Don’t be scared of Oct 31, celebrate!

In our exclusive interview with teeth whitening expert Dr Wyman Chan, we hear that it’s all white now that the law surrounding hydrogen peroxide use is changing...

This week marks the date that sees the long-lobbied for clarity in the protracted debate over the legality of tooth whitening.

According to the amendment carried last year by the European Commission, tooth whitening products containing up to six per cent hydrogen peroxide can now be supplied to patients for use as a take home product, providing certain conditions are met.

Dr Wyman Chan, a dedicated teeth whitening dentist, has been following the developments, and believes that dental professionals should be embracing the freedom that the law amendments have given, not be wary of them.

He said: “It’s exciting, it’s excellent news, and I think we all should celebrate. Dental professionals, dental practitioners who are practising teeth whitening should celebrate, should go and have a party. It’s the first time in so many years that we can do teeth whitening legally from October 31. Before then, even now, we’re doing it technically illegally. So that’s why I’m so happy because I am a dedicated teeth whitening dentist. It’s the only thing I do and now I can do it without fear.”

One thing that Dr Chan has noticed is that although teeth whitening legally from October 31. Before then, even now, we’re doing it technically illegally. So that’s why I’m so happy because I am a dedicated teeth whitening dentist. It’s the only thing I do and now I can do it without fear.”

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existing law. Actually it is a Directive - 76/768/EEC Annex III.

This Directive covers the use of hydrogen peroxide in consumer products across four sectors including hair and nail products; however for dental professionals it makes the most striking impact. The amendment states: The SCCS (Scientific Committee on Consumer Safety) considers that the use of tooth whitening or bleaching products containing more than 0.1 per cent and up to 6 per cent of hydrogen peroxide present or released from other compounds or mixtures in these products may be safe if the following conditions are satisfied: an appropriate clinical examination is carried out in order to ensure there are no risk factors or any other oral pathology of concern and that exposure to these products is limited so as to ensure that the products are used only as intended in terms of frequency and duration of application. These conditions should be fulfilled in order to avoid reasonably foreseeable misuse.

Dr Chan believes that the confusion is many think the directive is looking at tooth whitening as a whole, including in-surgery (power) whitening. In fact, as a cosmetic procedure it is just concerned with whitening products that are supplied to patients (consumers) for take home use. He said: “It’s great news for dental practitioners because now the level is raised from 0.1 per cent (which was ineffective as a treatment) to six per cent, which is very effective. With six per cent take home we can get excellent results. It doesn’t matter what product you use, with six per cent you will get results. So the clarity we now have is nothing to do with the debate people are having at the moment – which is about chairside [whitening]. This has nothing to do with chairside – they are amending the law about oral hygiene products.

“They’ve (SCCS) been debating for years the safe amount for consumer self-dosing application, and there’s a lot of evidence from scientists, and they all agree that up to six per cent is safe for the consumer to take home. Of course this is after they’ve had a clinical examination – there are conditions attached which I think is fair, for example they need to be examined by a dentist so now take home whitening is officially a dental procedure. In addition the first use should be by a dental practitioner, or supervised by a dental practitioner, so now home whitening is very much the practice of dentistry.

Another big issue regarding whitening is the rise of non-dental professionals – I’ll not call them beauticians, as many are mechanics and bricklayers trying to be beauticians, as many are mechanics and bricklayers trying to make some fast money - giving customers hydrogen peroxide to take home with them so that will be stopped now. Trading Standards Agencies can stop anything you can prosecute illegal activity – it can close them down.”

In an attempt to help dental professionals understand tooth whitening and what can be done, Dr Chan has partnered with Healthcare Learning Smile-on to develop a new educational programme on the subject. “I’m really excited about it, because when it comes to legality a lot of dentists are still confused because a lot of companies are withdrawing chair side products and we need to review the literature. A lot of clarity has to be made in this field. We’ll be able to supply dental professionals with the supporting documents about whitening so you can constrain the legality but it will also aim to teach them about the modern ways of doing teeth whitening effectively. There is a lot of talk that chair side whitening is all about dehydration the teeth but that is just not true. I do a lot of chairside whitening - you need a lot of knowledge to make it work. The programme is so important because you’ll learn how to do it properly. We talk about chairside whitening, home whitening, how to deal with patients with sensitivity.”

Dr Chan has said all along that teeth whitening is a practice of dentistry. So the General Dental Council can prosecute illegal activity – it can close them down.

