Help for migraine sufferers

According to a recent report, the National Headache Foundation in the US has designated June as National Migraine Awareness Month. According to experts, dental problems can cause 95 per cent of migraines, but unfortunately due to advances in dentistry, the trouble behind migraines could be revealed by looking to the mouth for answers. “We can tell how your teeth meet within a hundredth of a second, which teeth meet first, which teeth meet hardest, whether your balance is left or right, so it's very important because all that information goes into the brain headache center and helps produce the headache,” explained Dr. Gary Andreoletti, a migraine therapeutic provider in a recent report. The Migraine Research Foundation says in the US, employees lose over $13 billion each year as the result of those who miss work due to headaches.

Free nursery milk

Plans to secure the future of a fair and cost effective way to offer free milk to all nursery children was set out today by Public Health Minister, Anne Milton. She launched a consultation on how the scheme operates, which show the Government is spending up to 92p for a pint of milk through the scheme while most consumers can pick up one up for 45p – almost half the price. There is currently a milk scheme has been running since the 1940s and the Government is committed to continuing to provide free milk for all nursery children. But analysis shows modernising the operation of the scheme could save up to £20 million each year. In its current form, the legislation covering the scheme provides for full reimbursement of the cost of the milk. While childcare providers are encouraged to seek value for money, there are cases where this is not happening. Around 1.5 million UK children under-five in 55,000 childcare settings receive free milk. The consultation will seek views on the price, access, voucher schemes, supply and claims procedures. Public Health Minister Anne Milton said: “Milk has many benefits to children’s health and is important for their development – we are committed to continuing to provide free milk for all under-fives.”

Milk has many benefits to children’s health and is important for their development – we are committed to continuing to provide free milk for all under-fives.
NHS 111 delayed

A cording to a recent report, the government has announced a delay in the rollout of the NHS 111 number in England. The free one-stop number for patients with urgent, but not life-threatening symptoms was planned for April 2015; however, the Department of Health has said that areas can now have more time to introduce the service.

The delay has been welcomed by doctors’ leaders, who had reportedly expressed “serious concerns” about the introduction of the service. Nursing leaders and the union Unison has also expressed reservations about plans for the service, and there were concerns that NHS services could be placed under further strain if more time had not been given to introduce the service.

The delay will mean areas will have up to six extra months in which to introduce NHS 111 – taking the deadline to October 2015. Those areas which already have the service will continue to run it.

Commenting on the decision by the Department of Health to extend the NHS 111 rollout - Nick Chapman, NHS Direct Chief Executive, said: “NHS Direct believes that the Department of Health’s decision to allow further time to plan and implement these national changes to the urgent and emergency care service is the right one. It will allow for greater clinical engagement and ensure that the service is the best it can be for patients. The decision to allow an extension means that the period of transition from the 0845 46 47 service to the new NHS 111 service is likely to be spread over the next 15 months, rather than over the next 9 months.”

“As we understand it, the next step is for local commissioners who want an extension to make an application to the Department of Health. We won’t know until these applications have been made how many areas will request an extension, and what implications that may have for the 0845 service and NHS Direct staff.”

GP patient survey: dental statistics revealed

T he GP Patient Survey is a quarterly survey of GP adult patients, which is managed by Ipsos MORI on behalf of the Department of Health. The main results of the latest Survey for 2009/10 Q4 were published on 17th June.

For the first time, for 2009/10 Quarter 4 (January to March), dental questions were included in the survey, about 460,000 adults were asked to complete questions about access to NHS dentistry in the previous two years. Participants in the survey were asked if they had tried to obtain an appointment with an NHS dentist and if so what was the type of appointment and had they been successful. Patients who hadn’t tried to obtain an NHS dentist in the previous 2 years were asked to select one reason why they hadn’t tried.

The results from the survey responses are presented here at national (England), Strategic Health Authority (SHA) and Primary Care Trust (PCT) level.

Main results:

• 147,600 completed dental questions were received, of 460,000 that were distributed (response rate of 34 per cent). Results are available at National (England), Strategic Health Authority (SHA) and Primary Care Trust (PCT) level
• 99 per cent of adults in the survey tried to obtain an appointment with an NHS dentist in the two year period before March 2010
• 92 per cent of respondents who tried to obtain an appointment were successful. Eight per cent were unsuccessful. These percentages exclude those who didn’t remember the outcome.
• Respondents who have tried more recently are more successful. 95 per cent of respondents trying within the past three or six months were successful
• For 78 per cent of adults the last appointment sought was for routine dentistry; 18 per cent were seeking an urgent appointment and two per cent didn’t remember the type of appointment
• 81 per cent of the most recent appointments sought were with the dental practice previously attended. In these cases the successful percentage was 95 per cent
• South East SHA had the largest success percentage, compared to South Central SHA with the smallest (90 per cent).

