End of the line for tobacco displays

New legislation came into effect on 6 April to protect children from being the target of tobacco promotion and to help people quit smoking.

From April all large shops and supermarkets in England had to cover up cigarette displays. Most adult smokers started smoking as teenagers and we need to stop this trend.

Evidence shows that cigarette displays in shops can lure young people to start smoking. More than eight million people in England smoke – it is one of the biggest preventable killers causing more than 80,000 deaths each year. Nearly two-thirds of current and ex-smokers say they started smoking before they were 18.

“Banning displays of cigarettes and tobacco will help young people resist the pressure to start smoking and help the thousands of adults in England who are currently trying to quit.”

Jo Butcher, programme director of health and well-being at the National Children’s Bureau, said: “National Children’s Bureau welcomes the end of tobacco displays.

“Children and young people tell us that outside influences make it even more difficult for them to choose healthier lifestyles. A yet to be released National Children’s Bureau health survey has found that more than one in four young people felt they needed more information about the health effects of drugs, alcohol or tobacco.

“Yet, it’s essential that we create a culture that promotes and protects public health and tobacco legislation is a significant factor in making this happen.”

Cigarettes and all tobacco products will have to be out of sight except when staff are serving customers or carrying out other day-to-day tasks such as restocking. Those responsible in shops not complying with the law could be fined up to £5,000 or could face imprisonment.

The receptionist’s role
Glens Bridges discusses team work

Best of British
Richard Daniels promotes dental laboratories

The daily grind
Paw Khaira discusses bruxism

“End of the line for tobacco displays”

April 16-22, 2012

Vol. 6 No. 10

News in Brief

One ‘Smiley’ school!
With National Smile Month only a matter of weeks away, one school could barely contain their smiles. St Marie’s Catholic Primary School and Nursery are showing off their ‘Smileys’ on Friday 30 March as part of the campaign, organised by the British Dental Health Foundation. Taking place from 20 May to 20 June 2012, it is the UK’s largest and most successful oral health campaign. With the help of more organisations raising the importance of oral health, Chief Executive of the Foundation, Dr Nigel Carter, believes further advances can be made. Dr Carter said: “Statistics show not enough children give consideration to their oral health, and that’s where National Smile Month comes in.” Visit www.smilemonth.org for information.

Survey finds mid-life crisis
Middle-aged women are most likely to suffer from fear of the dentist, a new study found. Clinical observation of patients taking part in a multi-year clinical trial conducted at the Dental Phobia Clinic in Westmead, Sydney, has indicated that the level of dental anxiety is highest among women in their forties. According to the research, demography from 20 May also found to have perceived a dramatic dental experience, including orofacial trauma, in the past and to be more prone to stress or mental disorders like depression. The results are intended to help investigate the relationship between dental anxiety and the perception of and coping with pain, as well as to develop strategies for managing the condition successfully.

Congenital heart disease risk
Several studies have shown that poor dental hygiene behaviours in patients with congenital heart disease are increasing their risk of endocarditis. For the first study participants completed a questionnaire that measured the use of alcohol, cigarettes and illicit drugs, dental care and physical activity. The researchers calculated risk scores for ‘substance use’ and ‘dental hygiene.’ In adolescents with congenital heart disease, substance use increased with age. The results reveal that health risk behaviours are prevalent in adolescents with congenital heart disease and they increase with age. The findings were presented at the 14th Annual Spring Meeting on Cardiovascular Nursing, 16-17 March, in Copenhagen. (www.escardio.org/congresses/cardio-nursing-2012/Pages/welcomes.aspx)

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A new hard-hitting campaign, highlighting the shocking truth behind second-hand smoke recently hit our TV screens.

The New TV and radio ad-verts will show that smoking by a window or the back-door is not enough to protect children from second-hand smoke. Smoking by a window or the back-door is second-hand smoke is invisible. This contains harmful cancer-causing toxins and poisons that are unknowingly dam-aging children across the coun-try every day.

Millions of children in the UK are exposed to second-hand smoke that puts them at increased risk of lung disease, meningitis and cot death. It re-sults in more than 50,000 GP visits, 9,500 hospital visits in the UK each year and costs the NHS more than a staggering £25.5 million every year.

