies have attempted to assess the oral health benefits of regular interproximal cleaning both alone and with the addition of specially formulated gels. These studies focused on the effects of daily use of a fluoride-based gel with chlorhexidine (0.2 per cent sodium fluoride (900ppm) and 0.2 per cent chlorhexidine digluconate), applied with an interdental brush.

The University College of Health Sciences, Kristianstad, with the Department of Cariology, Gothenburg University in Sweden, carried out a double-blind crossover design trial, which used an active gel as well as a placebo. In this trial 15 healthy patients with at least four open approximal spaces in the pre-molar/molar region were chosen from the Department of Periodontology in Kristianstad and clinical parameters were registered at eight approximal tooth surfaces: Plaque index after using a disclosing solution, pocket depth, sulcus bleeding index and gingival fluid flow using a periotron.

Participants were asked to use the gel after brushing, applying it with an interdental brush twice a day, ensuring that each interproximal space was cleaned twice. Results were assessed as mean values at three points within the trial – on days 0, 7, and 21. From the very beginning of the trial a noticeable improvement was shown in all four parameters. The study concluded that three weeks of interdental brushing combined with an interdental gel could significantly improve oral health as well as helping to prevent the build up of plaque.

Those patients predisposed to plaque and caries are known to benefit from a dual action formula created to strengthen and desensitise tooth surfaces and help maintain oral hygiene. For these patients a product that lists fluoride as an active ingredient and posts the anti-bacterial properties of chlorhexidine (CHX) can help prevent the build up of bacteria.

Using interdental gels and brushes can also be beneficial as these will help the patient access those ‘hard to reach’ areas. Using a product containing bacteria fighting CHX will allow the fluoride to work to better effect, but patients would be well advised to use a non-abrasive formula to protect the tooth enamel from demineralisation.

A dual acting gel can be an ideal accompaniment to interdental brushes for oral hygiene issues of varying types and severity. It may be appropriate for practitioners to recommend an interdental cleaning product based on fluoride and supported by the antibacterial properties of CHX. Interdental gels are excellent products for the effective support of your patients’ interdental care regime and specifically formulated, dual-action gels can provide patients with a convenient and effective ‘take-home’ method of cleaning interdental spaces.

That traditional interdental cleaning is no longer a priority for patients is obvious from the statistics cited by the British Dental Health Foundation, but many practitioners have high hopes that the next generation of cleaning products now available will encourage the British public to improve their dental hygiene. If these products can successfully motivate the masses, we may see a dramatic improvement in dental health into the coming decade.

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**About the author**

Helmut Nissen

International Marketing & Sales Manager Helmut has been working for over 20 years in the health and oral care market and is dedicated to establishing strong brands based on real user benefits.

Email: www.tandex.dk for more information.
The use of antiseptic mouthwashes as a secondary line of defence against the onset of periodontal disease has been in existence for approximately 40 years.

In addition to conventional brushing, mouthwashes offer a number of significant advantages for patients, helping to control the oral pathogens that lead to problems like halitosis, dental caries and of course, dental plaque biofilm formation.

However, for patients with manual dexterity issues who may find brushing difficult, as well as those recovering from implant or endodontic surgery, an antiseptic mouthwash may be vital in maintaining good oral health and/or preventing the onset of infection.

Numerous clinical studies have sought to establish the effectiveness of the active ingredients commonly found in mouthwashes, including chlorhexidine (CHX), cetyl pyridinium chloride and plant extracts such as essential oils and chlorophyll in controlling the spread of supragingival plaque and gingivitis. Overall, it has been shown that mouthwashes containing chlorhexidine are by far the most proficient in controlling sub-gingival plaque, eradicating oral fungi and reducing the bleeding and inflammation associated with gingivitis when compared to other antimicrobial agents, including hydrogen peroxide. 1, 2, 3, 4, 5

Chlorhexidine is a highly effective bactericide, thanks to its capacity to set up chemical links with the anionic groups such as phosphates and sulphates found in the cell wall of bacteria, leading to an increase in cellular permeability and thereby destabilising the bacterial cell, ultimately leading to its destruction or eradication during brushing. 6

Although considered to be the ‘gold standard’ of chemical antiseptic agents, there are a few limitations and drawbacks that go along with using this otherwise highly effective ingredient.