Adults who have not tried to get an NHS appointment in the last two years:

• 41 per cent of respondents did not try to get an appointment with an NHS dentist in the last two years
• The most frequent reason for not trying for an NHS dental appointment in the last two years, was ‘I stayed with my dentist’ which was mentioned by 21 per cent of adults. The next reason ‘I didn’t think I could get an NHS dental appointment’ was mentioned by 14 per cent of respondents.

Further breakdown of these figures can be found in the summary tables below, and also a copy of the dental questions used in the Survey.


Dentist gets ‘locked-in syndrome’

A recent report in a national newspaper has covered the story of a dentist who suffered a near fatal stroke after performing a particularly grueling tooth extraction.

According to the report, 33-year-old Andy Davies began to suffer headaches and neck pain before eventually admitting himself to hospital in Birmingham in November 2011. Doctors quickly discovered that the dentist had torn an artery in his neck causing a bleed on his brain stem; however, the stroke was so severe he experienced ‘locked-in’ syndrome, a condition which left him unable to move, speak or even breathe without aid from a ventilator. According to the report his only way of communicating was through his eyelids.

Doctors at Birmingham’s Queen Elizabeth hospital fought to save Mr Davies life after the stroke, which is believed was caused by the tooth extraction. He was then put into an induced coma to allow his body to cope with the massive trauma he had suffered.

However, the story has proved a remarkable one, and after some difficult months, Andy is slowly regaining strength and movement; he has even started to learn to sit and talk again. Doctors caring for him have been amazed at his recovery. He is currently being cared for at rehabilitation centre called Moseley Hall, in Birmingham, although his funding is due to run out in the next few months.

According to the report, Andy qualified at Birmingham University in 2002 and was the first dyslexic to qualify as a UK dentist. Since then he has worked for the NHS in general dental practice in Birmingham where he met his wife Emma.

Emma, a teacher was quoted saying in the report: “We were told that if Andy survived he would be left with ‘Locked in Syndrome’ which would leave him unable to communicate or move with no prospect of any independent life. We were told to prepare for the worst and that people didn’t recover from such situations.”

She added: “No one is quite sure what caused the stroke although Andy thinks the trigger was the tooth extraction which may have damaged the artery and caused it to split later.”

Cycle Slam is huge success!

O n St George’s Day, former England rugby international and World Cup winner Lawrence Dallaglio and England cricketing legend Freddie Flintoff embarked on the cycle ride of their lives.

The Dallaglio Flintoff Cycle Slam 2012 (supported by Virgin Media) began at the ancient birthplace of the Olympic Games, Olympia in Greece, on 23rd April. The journey stretched over 22 days, and took them through Italy, across the Swiss Alps and through the Swiss Alps and into France, before reaching London on 18th May.

Dr Alyn Morgan, endodontist at U Dentistry in Ilkeley, joined Freddie and Lawrence for the last of the five stages of the ride. He undertook this massive challenge in order to raise funds for three fantastic charities – the Dallaglio Foundation, the AF Foundation and Virgin Unite.

A huge congratulations to Alyn and everyone else who took part in this incredible event!

The Cycle Slam team
Editorial comment

“I would like to add my personal congratulations to everyone who has received recognition in this year’s Queen’s Birthday Honours. Even bigger congratulations for Dr Nigel Carter, Roger Farbey and Prof Irene May Leigh, members of the dental fraternity who have been recognised for their services.

One of the projects I have been involved in lately is very social media based and I came across some interesting statistics about social media usage. I won’t bore you with all 75 of them (view them at http://bit.ly/L6VpWC) but I thought some of them would interest you:
• There are 38 million European Linkedin users • Of all the UK Linkedin users 65 per cent are male; 28 per cent of UK Linkedin users earn £98,000 pa or more • There are 1.1m subject-specific groups • There are more than 900 million global Facebook users • Each person has an average of 150 friends • Thirty billion pieces of content shared each month • There are four billion mobile phones globally (more than people who have access to clean water) • Fifty per cent of all local searches are performed on a mobile device • Eleven Twitter accounts are created every second; 175 million tweets a day are sent • Sixty-nine per cent of people follow someone because they were recommended by friends

Just those few facts make for interesting reading for the dental practice looking to engage with potential and current patients via social media, as well as those who find Linkedin invaluable for networking with peers and colleagues.