The original Directive came into force in 1976, regulating products directly available to the consumer as over the counter products. That’s why it was limited to 0.1 per cent hydrogen peroxide because of daily use and long term exposure. I agree with the cosmetic commission of the EU that it should be regulated, that the level should not be more than 0.1 per cent because you can swallow a lot of toothpaste and mouth rinse into the stomach every day. So it was correct at that time, 1976. In the early 1990s teeth whitening became popular, it became the norm. In 1976 there was no such thing as home whitening, it was brand new technology. Things seemed to be moving too fast for the EU – they needed to catch up with the new technology.

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“The other hand, for those non-professionals who are just doing it chair side, then unfortunately this is outside the remit of Trading Standards regulation. But the General Dental Council has said all along that teeth whitening is a practice of dentistry. So the General Dental Council can prosecute illegal activity – it can close them down.”

In an attempt to help dental professionals understand tooth whitening and what can be done, Dr Chan has partnered with Healthcare Learning Smile-on to develop a new educational programme on the subject. “I’m really excited about it, because when it comes to legality a lot of dentists are still confused because a lot of companies are withdrawing chair side products and we need to review the literature. A lot of clarity has to be made in this field. We’ll be able to supply dental professionals with the supporting documents about whitening so you can constrain the legality but it will also aim to teach them about the modern ways of doing teeth whitening effectively. There is a lot of talk that chair side whitening is all about dehydration the teeth but that is just not true. I do a lot of chairside whitening - you need a lot of knowledge to make it work. The programme is so important because you’ll learn how to do it properly. We talk about chairside whitening, home whitening, how to deal with patients with sensitivity.”

To review the amendment to the whitening Directive go to http://ec.europa.eu/consumers/sectors/cosmetics/documents/directive/92-consolidated-version-of-cosmetics-directive-76/768/eec
This week is a landmark time for dental professionals who supply tooth whitening to their patients. Finally it will be possible to provide patients with take home whitening kits that will provide results that won’t leave you looking over your shoulder for the nice guys and gals from Trading Standards.

Tif Qureshi, president of the BACD, has released this statement: After many years of uncertainty regarding the legality of tooth whitening in the UK, the BACD welcomes the amendment to the UK cosmetic regulations as a result of European Council Directive 2011/84/EU that finally legalises tooth whitening by dental professionals.

Dental professionals hope that this change signals the beginning of a new era for patient safety, in which only registered dental professionals will be providing tooth whitening treatments. This would be in accord with the view of the GDC that tooth whitening is the practice of dentistry.

We commend the work the GDC does protecting patients and re-affirm our support for its work prosecuting non-dentists illegally providing whitening. We call on Trading Standards departments across the UK to embolden their approach in tackling non-dentists who illegally provide whitening treatments and continue to put the public at risk.

And we call on the beauty industry to ensure that its members, and those who train them, understand the new legal framework and leave whitening to those who can provide it legally, safely and in the best interests of patients; the dental profession.

The future’s bright, the future is six per cent hydrogen peroxide!

The GDC’s decision to freeze the Annual Retention Fee (ARF) at £120 for dental nurses in 2013 is “inadequate” says Nicola Docherty, President of the British Association of Dental Nurses.

The decision shows that the GDC is “out of touch with registrants” says Nicola. “We have supplied the GDC with detailed information on dental nurse salaries, showing that the £120 ARF causes considerable financial hardship to dental nurses. We have also requested that the GDC lower the ARF for dental nurses to a fee more in line with salaries - instead of charging dental nurses the same ARF as hygienists and therapists – and that they implement a special fee for those working part time.”

A recent salary survey conducted by BADN shows that the majority of Registered Dental Nurses are paid between £10,000 and £20,000 per year - in contrast with hygienists and therapists, whose recommended starting salary is £26,000. However, the GDC has decided to continue charging one ARF to all Dental Care Professionals, completely disregarding the fact that dental nurses earn less than half that of hygienists and therapists.

“BADN has always supported, and continues to support, registration in principle, as being in the best interests of the patient. However, the GDC’s heavy-handed and insensitive implementation, including the imposing of an unreasonable ARF, has alienated many dental nurses and must be rectified as soon as possible” said Nicola.

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ARF freeze ‘inadequate’

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Confidence in children improves dental health

A new study, published in the Journal of Dental Research, has found that an intervention designed to bolster their “sense of coherence” had “the ability to see life as a challenge in which coping skills can be used to deal with stressors”, and showed significantly better oral health-related quality of life compared with children from schools randomly assigned to a control group. The children in the intervention group also exhibited improved beliefs about the importance of healthy dental behaviours and had better gingival health than those in the control group.

