BDA calls on new government to fix dentistry system

By DTI

London: The British Dental Association (BDA) has said that it will work with the new Conservative cabinet and members of parliament towards a better contract for dentistry in the UK. Relying on last month’s general election results, Chief Executive Peter Ward pledged his organisation will continue to fight for better recognition of dentists and distribution of funding for the profession under the new government.

“Healthcare was a central battleground across all of the parties in this election and I am sure you will all be interested what share of the £8 billion, promised by the Conservatives to the NHS, will be spent on provision of dentistry,” Ward said during a special session at the British Dental Conference and Exhibition in Manchester.

Ward criticised that while all parties acknowledged the importance of dental care for the overall health system, little was actually mentioned in the party manifestos except for those of the Green Party and Plaid Cymru.

“Doctors, nurses and midwives do wonderful work, but so too do dentists across the UK. With a political agenda that seeks to tackle the challenges of diet, alcohol, sugar and tobacco, it is clear that dentists have a role to play in a government strategy of prevention and integration in healthcare,” he emphasised. Ward said that the BDA will be reaching out to the government’s new health cabinet, as well as re-elected and new MPs, as soon as possible to follow up on critical issues, such as regulation.

“Thembalabantu means that every MP will have a stronger position to influence Parliament, so engaging with them will be all the more useful.”

The election saw the Conservative Party securing a small but absolute parliamentary majority owing to Labour losing most of its seats north of the border to the Scottish National Party. With over 65 per cent, the election produced an absolute parliamentary majority. The Conservatives will have to stand up to their promises for a ‘new dentistry contract’, the BDA said. © 1001World/Shutterstock

Only one British institution among top ten dental schools

By DTI

London: According to the QS World University Rankings by Subject 2015, Swedish dental schools are among the best in the world. With the Karolinska Institute leading the list of top dental schools and the University of Gothenburg following closely in third place, the country currently claims two of the world’s best three dentistry faculties.

In second position, the University of Hong Kong is located in the midst of the Swedish leaders. The list of top ten dentistry schools further includes the University of Michigan in the US at number four, KU Leuven in Belgium in fifth place and the Tokyo Medical and Dental University in Japan ranked sixth.

King’s College London in the UK at number seven is the only dental school from Britain to have made it in the top ten list this year. The QS World University Rankings are published annually by Quacquarelli Symonds (QS), a British company specialised in education and study abroad. Its list comprises an overall university ranking and a variety of subject rankings. Dentistry is one of the six new additions to the individual subject rankings, bringing the total number of academic disciplines the report covers as of 2015 to 36.

The rankings are based on major global surveys of academics and graduate employers, as well as research citations data from the literature database Scopus. For the QS World University Rankings by Subject 2015, 83,042 academics and 41,910 graduate employers from 60 countries and 894 universities were asked to list up to ten domestic and 30 international institutions they consider excellent in categories such as academic reputation, citations per faculty and employer reputation.

The full QS World University Rankings 2015, as well as the rankings by subject, can be accessed at www.topuniversities.com.
Military dentist follows Cockcroft as Chief Dental Officer

By DTI

LONDON: After two months of searching, the National Health Service (NHS) has recently appointed Sara Hurley from the Royal Centre for Defence Medicine in Birmingham as new Chief Dental Officer (CDO) for England. She is the second woman to occupy the government advisory post after Dame Margaret Seward became CDO in 2000.

Hurley follows Dr Barry Cockcroft, who retired in February after holding the position for almost a decade. She received her bachelor’s degree from the University of Bristol, and holds an MS in Dental Public Health from University College London, as well as a King’s College London MA in Defence Studies.

Appointed as a Queen’s Honorary Dental Surgeon last year, she has also served as Chief Dental Officer for the Royal Army, among other posts. In her recent position at Queen Elizabeth Hospital Birmingham, she has worked with the NHS to assure access to and quality of health care for injured military personnel. In her new role, Hurley will work in partnership with other directors, domain leads and other clinical leaders in regional and local area teams to improve outcomes for patients, and champion the role of dentists and dentistry within the health system, the NHS said in a note.