One of the main disadvantages of using chlorhexidine is its tendency to cause staining on the teeth, especially in the inter-proximal areas and the mucous membranes on the back of the tongue, as well as the lead to discoloration of dental restorations and prostheses. This is caused by the chemical interaction of tooth-bound chlorhexidine and leftover chromogens from food or beverages and is known as the Maillard reaction.

Howard Thomas discusses the advantages of mouthwashes in the treatment of periodontal disease, with a specific look at chlorhexidine-based products.
This issue of chlorhexidine and dental discoloration is more difficult to resolve, making most CHX mouthwashes inappropriate for long-term use.

However, this major issue looks to have been resolved thanks to the inclusion of an anionic discoloration inhibitor, but not diminishing the thought to significantly reduce staining and better taste. This demand, several manufacturers have risen to the challenge to develop an alcohol-free chlorhexidine mouthwash.

In an effort to rectify the problem associated with chlorhexidine, several studies have looked at alternatives such as: combining agents (ie sodium fluoride and cetyl pyridinium chloride) with CHX.

There is evidence to suggest that, when used together in certain concentrations, CHX and fluoride provide additional benefits to patients, including the prevention of caries and the remineralisation of teeth, whilst also acting as an efficient prophylactic against oral diseases. There is also evidence to suggest that this combination is effective in tackling oral pathogens such as Streptococcus mutans.

Another long-term study sought to compare the antibacterial capacity and side effects of an ethanol-free lower concentration of chlorhexidine (0.05 per cent) combined with 0.05 per cent cetylpyridinium chloride, and found that it had an anti-plaque effect comparable to 0.2 per cent chlorhexidine + alcohol solution, but with reduced subjective side effects: slightly less staining and better taste. However, such combinations, whilst effective, do not completely remove the problem of alcohol and the effect of CHX from its inclusion in mouth rinses for a number of reasons, including stinging and burning.

Another chemical plaque control agent that has been studied is essential oils. In a six-month randomised controlled clinical trial, commercially available mouth rinse containing essential oils was compared with an experimental mouth rinse containing 0.07 per cent cetylpyridinium chloride and found both to be effective in reducing gingivitis and the proportions of periodontal pathogens. Furthermore, a meta-analysis of six-month studies found six studies that showed essential oils to be effective as both an anti-plaque and anti-gingivitis agent, compared with the results achieved by 0.12 per cent chlorhexidine. However, essential oils have the disadvantage of poor substantivity and, in some cases, an unpleasant bitter taste and burning sensation.

Conclusion:

Although chlorhexidine is the most active and effective chemical rinses, in general it is not considered suitable for long-term use due to a number of factors, such as altered taste sensations, which may make patient compliance problematic.

About the author:

Following his degree in biochemistry and a short career working in the pharmaceutical industry, Mr Howard is focusing on developing a successful multi-level marketing company supplying nutritional products on a personal import basis throughout Europe. In January 2001, he sold his business to the US affiliate and is working a much more active role in the management and development of Life Plus Europe. In January 2009, he launched the Life Plus Europe, a successful multi-level marketing company supplying nutritional products on a personal import basis throughout Europe. In January 2009, he sold his business to the US affiliate and is working a much more active role in the management and development of Life Plus Europe. In January 2009, he sold his business to the US affiliate and is working a much more active role in the management and development of Life Plus Europe. In January 2009, he sold his business to the US affiliate and is working a much more active role in the management and development of Life Plus Europe.

References:

It wasn’t the champagne that gave him the confidence to make his speech, it was his dentist.