The only way to completely protect people from second-hand smoke is to make homes and cars entirely smoke free. As the campaign launches, a new survey reveals that children who want smoke free lives. The sur-vey found:

- 88 per cent of children wish their parents wouldn't smoke in front of them at home
- 82 per cent of children wish their parents wouldn't smoke in front of them in the car
- 78 per cent of the children wished their parents wouldn't smoke in front of them
- 44 per cent of children said cig-arette smoke made them feel ill
- 42 per cent of children said cig-arette smoke made them cough

Smokers can order a new NHS Smokefree Kit by tex ting POISONS to 65818 or by vis iting nhs.uk/smokefree for facts, tips and tools to help them on the way to a smoke free future.

Consultant Paediatrician at the Royal Surrey Hospital Dr Charles Godden said: “I see children every week with condi tions which are made worse by second-hand smoke. Most par ents would be horrified to know that even a short car journey where an adult has been smok ing would result in breakdown products of nicotine in their child's urine.

“This shows exactly why we should all make our homes and cars smoke free and that children need protection from exposure to second-hand smoke.”

The nominations process for the new BDA Prin-cipal Executive Com mittee (PEC) has opened. The new committee, which will replace the current Represen-tative Body and Executive Board, will assume overall re-sponsibility for BDA policy and governance. PEC members will also be the legally respon-sible directors of the Associa-tion.

The Committee will consist of 15 members, 12 of whom will represent geographical con-tinuities and three who will be elected on a UK-wide basis. All members will be elected in spring 2012. Seats will then be subject to a revolving cycle of elections starting in December 2014, when a third will be sub ject to fresh elections.

Those interested in stand-ing for election are invited to submit a completed nomina tion form and personal sup-porting statement by Friday, 23 April 2012. Members will have the opportunity to hear from prospective candidates at a series of speed-dating style events at the British Dental Conference and Ex-hibition which takes place in Manchester between 26-28 April, and will receive ballot papers, where required, at the end of April.

Encouraging applications, BDA Chief Executive Peter Ward said: “The BDA occu-pies a unique position in UK dentistry. Members of the new Principal Executive Commit tee will be working in the in terests of their professional colleagues, taking on the gov ernance and stewardship of the Association and oversee ing the next stage of its de velopment. They will inherit resources, reputation and re search and will help shape the future of the BDA and the den-tal profession.

“I encourage all members who are passionately about the future of the organisation and UK dentistry to think seri ously about standing for elec tion to the PEC.”

Further information on the Principal Executive Com mittee and the election time table, is available at: http:// www.bda.org/pec Nomina tion forms are also available via the above link.

Nominations open for Principal Executive Committee
Editorial comment

Big congratulations to those who found themselves with a place in the top 50 most influential people in dentistry, as voted for by members of the profession.

James Goolnik made the top spot for the second year running, a big achievement and in recognition for the Heart Your Smile campaign which he founded last year, aiming to bring positivity back to the dental profession.

Congratulations also go to Dean of the Peninsula Dental School and Dental Tribune editorial board member Liz Kay, number four in the list.

Other notable names familiar to DT readers include Mhari Coxon (5), Elaine Halley (11), Nik Sisodia (25), Wyman Chan (55), Julian Webber (58) and Susie Sanderson (49).

Thoughts are now also turning to the upcoming events prominent in the dental calendar: the Dental Awards (April 20), BDA Conference and Exhibition in Manchester (April 26-28) and the Clinical Innovations Conference in London (May 18-19). I will be attending all three events - if you see me come over, say hi and let me know your thoughts on Dental Tribune.

Metformin may lower risk for oral cancer

According to a new study, Metformin Prevents the Development of Oral Squamous Cell Carcinomas from Carcinogen-Induced Premalignant Lesions, published in Cancer Prevention Research, Metformin may protect against oral cancer.

Metformin is the most widely used treatment for patients with type 2 diabetes, and according to the study authors, scientists have noticed that "metformin reduces the growth of HNSCC (Head and neck squamous cell carcinoma) cells and diminishes their mTORC1 activity by both AMPK-dependent and -independent mechanisms."

According to a report, J Silvio Gutkind, PhD, chief of the Oral and Pharyngeal Cancer Branch of the National Institute of Dental and Craniofacial Research at the National Institutes of Health, and colleagues induced premalignant lesions in laboratory mice; they then studied the effect of metformin on progression of these lesions to oral cancers.