Hurley commented that as CDO she will be working collaboratively across the breadth of the dental health care profession to develop ideas that will contribute to achieving quality health outcomes and better oral health for all.

Several dental associations in the UK have responded positively to the appointment. “This is the time for new beginnings, fresh eyes and renewed relationships, and we intend to approach her appointment in that spirit,” Chair of the British Dental Association’s Principal Executive Committee Mick Armstrong said. “Building an effective working relationship is in the best interests of both our patients and our profession, and genuine engagement will be reciprocated.”

“In a country where marked inequalities in children’s oral health persist, we look forward to working with her on the long overdue care pathway for children’s dentistry. Our commissioning group is ready and waiting to progress this vital piece of work,” British Society of Paediatric Dentistry spokesperson Claire Stevens commented “We are looking forward to a long and productive working relationship with Sara.”

BDIA extends contracts with London and Birmingham venues

By DTI

LONDON & BIRMINGHAM: The British Dental Industry Association (BDIA) has announced that it signed new contracts with both the NEC in Birmingham and the ExCeL London Exhibition and Convention Centre in April to hold its Dental Showcase for another three years in each venue. Alternating between the two cities, the annual dental show attracts up to 10,000 visitors every year.

According to the BDIA, the contracts secure its partnership with both ExCeL London for the upcoming shows in 2016, 2018 and 2020. The NEC, which will host this year’s edition in autumn, has agreed to host the event in 2017 and 2019.

With an overall space of 186,000 m², the NEC is Britain’s largest exhibition centre. It also hosts the Dentistry Show organised by CloseStill Media in Coventry every year in spring. The BDIA’s partnership with ExCeL London began in 2002. Last year’s show there saw an overall attendance by 350 exhibitors and 9,500 professional visitors, according to the association.

“It is not easy to find suitable venues for a show of this size so securing contracts with both ExCeL and the NEC that will give us stability for the next six years is significant achievement for us,” Executive Director of the BDIA Tony Reed said.

An ExCeL London representative commented that his company is committed to helping the event grow with further investment in the venue’s infrastructure in the year’s to come.

The next edition of the Dental Showcase is scheduled for 22–24 October at the NEC.

New initiative aims to improve oral health of care home residents

By DTI

LONDON: Several studies have found that the oral health of care home residents is often poor and that in many cases carers have not received specific training to help residents with their daily oral hygiene routine. This problem is now being tackled in a new British health initiative that was recently launched by Health Education Kent, Surrey and Sussex, supported by research from the University of Greenwich’s Centre for Positive Ageing.

It is predicted that by 2020, around 20 per cent of the UK population will be aged 65 years or older. With increasing age, many people have to face a deterioration in physical and cognitive abilities and often need care.

The Improving Oral Health of Older Persons Initiative aims to improve oral health and quality of life for older people living in residential care homes in Kent, Surrey and Sussex through education and training of care home staff. “By helping to raise awareness of the importance of good oral health, both for quality of life and for general health, and by introducing oral health training for carers within a continuing programme of learning, we aim to establish a sustainable quality standard for the oral healthcare of older persons,” the initiative stated.

In order to implement its measures, the initiative builds on research into the experiences of older patients and their carers by Dr Paul Newton, a research fellow at the Centre for Positive Ageing. Newton is an expert in patient empowerment and the management of chronic conditions. His work for the initiative has led to new training methods and information for carers of people living with dementia.

“Research about identifying and managing dental pain and oral health problems for people living with dementia was lacking—but both in the literature and in previous initiatives,” Newton said. “We have worked closely with the Older Person’s Initiative to make sure the oral health needs of this vulnerable group are addressed.”

Problems with teeth, gums and dentures can significantly affect the overall well-being of an older person and his or her quality of life. There is a range of oral health challenges for elderly people, including loosening teeth, dry mouth and difficulty with eating and using a toothbrush. These problems can cause a loss of taste, difficulty processing food, reduced chewing efficiency, difficulty chewing and swallowing, and the exacerbation of other conditions, such as diabetes and cardiovascular disease.