The biggest problem for some new denture wearers isn’t their dentures, it’s the emotional impact of losing their teeth. This can affect people’s confidence in social situations, so even dentures that fit perfectly can’t always overcome that feeling of self-consciousness. This is where recommending a denture fixative like Poligrip can help. Because it gives people the confidence to feel comfortable about themselves and so at ease with others. Even if they are telling bad jokes in front of a hundred people.
Imagine how beneficial it would be to have a treatment coordinator in your practice? Particularly now when practices are fine tuning quality aspects for their application for Care Quality Commission registration, and really need to generate a strong income stream despite the current economic environment.

Many practices have already realised the potential benefits of developing the treatment coordinator role. They recognise the win-win outcome of this new team role that can sustainably increase profitability, whilst enhancing the job satisfaction of senior DCPs, in whom over a number of years the business has made a substantial investment.

In many cases the main reason practices have not yet taken this idea forward is because they are not in a position to invest £1,000 in a training course for their chosen DCP to gain a recognised qualification.

This being the case, there is excellent news for practices in this position; until December 2010 there is a £1,000 training grant available to reimburse practices willing to pay out for practice management or care coordination training.

Over the past 10 years the treatment coordinator role has been introduced to numerous practices, allowing them to hold on to valued staff who feel they have reached a dead-end in their dental nursing career. In some cases this is because after many years they need more challenging work, or because occupational health issues, such as back pain, make it difficult from them to continue to work chair side.

In the treatment coordinator role these staff can continue to offer excellent benefits for the business, the patients and the dental team.

Observing practices across the UK, there is notable divide opening-up between proactive practices, with a customer care philosophy; and those who are at full stretch on reactive treadmill and are not able to devote time to the development of co-ordinated care procedures to enable patients to make fully informed treatment choices, based on their understanding of the potential health gains, rather than purely on the financial concerns.

To optimise the full benefits of treatment coordination, it is advisable to train your treatment coordinator in aspects of project management, the GDC Standards, health promotion, psychology and sociology.

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Nobel Biocare offers the Nobel FAST One Year Implantology course

For the fourth year running, implant giant Nobel Biocare will be offering a limited number of clinicians in Northern Ireland the chance to study practical dental implantology on its yearlong course, NobelFAST. Dr Raj Patel and Dr Damian McNally will lead the 2011’s fascinating programme, beginning on January 15.

Over the course of 12 months, dental graduates will gain plenty of hands-on training to equip them with the skills and knowledge necessary for independent practice in dental implantology, along with six hours of CPD for each day of the course.

The programme is divided into a series of modules. Section 1 covers assessment and treatment planning and will include surgical practice on pigs heads, suturing and flap design, membranes, and equipment training (surgical and prosthetic). This part of the course spans four days.

Section 2 of the course concentrates on implant surgery, looking at both first and second stage implant surgery using local anaesthetic and intravenous sedation. Delegates will also learn how to use surgical stents and surgical indexing. More advanced subjects such as bone grafting and the management of surgical complications will also be covered in this section, which lasts for six full days.

The third section of the course gives clinicians a solid grounding in implant prosthetics and includes modules in taking impressions, jaw registration, articulation, maintenance, problem solving and the management of failures, and how to satisfy patients’ aesthetic demands. Delegates will be required to attend this section for five full days.

Delegates will benefit from a wide range of teaching methods, including seminars that provide all the essential background and theoretical information on the subject. This knowledge is reinforced in consultant-led clinics to illustrate the individual facets of implantology and encourage reflective learning. Each student will have the opportunity to devise their own treatment plans and will undertake the surgical placement and restoration of several patients to practise practical techniques. Students on the course will be required to undertake a suitable amount of independent study, including preparation for clinical sessions and research into topics that are relevant to oral implantology but not formally covered in the course material.

On completion of the course, dental professionals will be able to recognise the clinical rationale behind the placement of dental implants and be aware of the principles of appropriate patient selection. They will also have an in-depth knowledge of the practical surgical and prosthetic aspects of the subject using the NobelReplace™ and Brånemark systems. Clinicians will also understand how the provision of general clinical dentistry and dental implantology is affected by both medical and social factors and will be able to appreciate the role of clinical, technical and ancillary personnel in patient management.