You can follow Dental Tribune on Twitter - @dentaltribuneuk.”

Oral care and cancer

A study carried out in Sweden has suggested that poor oral hygiene is associated with increased cancer mortality. The study, The association of dental plaque with cancer mortality in Sweden. A longitudinal study, was carried out to find out whether the amount of dental plaque was associated with premature death from cancer.

For the study, 1,950 randomly selected healthy young Swedes were followed up from 1985 to 2009. According to the authors, all subjects underwent oral clinical examination and answered a questionnaire assessing background variables, such as socioeconomic status and smoking. Causes of death were recorded from national statistics and classified according to the WHO International Classification of Diseases. The results showed that:
• Of the 1390 participants, 4.2 per cent had died during the follow-up. Women had died at a mean age of 61.0 (±2.6 SD) years and men at the age of 60.2 (±2.9 SD) years.
• The amount of dental plaque between those who had died versus survived was statistically significant (p<0.001). In multiple logistic regression analysis, dental plaque appeared to be a significant independent predictor associated with 1.79 times the OR of death (p<0.05). Age increased the risk with an OR of 1.98 (p<0.05) and gender (men) with an OR of 1.91 (p<0.05). The malignancies were more widely scattered in men, while breast cancer was the most frequent cause of death in women.

The study concluded that poor oral hygiene, as reflected in the amount of dental plaque, was associated with increased cancer mortality. For the article on the BMJ website, visit http://bit.ly/KvrzMa

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New recommendations on public health funding published

Recommendations on how to distribute funding for local authorities to spend on public health has been published by an independent group of experts - the Advisory Committee on Resource Allocation (ACRA).

For the first time, from 2015, public health funding will be ring fenced and protected with local authorities taking the lead for improving health. This will help to drive up local efforts to maintain and improve the public's health and wellbeing.

The Department of Health has committed to ensure that no local authority will lose out under the new grants for 2015-16. So local areas will either receive equivalent funding or be better off under the new funding arrangements.

Alongside the recommendations, the Department is also publishing more information on:

• A health premium incentive that will target areas with the worst health outcomes and most need, rewarding local authorities if they improve the health of the local population
• Further information on the ring-fenced public health grant

We are committed to all areas of the country seeing a real terms increase in public health spending, above what PCTs were spending locally. Today’s announcement confirms this.

The introduction of the first public health outcomes framework will incentivise local authorities to drive progress in improving the public health of their population.

Secretary of State for Health Andrew Lansley said: “This is the first Government to ringfence public health funding. The next step is to ensure that funding gets to where it is needed most and can have the greatest impact.

Under the plans for the health premium incentive, local authorities will be rewarded for the progress they make. Disadvantaged areas will see a greater incentive if they make progress, recognising that they face the greatest challenges.

The Secretary of State asked ACRA to develop a formula for the distribution of public health funding to local authorities across England to help support their new responsibilities.

The Department will now actively engage with health professionals, local authorities and public health leaders for their feedback before publishing the final formula later in the year.

Dentists must resist PCT bullying

Dentists across England must resist the bullying tactics of Primary Care Trust dental commissioning staff, British Dental Association (BDA) General Dental Practice Committee (GDPC) Chair Dr John Milne has urged.

Speaking at the 2012 Conference of Local Dental Committees (LDCs), Dr Milne told delegates that he was appalled at suggestions that some PCTs were challenging perfectly acceptable treatment patterns in an attempt to claw back money, using a veiled threat that practitioners might be referred to the General Dental Council (GDC) as a stick with which to beat them.

Dentists who find they face such threats, Dr Milne added, must report the situation to the BDA so that this unnes-

sarily aggressive stance can be resisted.

Dr Milne also, though, reiterated the responsibility that all dentists have to practise professionally and ethically, warning that the small numbers of practitioners who make inappropriate claims are creating problems for the vast majority of the profession that does the right thing.

Dr Milne said: “We have heard from practitioners working in a number of primary care trust areas that commissioning staff are adopting an unreasonable, bullying stance towards dentists with the motive of clawing back money. That is unfair, unhelpful and unacceptable.