Health Education Kent, Surrey and Sussex is a local education and training board, authorised as a sub-committee of Health Education England. It was established in April 2013, when it took on the functions of the old Kent, Surrey and Sussex Deanery, and aims to ensure that health care providers across the region have suitable staff with the necessary skills.

The Centre for Positive Ageing, based in the Faculty of Education and Health, brings together 22 research clusters from across the university. It aims to understand and develop solutions to the problems facing individuals, like chronic pain and dementia, as well as the exacerbation of other conditions, such as diabetes and cardiovascular disease.
Victorian baby teeth could help predict future health of children today

By DTI

BRADFORD/DURHAM: A team of researchers at the University of Bradford and Durham University has analysed the teeth of children and adults from two nineteenth-century cemeteries and found that the biochemical composition of teeth that were forming in the womb and during a child's early years provides insight into the health of the baby's mother and the future health of the child. These findings could help to develop a simple test on baby teeth to predict potential health problems in adulthood.

The analysed teeth came from a cemetery at a workhouse in Ireland where famine victims were buried and from one in London that holds the graves of some of those who fled the famine. According to the researchers, the biochemical composition of the examined teeth not only provided insight into the health of the baby's mother, but even showed major differences between those who died and those who survived beyond early childhood. Earlier work led by study authors Drs Janet Montgomery and Mandy Jay from Durham's Department of Archaeology found similar results in people living in the Iron Age on the Isle of Skye and in Neolithic Shetland.

Lead researcher Dr Julia Beaumont from Bradford's School of Archaeological Sciences explained: "We know that stress and poor diet in mothers, both during pregnancy and after birth, can have an impact on a child's development. In the past that could mean a child didn't survive, now it's more likely to mean a child has a greater risk of health issues in later life. While sometimes there are obvious signs of maternal stress in the baby at birth, such as a low birth weight, that isn't always the case. So a simple test on teeth that are naturally shed by children as they grow could provide useful information about future health risks." Levels of carbon and nitrogen isotopes within bone and teeth, and the relationship between the two, change with different diets, so baby teeth can reveal clues about the diet of the mother during pregnancy and the diet of the child immediately after birth. The first permanent molar also forms around birth and is retained into adulthood. Each layer of the tooth relates to around four months' growth, starting in the womb, enabling it to be linked to a specific period of a baby's life.

These indicators have also been thought to show when a baby has been breastfed, which is seen as a healthy start in life. Nitrogen isotope levels are higher in people on protein-rich diets and in breastfed babies, and lower for vegetarians. However, in the samples taken from the famine cemetery, the results were counter-intuitive. The babies who showed higher nitrogen isotope levels at birth did not survive into adulthood. Those who did survive had lower and more stable nitrogen isotope levels throughout early childhood. Similar results were found among Victorians buried in the London cemetery who lived during a period of high rates of infant death. Beaumont believes that—far from being an indicator of a good start in life—the higher nitrogen isotope levels showed that the mothers were malnourished and under stress.

"At the period we studied, it's likely that most babies were breastfed, but only some showed the spike in nitrogen isotope levels normally associated with it," she said. "Where pregnant and breast- feeding mothers are malnourished however, they can recycle their own tissues in order for the baby to grow and then to produce milk to feed it. We believe this produces higher nitrogen isotope levels and is what we're seeing in the samples from the nineteenth-century cemeteries. Babies born to and breastfed by malnourished mothers do not receive all the nutrients they need, and this is possibly why these babies didn't survive."

Beaumont now hopes that the insight gained from the historical graves can be used to help children in the future. If similar patterns can be seen in current-day mothers and children, she hopes this could lead to a simple test on baby teeth to predict potential health problems in adulthood.

She is currently testing teeth from children through the Born in Bradford project, a long-term study of a cohort of 13,500 children, born between 2007 and 2010, whose health is being tracked from pregnancy through childhood and into adult life.