“This is a hugely important study in the dental literature. While there is some evidence in dentistry of the benefits of a sense of coherence, much of this work is cross-sectional so we don’t really know if sense of coherence really brought about any possible change,” said study co-author Sarah R. Baker, PhD, a health psychologist at the University of Sheffield in an interview with Medscape Medical News. “Our study is the first intervention study to show that increased sense of coherence can have influence oral health,” she said.

In the study, 12 different primary schools were randomly assigned to the intervention group or the control group. Fifth graders, aged 10 to 12 years, participated. Students assigned to the intervention group received seven sessions over two months focused on child participation and empowerment. Each session lasted 50 to 40 minutes. The first four sessions were classroom-based activities, involving didactic learning, games, and discussions. The last three were health-related school projects that included all students and staff, and involved brainstorming, planning, evaluation, and implementation. The intervention was delivered by six teachers who went through specialised, intensive one-day training.

Results indicated that compared with the control group, the children who received lessons in sense of coherence had mean scores on the oral health-related quality-of-life questionnaire that indicated fewer functional limitations and other problems due to dental functional limitations and had better health-related quality of life. “We found these strips to immediately relieve pain from burns caused by ingestion of hot foods and liquids, such as coffee, pizza, and soup.

Lead researcher Jason Monteith, PhD, and colleagues from University of Texas at Austin, designed the strip for controlled delivery of a local anesthetic in the form of a therapeutic polymer. Benzocaine, commonly used as a topical pain reliever in dental products and throat lozenges, was chosen for its non-irritating properties.

The strip is applied directly to the burned part of the tongue, cheek or roof of the mouth. It sticks to the affected area and won’t interfere with normal day-to-day activities, as it quickly dissolves for instant pain relief and promotes healing.

“We found these strips to be non-toxic, which has huge potential for anyone who burns their mouth while eating and drinking hot foods and that’s just about everyone,” said Monteith. “The strips look and behave similar to breath freshening strips that you might find in your local drugstore.”

Now based at the University of New Mexico, Monteith and his team, will explore creating a stronger oral strip to treat more severe burns lasting longer than two-three days. The next step in furthering their research will be to test the strips in humans and experiment with taste.
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East Sussex practice offers free dental implants

Young dentists call for DFT guarantees

Dental practice has performed complete dental implants for free after winners were nominated on Facebook.

Brighton Implant Clinic’s charity, The Smile Foundation, provides dental implant treatment free to those in need of urgent surgery, but without the means to cover its costs.

The Smile Foundation launched a Facebook page earlier this year to change the lives of people who need dental implants after oral neglect caused by dedicating their lives to helping others.

“I’ve always wanted to give something back for the support I’ve had in my life,” The Smile Foundation is a way for me to use my dental skills to help those less fortunate than myself,” said Dr Bruno Silva, Head Surgeon at Brighton Implant Clinic.

In 2006, Donald Rodriguez, a carer, suffered a severe stroke, causing the paralysis of his left side. His dental health suffered enormously as he lost the ability to brush his teeth, resulting in serious gum disease and infection. For both mental and physical wellbeing, the dental implant procedure was essential to his continued health.

Bruno Silva saw Donald as an ideal candidate for The Smile Foundation, so carried out the dental work, removing the infected teeth of the upper and lower jaw, and replacing them with new, strong dental implants. The procedure would have cost £12,500.

The Smile Foundation is using Facebook as a voting platform, where social networkers can vote for those who deserve treatment. Using Facebook has allowed patients to interact with one another and write why their nominations deserve free treatment under the charity.

This year with the help of Facebook Dr Silva has begun offering regular opportunities to win a ‘smile makeover’ tending to the winner’s every need. So far we have seen hundreds of cases where people’s teeth simply need to be restored.

The prize is open to UK residents who are between 21 and 99 years of age. The contest closes on November 29th at 5.58pm.

Young dentists are calling for support for their demand for Government to guarantee all graduates from UK dental schools a Dental Foundation Training (DFT) place. The demand comes in the British Dental Association’s (BDA’s) newly-published YDC Asks, a mini-manifesto for young dentists developed by the organisation’s Young Dentists Committee (YDC).

The Committee is asking those who support it to sign a Government e-petition founded by YDC Chair Dr Martin Nimmo. The petition argues that the failure to allocate DFT places to UK graduates who are being denied the training they need to fulfill their ambition.

The launch of the petition follows a recent admission by the Department of Health (DH) that 55 UK graduates from the 2011 cohort have not been allocated DFT places. Each graduate, DH acknowledged, will have cost the public purse approximately £150,000 to train.