“Dentists must not be cowed by such practices. The small number of inappropriate treatment claims that are submitted by practitioners absolutely must be tackled, but they must not be used as an excuse to persecute practitioners who are working professionally, ethically and appropriately.

“GDC will not accept such actions by PCTs and I urge dentists to inform the BDA if this happens to them.”

Dental practice teaches children how to get that ‘perfect’ smile

In support of National Smile Month a team from Perfect 32, an NHS and private dental practice in Beverley, visited children at Walkington Preschool and Walkington Primary School to teach them the best way to keep their teeth for life.

National Smile Month 2012 ran until June 20th and was led by the British Dental Health Foundation. This year’s focus was on the vital importance of looking after your mouth in order to keep both your mouth and body healthy. Brushing your teeth for two minutes twice a day, drinking and eating less sugary snacks and visiting your dentist regularly are simple measures that can be taken to maintain overall health. Significant scientific evidence has proven the systemic links between the mouth and the body, with research clearly linking gum disease to heart disease, diabetes, strokes, pneumonia and premature and low birth weight babies.

Millions of school days are also lost every year because children are suffering with oral health issues.

As well as offering educational advice in a fun way to 40 reception children with visuals and games, including a ‘good food, bad food’ interactive quiz and a ‘Smile for the Camera’ station, the team also had plenty of balloons, stickers and dental goodies to give away.

The afternoon ended with a full school assembly with 264 children in attendance to listen to the National Smile Month message.

Practice manager, Nicki Rowland, said: “This is the fourth year that we have visited children to promote good dental health and we always have great fun despite the serious message we are relaying to the children.”

This year the children dressed up in clinical clothing and masks to look like dentists and had their photographs taken with the campaigns smile-on-a stick logo, which was very funny. We also got very messy learning good brush-

ing techniques using bright blue disclosing tablets and at one point the floor was covered in clinical gloves that the children had blown up and decorated as The Queen!”

Huw Tevenan (age five) said: “We played a game and gave good food to the tooth fairy. I now know how to check if my tooth brush is worn out. I really enjoyed the afternoon.”

Dr Nigel Carter, chief executive of the Foundation, said: “We are delighted that Perfect 32 has joined the many dental practices, schools, health professionals and community groups promoting good oral healthcare under the umbrella of our National Smile Month campaign.

“A good oral healthcare routine can help guard against all sorts of oral and general health conditions from bad breath and decay to gum disease, which has been linked to a number of more serious health conditions such as diabetes, heart disease and strokes.”

“Dentists must resist PCT bullying”
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The incidence of infective endocarditis among dental patients in Olmsted County, Minn. did not increase after new guidelines called for giving preventive antibiotics before dental procedures or oral surgery. It can cause death if untreated. A common group of bacteria that cause this infection less often.

In 2007, antibiotics were given to many more people, including those with many types of congenital heart defect or acquired cardiac condition. Antibiotics were also given for a wider range of procedures, including operations to replace two heart valves, gastrointestinal, genital or urinary tract.

In the first US study examining VGS-related infective endocarditis rates after the guidelines changed, investigators found a slight decline in the number of patients diagnosed.

To compare infective endocarditis rates, researchers analysed local hospital discharge records in the Rochester Epidemiology Project and national rates using the Nationwide Inpatient Sample. Olmsted County was used because of its unique medical records-linkage system that encompasses all residents of the county.

From Jan 1, 1999 to Dec 31, 2010, 37 patients in Olmsted County, Minn., were diagnosed with the heart infection. These patients represent two to three of every 100,000 people in the United States before updated guidelines, and one of every 100,000 after the updated guidelines.

The percentage of Olmsted County dentists following the new association guidelines represented the percentage of dentists using them nationally, researchers said.

Among other limitation, the lack of diversity in Olmsted means these results may not hold true for non-Caucasian populations.

To provide a unit in Leicester that will make a significant difference to the lives of all young people fighting cancer.

For those of you wishing to make a donation to this well worthwhile fund, please visit http://www.robbieanderson.org.uk/index.php/donations. Contact us. You can also find out more information at http://www.robbieanderson.org.uk/index.php.
“Bleaching does not damage enamel surface”

According to a recent study, The effects of home-use and in-office bleaching treatments on calcium and phosphorus concentrations in tooth enamel, an in vivo study, bleaching gels do not alter calcium and phosphorus concentrations on the enamel surface.

Researchers from Sao Leopoldo Mandic Institute and Research Center in Brazil conducted the study to determine the effects of dental bleaching. They examined the changes in calcium and phosphorus concentrations in enamel after the use of home-use and in-office bleaching treatments inside the mouth.

