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INTERVIEW

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A MOSAIC

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Anxiety provoking scale developed

By DTI

HONG KONG: Dental anxiety is a major hindrance in the provision of dental care. Although it is known that fear of the dentist is closely related to patients' past experiences in the dental setting, only limited scientific research on the actual causes of dental anxiety is available. Now, researchers have developed a Dental Anxiety Provoking Scale (DAPS) that measures the degree to which anxiety is triggered by certain dental stimuli.

For the study, the participants, 460 male and female students recruited from two universities in Hong Kong, answered a questionnaire including a 73-item measure of dental anxiety-provoking stimuli. The factor analysis established seven factors for the DAPS, namely, dental check-up, injection, scale and drill, surgery, empathy, perceived lack of control, and clinical environment.

In a sub-group of 160 participants, injections and surgical treatment, in particular, were identified as



Injections and surgery provoke highest dental anxiety.

anxiety-provoking events. Although it was not a statistically significant finding, female respondents showed relatively higher anxiety regarding injection, surgery, and scale and drill, while male respondents showed relatively higher anxiety regarding perceived lack of control, empathy, and dental check-ups.

In addition, the researchers found that perceived dentist behaviour

had an impact on the expression and development of dental fear, indicating that the dentist-patient relationship is strongly related to patients' feelings of safety and control during treatment.

The researchers concluded that their DAPS covers a broad spectrum of patients' individual dentistry-related anxiety and may also function as a further assessment

to supplement initial screening. This may allow the identification of patients with higher dental fear so that the causes of their dental fear can then be addressed.

The study, titled "Development of a Dental Anxiety Provoking Scale: A pilot study in Hong Kong", was published in the September issue of the *Journal of Dental Sciences*.

Mega-Merger

DENTSPLY International and Sirona Dental Systems have entered into a definitive merger agreement and will operate under the name of DENTSPLY SIRONA in the future. Both companies will retain their respective headquarters. The current DENTSPLY head office in York will serve as the new company's global headquarters, while the international headquarters will be located in Salzburg.

Upon close of the transaction, Jeffrey T. Slovin, current president and CEO of Sirona, will serve as CEO of DENTSPLY SIRONA and will be a member of the board of directors. Bret W. Wise, current chairman and CEO of DENTSPLY, will assume the position of executive chairman of the newly founded company. In their respective positions, they will collaborate in executing the corporate strategy and in integrating the companies and their respective corporate cultures.

Together, the companies expect to generate a net revenue of about US\$3.8 billion (€3.4 billion) and adjusted EBITDA of more than US\$900 million (€796 million), excluding the incremental benefit of synergies.



Associate Professor Supatra Thongrungrat (left), Deputy Dean for Finance and Assets at Mahidol University, and Associate Professor Passiri Nisalak from the Faculty of Dentistry opening Thailand's first dental museum.

Job prospects

Dentist and orthodontist are among the top ten highest paying jobs in the US, the 2015 Jobs Rated report by CareerCast has revealed. The profession of dentist was rated the fifth best paid job with a median annual salary of US\$146,340, followed by orthodontist at No. 7 with a median annual salary of US\$129,110.

Caries inhibition

A new method that uses specifically formulated, non-staining silver particles to arrest caries and render teeth more resistant to decay has been developed by researchers at the University of Otago in Australia. The technology could help preserve caries-infected teeth and prolong the life of dental fillings in the future.

Extractions cost Australia millions

A new study conducted at the University of Western Australia has shown that prophylactic removal of third molars costs the Australian health system more than half a billion Australian dollar a year. In addition, the researchers found that between A\$420 and A\$513 million (US\$309 and 377 million) could be saved annually if Australia adopted guidelines comparable to the UK.

The UK National Institute for Health and Care Excellence generally recommends that asymptomatic impacted third molars not be operated on because there is no reliable research to suggest that this practice benefits patients, and surgery is linked to adverse health effects, including pain, nerve damage and infection.



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FDI releases second edition of *Oral Health Atlas*



Dr Habib Benzian (left) and Prof. David Williams, editors-in-chief of the second edition of the *Oral Health Atlas*.

By DTI

BANGKOK, Thailand: The FDI World Dental Federation has released the second edition of its *Oral Health Atlas* at the Annual World Dental Congress (AWDC) in Bangkok in Thailand. Titled *The Challenge of Oral Disease – A Call for Global Action*, it aims to



Benzian and Williams discussing the new publication with WDD Editor Daniel Zimmermann, DTI, during the launch event.

factors and inequalities in oral health, as well as oral disease prevention and management. Moreover, it aims to ensure that oral health is granted higher priority on the global health and development agendas. Written for national dental associations, health organisations, industry professionals and the general public, the atlas provides them with the means to address policymakers, governments and local authorities based on sound facts so that they can better advocate for change in oral health-related policies, Williams said.