The scientists found that metformin reduced the size and number of cariesogenic-induced oral tumoral lesions in mice and significantly reduced the development of squamous cell carcinomas by about 70%.

Metformin tablets

In surgery treatment for caries prevention

- Clinically proven caries efficacy1
  - 33% reduction in dmfs
  - 46% reduction in DMFT
- Quick and easy application
- Temporary light tint for visual control

Applying fluoride varnish containing 22,600ppm F is a recommended intervention in ‘Delivering Better Oral Health – An evidence-based toolkit for prevention’2

Duraphat 50 mg/ml Dental Suspension. Active ingredients: 1ml of suspension contains 50mg Sodium Fluoride equivalent to 22.6mg of Fluoride (22,600ppm F)

1 Marinho et al (2002); Cochrane Database Syst. Rev. no3. 2 Delivering Better Oral Health - An evidence-based toolkit for prevention

New lighter tint
The MyFaceMyBody Awards have been organised to celebrate and award those who have made a difference in the aesthetic and dental world.

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New information to help improve patient outcomes

The Tongue Drive system, which is a wireless device that enables people with high-level spinal cord injuries to operate a computer and maneuver an electrically powered wheelchair simply by moving their tongues, is getting less conspicuous and more capable.

The newest prototype of the system allows users to wear an inconspicuous dental retainer embedded with sensors to control the system. The sensors that track the movement of the magnet on the tongue were mounted on a headset worn by the user.

The new intraoral Tongue Drive System was presented and demonstrated on Feb. 20, 2012 at the IEEE International Solid-State Circuits Conference in San Francisco. Development of the system is supported by the National Institutes of Health, National Science Foundation, and Christopher and Dana Reeve Foundation.

The new dental appliance contains magnetic field sensors mounted on its four corners that detect movement of a tiny magnet attached to the tongue. It also includes a rechargeable lithium-ion battery and an induction coil to charge the battery. The circuitry fits in the space available on the retainer, which sits against the roof of the mouth and is covered with an insulating, water-resistant material and vacuum-molded inside standard dental acrylic.

When in use, the output signals from the GDC are wirelessly transmitted to an iPod or iPhone. Software installed on the iPod interprets the user’s tongue commands by determining the relative position of the magnet with respect to the array of sensors in real-time. This information is used to control the movements of a cursor on the computer screen or to substitute for the joystick function in a powered wheelchair.

Ghovanloo and his team have also created a universal interface for the intraoral Tongue Drive System that attaches directly to a standard electric wheelchair. The interface boasts multiple functions: it not only holds the intraoral device in place but also encodes the sensor data and delivers it to the iPod, connects the iPod to the wheelchair, charges the iPod, and includes a container where the dental retainer can be placed at night for charging.

In preliminary tests, the intraoral device exhibited an increased signal-to-noise ratio, even when a smaller magnet was placed on the tongue. That improved sensitivity could allow additional commands to be programmed into the system. The existing Tongue Drive System uses that head-accrued commands from the user’s tongue to control a cursor on the computer screen.

The ability to train the system with additional commands – as many commands as an individual can comfortably remember – and having all commands available at the same time are significant advantages over the sip-n-puff method, according to a simple switch controlled by sucking or blowing through a straw.

The researchers plan to begin testing the usability of the intraoral Tongue Drive System by able-bodied individuals soon and then move on to able-bodied trials to test its usability by people with high-level spinal cord injuries.

In recent months, Ghovanloo and his team have recruited 11 individuals with high-level spinal cord injuries to test the headphone version of the device at the Atlanta-based Shepherd Center and the Rehabilitation Institute of Chicago. Trial participants received a clinical tongue piercing and tongue stud that contained a tiny magnet embedded in the upper cheek. They repeated two test sessions per week during a six-week period that assessed their ability to use the Tongue Drive System to operate a computer and navigate an electric wheelchair through an obstacle course.

“During the trials, users have been able to learn to use the system, move the computer cursor quicker and with more accuracy, and maneuver through the obstacle course faster and with fewer collisions,” said Ghovanloo. “We expect even better results in the future when trial participants begin to use the intraoral Tongue Drive System on a daily basis.”

Wheelchair controlled by remote control in mouth

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