To carry out the study, the researchers applied four bleaching agents (10 per cent and 20 per cent carbamide peroxide [both recommended for home use]), 58 per cent and 55 per cent hydrogen peroxide [both applied in the dental office]) to the enamel of 80 participants, who were divided into four groups of 20.

The authors evaluated the subjects’ teeth both before and after the treatments by collecting samples from enamel without causing any injuries to the dental structure.

The samples were then individually analysed by using enamel micro biopsy specimens from incisors before (baseline), during (seven, 14 and 21 days) and after (seven and 14 days) the bleaching treatments. They analysed calcium and phosphorus concentrations by using a spectrophotometer. According to a recent report, the evaluation was done using enamel microbiosies, which is a method of collecting samples from enamel without causing any injuries to the dental structure.

The permanent solution to missing teeth is proving popular all over the UK too, with WhatClinic.com registering dental implant enquiries in more than 350 towns and cities in the last year. Clinics in the West Midlands (7.8 per cent) and London (6.1 per cent) are the most popular on the site but there is also strong interest in Scotland’s Lanarkshire (4.6 per cent) and Midlothian (4.0 per cent), and in Somerset (4.0 per cent) too. With an estimated 27 million British adults missing at least one tooth (57 per cent of the adult population), implant dentists have a considerable market to service. Even though implants are available on the NHS, they are only provided in cases which are deemed medically necessary, leaving private treatment the only option for most patients interested in the procedure.

The General Dental Council does in fact know why dentists are being struck off our registers. This information is made publicly available on our website and in past annual reports. In addition we are currently further improving our systems to help aid us in our understanding of the types of complaints we receive.

We supplied the Dental Law Partnership, the group of solicitors behind the ‘Bridge the Gap’ campaign, with a wealth of information when they made their Freedom of Information request. Unfortunately they took one sentence from a letter answering a very specific set of data out of context.

They asked for information about the classification of hearings results by a specific part of our ‘Standards for dental professionals’. We do not record our information in this way but that does not mean we do not analyse data we hold.

Comment regarding ‘Bridge the Gap’ news piece, printed in Issue 14 2012.

Following a news piece by Bridge the Gap, regarding the General Dental Council (GDC) monitoring standards, a member of the GDC has written to Dental Tribune with their response.

I am writing in response to an article that appeared in the May 28 – June 3 2012 edition of Dental Tribune, entitled GDC “failing to monitor standards breaches”.

I would like to take this opportunity to correct some of the misconceptions I feel readers will have been given by this piece and I hope you will publish this letter in the next possible issue of the magazine.

The General Dental Council does in fact know why dentists are being struck off our registers. This information is made publicly available on our website and in past annual reports. In addition we are currently further improving our systems to help aid us in our understanding of the types of complaints we receive.

We supplied the Dental Law Partnership, the group of solicitors behind the ‘Bridge the Gap’ campaign, with a wealth of information when they made their Freedom of Information request. Unfortunately they took one sentence from a letter answering a very specific set of data out of context.

They asked for information about the classification of hearings results by a specific part of our ‘Standards for dental professionals’. We do not record our information in this way but that does not mean we do not analyse data we hold.

Anyone wishing to find out more information about our Fitness to Practice processes should log on to www.gdc-uk.org.

Yours sincerely,
Neil Marshall, Director of Regulation, General Dental Council

Gap in missing teeth market filled by implants

Consumer interest in dental implants has doubled in the last year according to the latest data from WhatClinic.com, a worldwide search engine for medical clinics and services. More than 150,000 people from the UK used the website to research local private dental clinics in the last month, and 2,500 of these were interested in dental implants, up 105 per cent from the same period last year. (27 April – 27 May 2012 vs 28 April – 29 May 2011)

Increasing consumer awareness and more affordable prices are driving demand for the procedure which has traditionally been seen as the preserve of the rich and famous. Of the 555 UK clinics listing dental implant prices on WhatClinic.com, 15 per cent now quote between £1,000 and £1,500 and seven per cent quote between £500 and £1,000 for the procedure. The average price quoted however, is still £1,860, just £10 less than it was a year ago.

With an estimated 27 million British adults missing at least one tooth (57 per cent of the adult population), implant dentists have a considerable market to service. Even though implants are available on the NHS, they are only provided in cases which are deemed medically necessary, leaving private treatment the only option for most patients interested in the procedure.