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The late Stuart Filhol founded Filhol Dental, which for more than 50 years has been recognised as a leader in pin and post technology. Stuart was credited with being first to identify the benefits of using pure titanium in the production of FILPIN retention pins and FILPOST customised root canal posts. He was also instrumental as an innovator in designing and manufacturing parts for the dental industry. Since Stuart’s unexpected passing last year his wife, Sarah, filled his position as managing director and her team continues to build on the excellent reputation created by her husband.

Filhol Dental is a company prized by its customers for its ability to work with difficult or challenging materials and finishes. The finer manufacturing work was moved in 1970 to Southern Ireland, from Warwick, to focus on the production of its patented parapulpal dentine pins originally made from stainless steel. Following Stuart’s research into finding the best materials he became the first manufacturer of dentine pins to use pure titanium. Pure titanium is recommended as the most biocompatible grade for the body implants, therefore, it was the best decision for use in the production of the Filhol products. This focus on dental solutions enabled Filhol to move from a manufacturer of components for other companies to a manufacturer of pin and post products in its own right and it is recognised as being one of the leaders in its field.

FILPIN has been in production since the 1980’s. The FILPIN dentine retention pin is design engineered to make placement easier, faster, safer and stronger. The shaft is 99.8 per cent pure titanium, biocompatible and compatible with all dental materials so will not corrode. The self-threading, self-aligning pin speeds and eases placement for self-fusing first time, every time since optimum depth has been reached. After insertion FILPIN can be easily bent to suit the restoration without breaking it or the tooth. A unique thread design maximises retention strength without causing internal stresses that may lead to cracking or cracking. This patented pin has been used in the UK market for more than 50 years.

FILPIN enhances the retention of all types of restorations to dentine. If the tooth’s dentine is too soft or its depth inadequate, the company has developed the Filratch pin inserter to give greater tactile control and ease of placement. The Filratch is for use by hand and ideal for reaching difficult positions. The pin is inserted by a continuous forward and back turning of the plastic finger grip on the Filratch. This has a ratchet action and so threads the pin into the pre-drilled hole. When the pin reaches the bottom of the hole the pin shears at the break-off point, leaving half the thread anchored in the dentine and half the thread above the surface for restoration.

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Self-threading, self-aligning shaft
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Easy to bend after insertion

Filhol Dental, Better by Design restoration retention system

The patented passive FILPOST, manufactured by Filhol Dental, is the perfect choice for all post requirements. It is also design engineered to be easier, faster and safer to place and provides maximum advantages without compromising safety, dentine integrity or retention. By using the biocompatible 99.8 per cent pure titanium FILPOST, the post may be customised to suit the canal without risking fracture thus providing easy insertion of multiple posts into converging canals and providing mechanical retention whilst minimising stress to the tooth structure. The retention is provided by a unique multi-cement interlock between the dentine and the post. The retention grooves in the canal are prepared with the FILPOST Universal Groover which has proportionally sized grooving edges, smaller and closer at the tip that become larger and wider as the diameter increases.

A further product marketed by Filhol Dental is the FILPOST Customizer, which is purpose-designed stainless steel pliers to make customising the pulp post faster, easier and more exacting to the requirements of the root canal. Additionally, the Customizer makes fast work in the placement of two FILPOSTs into a molar to ensure greater stability and anti-rotational security of crowns.
The Dental Directory: Experts on Digital Imaging Equipment

Digital Imaging is an extremely fast growing area within today’s dentistry field, and one that may require a dentist to make a substantial investment in terms of equipment. Due to the complex nature of Digital Imaging, the necessary equipment currently available is often highly advanced and relatively new to the market. With this in mind, it is vital that suppliers keep up to speed with industry developments; and one that has is The Dental Directory.

Dr Boota S Ubhi is the Specialist Periodontist and Implant Surgeon at the Birmingham Periodontal and Implant Centre. He works alongside Dr Tass Tambra who is an American trained Specialist Prosthodontist. The practice is a large specialist centre based in Harborne, Birmingham and has a wide referral base covering most of the Midlands. He has been a client of The Dental Directory for the last thirteen years, and after treatment.