She hopes to be able to correlate nitrogen and carbon isotope levels to the medical history of the mother and the future health of the children. "We currently cannot analyse any other tissue in the body where the stress we are under before birth and during early childhood is recorded," Beaumont stated. "If we can show that baby teeth, which are lost naturally, provide markers for stress in the first months of life, we could have an important indicator of future health risks, such as diabetes and heart disease."

The study, titled "Infant mortality and isotopic complexity: New approaches to stress, maternal health, and weaning," was published online in the American Journal of Physical Anthropology on 13 March ahead of print.

Peridontitits linked to heart attacks in kidney disease patients

By DTI

BIRMINGHAM: Over 10 per cent of the adult population suffers from chronic kidney disease (CKD) and those affected often have poor health outcomes owing to an increased incidence of cardiovascular disease compared with the general population. A team of researchers at the University of Birmingham recently found that treating a common gingival condition in CKD patients could significantly reduce their risk of potentially fatal heart disease.

CKD progressively worsens kidney function, raises blood pressure, and can cause progressive vascular injury and heart disease. The latest research at the university suggests that increased mortality in people with CKD may be linked with chronic inflammatory conditions such as periodontitis, which causes gingival inflammation, loss of the bone that supports the teeth and ultimately tooth loss.

Previous studies have found that more than 85 per cent of people with CKD have inflammatory gingival problems, caused by inadequate removal of dental plaque from between the tooth and gingival margin and made worse by impaired immunity and wound-healing. Experts have identified that bacteria in the mouth can enter the bloodstream through periodontal conditions, causing blood cells to malfunction and leading to clots and narrowing of the arteries.

Dr Irundika Dias of Aston's School of Life and Health Sciences is currently leading a study into the underlying causes of increased cardiovascular disease and outcomes of accelerated progression observed in people with CKD and periodontitis. She will observe how successfully treating periodontitis reduces oxidised lipids and inflammatory cell activity in people with CKD, thereby lowering their risk of life-threatening heart disease.

"This project has the potential to make a real difference for people with CKD. If we can prove managing periodontitis reduces the threat of cardiovascular disease then it may well represent an efficient and cost-effective treatment for CKD," Dias stated. "In conjunction with our study, I will be talking to dental schools about alternative ways of helping periodontitis patients. It is vitally important to keep your gums healthy and have regular dental check-ups to avoid the onset of a disease that is very common, poorly appreciated by the public and causes tooth loss resulting in reduced quality of life."

The study will involve 80 people, including healthy volunteers and 60 people with CKD, both with and without periodontitis. Among those will be a group of 20 people with CKD and periodontitis who will be randomised to have the gingival condition clinically treated over a 12-month period. They will be reviewed at three-monthly intervals to assess markers of cardiovascular disease, such as oxidative stress biomarkers in the blood and arterial stiffness.

The project is part of a collaboration between Dias and Prof. Helen Griffiths of Aston's School of Life and Health Sciences, Prof. Iain Chapple, Head of Periodontology at the University of Birmingham, and Prof Paul Cockwell, consultant nephrologist at University Hospitals Birmingham NHS Foundation Trust.

Periodontitis linked to heart attacks in kidney disease patients
“Holding ConsEuro in London was a little bit of a risk”

An interview with Prof. Stephen Dunne, King’s College London Dental Institute

As one of many dental organisations to do so, the European Federation of Conservative Dentistry (EFCD) chose to hold its international congress in the UK this year. Dental Tribune UK sat down with EFCD President and King’s College London professor Stephen Dunne in London to discuss the event and how technology is increasingly shaping the field of dentistry.

Dental Tribune UK: Prof. Dunne, the ConsEuro conference in London was a little bit of a risk because with all the other conferences to be going on this year in the capital and other parts of Britain there could be an overload. We actually spent months discussing a window in which we would attract the highest number of delegates. With all the other conferences to be held here now, the event has met your expectations?

Prof. Stephen Dunne: To be honest, holding ConsEuro in London was a little bit of a risk because of the most expensive ones. This made us very concerned when we planning this three years ago because at that time we were in an economic downturn. Trying to secure sponsorship from companies was difficult back then. They were all downsizing and did not have any money to spare for conferences.