Carden King, CEO of WhatClinic.com said, “It is clear that dental implants are increasingly popular with UK consumers who see the procedure as a permanent solution to replacing lost teeth. The benefits of the procedure, such as an enhanced ability to chew food, protecting remaining teeth and improving self-esteem are making them a hit with consumers all over the UK.”

News 7
TV star shows off “Rolls Royce teeth”

C

omedian Crissy Rock is proudly showing off her new set of “Rolls Royce teeth” after enduring years of agony and embarrassment.

Crissy, who is also one of the stars of the hit TV show Benidorm, saw her teeth destroyed after she took chemotherapy-based drugs for vulval cancer in 2003.

Her teeth crumbled causing her to have all of them removed and she went on to have dentures fitted while living in Spain during the filming of Benidorm.

She said: “I spent £10,000 having dentures fitted with a Spanish dentist, but the result was devastating; When I saw my teeth I cried. They looked like something out of a joke shop. It was a real botch job that left me looking like Hannibal Lecter.”

Crissy resolved to get her teeth looked at again after appearing on ITV’s I’m a Celebrity...Get Me Out Of Here last year during which she had to remove her dentures as she prepared to jump out of a helicopter.

Crissy said: “My teeth have been individually handmade and tweaked to look a bit worn and slightly crooked to appear more natural. Even the gum looks real.

“For years I couldn’t bite into an apple and had to check restaurant menus for things I could eat. These new teeth are rock solid and I can eat whatever I want. They have given me my dignity back as well as a nicer smile.

“They have already made a huge difference, not just to my mouth but to my life.”

Barrie Semp said: “The problem with Crissy’s teeth was that she had them fitted abroad and there was no after-care. Also the dentistry work she had done was very poor and had completely failed. It was a total mess.

“Each new tooth has been handcrafted with faint cracks and chips as it was necessary to make them look very real. The gum work is also hand-stained to blend in with the patient’s gum colour, so it looks as if the patient’s natural teeth are growing from the natural gum.

“Crissy can eat anything she likes now and can even jump out of a helicopter with-out having to take her teeth out.”

B2A appear on BBC News

Women, keep those toothbrushes and dental floss handy. A comprehensive review of women’s health studies by Charlene Krejci, associate clinical professor at the Case Western Reserve University School of Dental Medicine, has shown a link between women’s health issues and gum disease.

Across the ages, hormonal changes take place during puberty, mensturation, pregnancy and menopause. Krejci found female hormones that fluctuate throughout women’s lives can change conditions in the mouth that allow bacteria to grow, enter the blood, and exacerbate certain health issues like bone loss, fetal death and pre-term births.

Her overview of the literature was reported in the article, “Women’s Health: Periodontitis and its Relation to Hormonal Changes, Adverse Pregnancy Outcomes and Osteoporosis” in the May issue of Oral Health and Preventive Dentistry.

The Case Western Reserve University periodontist reviewed 61 journal articles with nearly 100 studies for a collective answer on whether hormones have a relationship to gum disease and specific women’s health issues like preterm labor, bone loss, and the side effect of hormonal replacement therapy.

“There’s definitely a gender-specific connection between women’s hormones, gum disease, and specific health issues impacting women,” Krejci said.

“Although women tend to take better care of their oral health than men, the main message is women need to be even more vigilant about maintaining healthy teeth and gums to prevent or lessen the severity of some women-specific health issues,” Krejci said.

In addition to the brushing and flossing daily regimen, Krejci recommends visiting the dentist at least every six months, and more if there are any gum problems found or women suffer from bone loss or are pregnant.

She added that it is widely known that hormones cause some women gum problems during pregnancy. Women already susceptible to gum disease before being pregnant, she advises, need to make sure that these oral problems are treated.

Although women were once discouraged from seeing the dentist while pregnant, she said that scaling and planning of the roots of teeth to eliminate some gum disease is now recommended during pregnancy for women. Severe gum disease requiring surgery is still generally postponed until after the baby’s birth.

Gum disease begins with the build-up of bacterial plaque on the teeth and under the gums. Untreated it can cause irritation and inflammation during which harmful and toxic byproducts are released. These toxins erode the bone that anchors teeth and cause breaks and bleeding in the gums.

Collaborating with Krejci on the study was Nabil Bissada, professor and chair of the Department of Periodontology at Case Western Reserve University School of Dental Medicine.

Source: http://www.case.edu/