Five years ago, Dr Ubhi changed to using both the intra-oral and extra-oral digital imaging supplied by The Dental Directory. He was extremely pleased with how this worked out and investigated the CT scanner options.

‘The equipment arrived promptly and was exactly to spec; I was delighted. The whole experience was thoroughly well-planned, low stress and professional; qualities that I’ve come to expect from The Dental Directory.’

Having read research produced by the University of Manchester, Dr Ubhi learned that the i-CAT scanner is one of many pieces of Digital Imaging equipment available from The Dental Directory. He explains, 'The i-CAT scanner is fantastic. The installation was arranged efficiently by The Dental Directory and needed very little input from me. The engineers arrived at 8am to set up the i-CAT, and by late afternoon I had taken my first scan! The equipment arrived promptly and was exactly to spec; I was delighted. The whole experience was thoroughly

Dr Ubhi’s multidisciplinary practice specialises in treating patients with advanced periodontal problems, fixed and removable prosthodontics and Implant therapy. Dr Ubhi was entered onto the General Dental Council’s Specialist Register in Periodontics in 2000 and referred dentists and their staff to enable them to gain the understanding and confidence to deal with advanced dental care. The Surgical and Prosthodontic 10 day modular implant course is now in its 5th year. This course covers surgical implant therapy, sinus and bone grafting, bone augmentation and the Prosthodontic aspect of Implant therapy. Nurse’s courses are also run and cover a range of topics including basic implant techniques, care of instruments, sterile techniques, implant kits and care of patients before

of Manchester, Dr Ubhi learned that the i-CAT scanner provided the best quality images, and most importantly, the lowest dose of radiation available on the current market.

After intensive consultation, The Dental Directory supplied Dr Ubhi with a Gendex GXCB-500 CBCT System.

‘After considering the necessary specifications, I approached several different suppliers, one of which was The Dental Directory. I discussed my requirements with them and they were extremely knowledgeable. They have a dedicated Digital Imaging Manager, Mohammed Latif who is on hand to offer advice and explanation. Their expertise was invaluable and made me feel confident that my choice of equipment and supplier was the right one.’

The Gendex GXCB-500 provides powerful, instantaneous diagnostic and treatment planning tools; giving distortion-free images to reveal critical anatomical details. This scanner is one of many pieces of Digital Imaging equipment available from The Dental Directory. Dr Ubhi is extremely happy with his purchase. He feels that the addition of 3D imaging to his practice means that he is providing a much higher standard of care for his Implant cases. The planning and execution of his treatment is much quicker and safer due to the on site CT scanner. He explains,
‘The support provided by The Dental Directory is second to none…’

Mohammed Latif, Digital Imaging Manager for The Dental Directory, worked closely with Dr Ubhi throughout the project.

After-sales and backup support is a key area for consideration after having purchased a new piece of equipment. Should something go wrong, it is always vital that the appropriate expert be on hand to support the customer and resolve the issue quickly and effectively. The Dental Directory boasts highly skilled and knowledgeable staff members, who are able to offer the right levels of support should it be needed. As Dr Ubhi says, ‘The support provided by The Dental Directory is second to none. They offer a consistent level of customer care, and will always do over and above what is necessary in order to resolve an issue. This is very reassuring and certainly encourages customer loyalty. After the i-CAT scanner was set up, a member of The Dental Directory team came down to provide us with two days of training. All of his instructions were extremely clear and any questions or queries that were raised were answered precisely and confidently. We were also offered further software training after the initial training session, which we took up. This we found invaluable as it cleared any queries we had after the installation.’

Pridding itself on not being tied to any particular manufacturer, The Dental Directory has Technical Sales staff that can give you comprehensive advice on the best Digital Imaging equipment to meet your unique requirements. If you are a dental professional needing astute, unbiased and impartial advice on which Digital Imaging solution is best for your practice, The Dental Directory should be your first port of call.

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For more information on how digital imaging systems can improve your practice, call Mohammed Latif on 07808 943647 or The Dental Directory Equipment Department on 0800 585 585.
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