Dr Martin Nimmo, Chair of the BDA’s Young Dentists Committee, said: “It is perverse that students who have strived hard to pursue a career in NHS care are being denied the training places they need to fulfill their ambition. This is a significant waste of taxpayers’ money, and a tragedy for the graduates who have taken on large amounts of debt in pursuing their vocation. Given that there are some areas of the UK where patients who wish to access NHS care cannot do so, it is also nonsensical.

“I urge all current and potential members of the profession, and taxpayers, to join young dentists in calling for a guarantee that this farcical situation will never be allowed to happen again.”

YDC Asks also expresses concerns that robust data should be used in workforce planning, that barriers to young dentists becoming practice owners are mounting, and that careers in dental academia and specialist training must remain viable options for young dentists.

Link between rheumatoid arthritis and tooth loss

Researchers in Australia have found that those with rheumatoid arthritis are likely to develop periodontal disease.

According to doctoral candidate Melissa Cantley from the University of Adelaide, gum disease affects joint tissue health, and arthritis influences and alters healthy tissue within the mouth.

The research found that mice who suffered from periodontal disease would suffer major bone loss within the joints, and that mice who had rheumatoid arthritis showed signs of major bone loss in the jaws.

Research studies are currently being carried out to see if it is possible to reduce symptoms of rheumatoid arthritis by treating only periodontal disease. Researchers hope that it will be possible to help relieve rheumatoid arthritis by treating mouth conditions such as periodontal gum disease.
IDH show they’re good sports

IDH support Dentist’s Sports Day to show human side of corporate dentistry

Integrated Dental Holdings (IDH) competed among 1000 dental students from University’s across the country in the annual BDSA (British Dental Student Association) Sports Day in Manchester.

As the largest dental employer in the UK, IDH sponsored the event, whilst providing water and fruit for the players from one of their mobile dental units. In a first for this typically student-only tournament, IDH teams* competed in both the football and netball leagues.

Health staff encouraged to get flu jab

Health staff are being reminded to get vaccinated against flu to cut the risk of it spreading to patients and colleagues this winter.

Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of the people in their care will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season, a much higher incidence than expected in the general population.

Director of Nursing Viv Bennett says: “Flu can kill, so in leading by example, and recognising the importance of having the flu vaccine yourself, you will help reinforce the benefits of immunisation both for yourself, you will help reinforce the benefits of immunisation both for yourself, and reassure people that it is safe and effective.”

The NHS already faces challenges around maintaining its workforce during times of increased sickness, so it is vital to reduce the impact of flu to protect patient care. Being vaccinated is the only way to almost eliminate the risk of flu spreading from staff to colleagues, patients and families.

Alex Handley, Graduate Recruitment Partner at IDH comments on the day, “Despite getting unceremoniously thrashed by the competition we had a great day! We got to spend time with the students on a social level and had the chance to tell them, in an informal setting, about the career opportunities at IDH. We have a year round presence in all UK Dental Schools where we are able to educate the students on the dental employment market, and we welcome every opportunity to support the next generation of clinicians.”

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Repairing exposed dentine

In vitro studies have shown that the hydroxyapatite-like layer starts building from the first use7 and is around 50% harder than dentine.8

In vitro cross-section Scanning Electron Microscopy (SEM) image of hydroxyapatite-like layer formed by supersaturated NovaMin® solution in artificial saliva after 5 days (no brushing)9*

The reparative layer forms over exposed dentine and within the dentine tubules2,15 and, with twice-daily brushing, provides your patients with continual protection from the pain of sensitivity.8-10,17

The newly formed hydroxyapatite-like layer integrates with the patient’s dentine by firmly binding to the collagen within it.8,16

In vitro studies have shown that the reparative layer builds up over 5 days8 and remains resistant to the chemical and physical oral challenges that your patients may encounter in their everyday lives.8,14,17

Protecting patients from the pain of sensitivity

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The reparative layer forms over exposed dentine and within the dentine tubules2,15 and, with twice-daily brushing, provides your patients with continual protection from the pain of sensitivity.8-10,17

References:

Think beyond pain relief and recommend Sensodyne Repair & Protect

GlassSmithKine

International 2010; 86: 91–103.

Fluoridated hydroxyapatite-like layer within the tubules at the surface

Fluoridated hydroxyapatite-like layer over exposed dentine

In vitro cross-section Scanning Electron Microscopy (SEM) image of hydroxyapatite-like layer formed by supersaturated NovaMin® solution in artificial saliva after 5 days (no brushing)9*

References:

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Consumer Healthcare

“with twice daily brushing”