Owing to the economic situation gradually improving over time, we exceeded our expectations with regard to sponsorships. We actually sold out the exhibition space several months ago. That has been very successful and helped us to cover the costs. We came above break-even on the first day, so I am much more relaxed today than I was yesterday morning. And it looks as though we might make a reasonable profit, which would then be shared between the EFCD and King’s College London.

Dental Tribune UK: Almost every dental practice across the world now employs some form of technology...”

Almost every dental practice across the world now employs some form of technology such as clinical content and electronic patient records, stock-taking or equipment, such as lasers, CAD/CAM and digital imaging to show patients areas of the tooth they could not possibly see otherwise. Digital imaging and photography are also very important from a medical and legal point of view, as this area is increasingly becoming a concern.

As one of many dental organisations to do so, the European Federation of Conservative Dentistry (EFCD) chose to hold its international congress in the UK this year. Dental Tribune UK sat down with EFCD President and King’s College London professor Stephen Dunne in London to discuss the event and how technology is increasingly shaping the field of dentistry.

Dental Tribune UK: Prof. Dunne, the ConsEuro conference in London was a little bit of a risk because of the most expensive ones. This made us very concerned when we planning this three years ago because of the economic situation gradually improving over time. We exceeded our expectations with regard to sponsorships. We actually sold out the exhibition space several months ago. That has been very successful and helped us to cover the costs. We came above break-even on the first day, so I am much more relaxed today than I was yesterday morning. And it looks as though we might make a reasonable profit, which would then be shared between the EFCD and King’s College London.

Owing to the economic situation gradually improving over time, we exceeded our expectations with regard to sponsorships. We actually sold out the exhibition space several months ago. That has been very successful and helped us to cover the costs. We came above break-even on the first day, so I am much more relaxed today than I was yesterday morning. And it looks as though we might make a reasonable profit, which would then be shared between the EFCD and King’s College London.

When I first joined the EFCD about ten years ago, there was very much an effort to compete with the International Association for Dental Research; so it was very focused on academics and researchers from the universities. My view is that this was a mistake, as we really need to provide a conference that has interest across the board, so it must have academic content of excellence to attract researchers and teachers, as well as clinical content of the evidence base. Should they be using these things and, if they are using them, which particular model? This was very much the rational when we were planning the programme. We also opted to have a paperless conference. Our website and app have been very effective and when I read statements yesterday on our Twitter feed, participants commented that this was the most technologically advanced conference they have ever been to.

Almost every dental practice across the world now employs some form of technology...”

Dental Tribune UK: Almost every dental practice across the world now employs some form of technology...”

Technology has clearly expanded the scope of this conference. Does this also apply to clinical practice?

Almost every dental practice across the world now employs some form of technology, be it electronic patient records, stock-taking or equipment, such as lasers, CAD/CAM and digital imaging to show patients areas of the tooth they could not possibly see otherwise. Digital imaging and photography are also very important from a medical and legal point of view, as this area is increasingly becoming a concern.

Where do you see the trends with regard to dental materials?

The materials that we use now are not available to me when I was in training and in my early practice and the stages or requirements for their use are infinitely more sophisticated. Nowadays, you might have ten stages to a bonding procedure and every one of those stages is critical.

If you fail in only one of them, your restoration fails before it has even started.

Historically, dentists have been trained by representatives of the companies who make the materials and that means they may not get the most honest or scientifically valid perspective. Although we very much support manufacturers contributing to education programmes, we certainly like clinicians and scientists to be involved in those to provide the evidence base. This is exactly what we are doing here now.

What other lessons will you take home from the conference?

Our conference proves that you can take a high-tech approach and still hopefully be profitable or at least break even. Technology is definitely here to stay, we just need to look at the evidence base. We also need to have training in the use of technology and need to look at clinicians and scientists to guide us in the selection of the particular devices that we should use.

Thank you very much for the interview.