According to the atlas, only about two-thirds of the world's population have access to adequate oral health care, even though oral disease, particularly tooth decay, is among the most common human diseases. "Untreated tooth decay is the most common health condition of chil-

serve as an advocacy resource for all oral health care professionals and recommends strategies to address the global challenge of oral disease.

At the launch event held at the Bangkok International Trade and Exhibition Centre, Dr Habib Benzian and Prof. David Williams, the publication's editors-in-chief, presented the new edition of the atlas and spoke with DTI group editor Daniel Zimmermann about the contents of the book and the global challenge of preventing oral disease and implementing adequate oral health care worldwide.

The first edition of the *Oral Health Atlas*, titled *Mapping a Neglected Global Health Issue*, was released at the FDI 2009 AWDC in Singapore and highlighted the extent of the problem of oral disease worldwide. The second edition of the atlas provides an update of the global health challenge and reflects on policies and strategies that address the burden of oral disease, such as tooth decay, periodontal disease and oral cancer, Benzian pointed out.

The book summarises the key oral health issues based on the latest available information from various international sources, Benzian and Williams explained, including the impact of oral disease, major risk

factors across all countries, recently confirmed by the Global Burden of Disease Study looking at the burden of 281 diseases and conditions", said Benzian. "Children with severe untreated tooth decay are impacted in their growth, have frequent episodes of pain, miss days in school and have a generally lower quality of life," he continued. They also usually have the lowest access to oral health care and preventive services, added Williams. Therefore, the two editors-in-chief hope that the second edition of the *Oral Health Atlas* will most of all serve as an advocacy tool for institutions, policymakers and dental associations in their effort to improve access to oral health care worldwide.

The compilation of the new edition of the *Oral Health Atlas* was supported by the Hong Kong Dental Association and the FDI's Vision 2020 oral health initiative. The book content includes chapters and data from 30 contributors, and was reviewed and edited by the two editors-in-chief.

The atlas can be downloaded free of charge from the FDI website and will be translated into the FDI's official languages of French and Spanish. These versions will be available electronically in early 2016.

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New dental school opens in Malaysia

By DTI

KUALA LUMPUR, Malaysia: With the completion of the new dental faculty building on Sungai Buloh Campus, Universiti Teknologi MARA (UiTM) is now operating the largest dental centre in the country. The RM73.8 million (US\$17.1 million) project, which was launched seven years ago, houses Malaysia's first sterilisation and dental supply centre and will allow treatment of up to 500 patients per day.

The new building unites academic, clinical and administrative facilities for both undergraduate and postgraduate dentistry students. The faculty's state-of-the-art facilities are expected to deliver high-quality education and training for staff and students alike.

As reported online by Astro Awani, the new building houses operating

theatres, wards, a radiology unit, as well as the first sterilisation and dental supply centre in Malaysia. Of the 16 clinics included in the faculty, two specialise in treating persons with disabilities.

During a press event held to celebrate the completion of the new facilities on 1 September, UiTM Vice Chan-

cellor Tan Sri Prof. Sahol Hamid Abu Bakar stressed that the faculty's clinics will offer dental care services to people from all walks of life. "When fully operational, we estimate some 205 patients can be treated at any one time, with 400 to 500 patients per day," he said.

He further expressed his hope that the new campus will produce more

competent and professional dentistry graduates to allow for the provision of the best services to the community.

The UiTM's Faculty of Dentistry was founded in 2006. Collectively, the university offers more than 300 academic programmes and has over 40,000 students on its main campus and 80,000 throughout the country.

English is the sole language of teaching.

AD

2016 WOHD campaign launched

By DTI

BANGKOK, Thailand: Since 2013, World Oral Health Day (WOHD) has sought to spread the key message of good oral health being relevant to general health among the public worldwide. The new campaign, launched last month at the National Liaison Officers' Forum at the FDI Annual World Dental Congress (AWDC) in Bangkok, will offer more tools and applications than ever to help dental associations around the world to promote this important event, FDI Executive Director Enzo Bondioni said.

In addition to the customisable poster application first introduced in February, this year's campaign will be supported by a promotional video featuring individually recorded messages from dental professionals around the world explaining why they think good oral health is important. For this, attendees of the AWDC in Bangkok were invited to visit the WOHD stand on the second floor in the Bangkok International Trade and Exhibition Centre to have their message recorded. Individual messages can also be sent to the organisation via e-mail. The best of these will be included in the final product.

Furthermore, a smartphone game is in development that will be available for iPhone and Android platforms later this year, Bondioni said.

Originally held in September, WOHD is now celebrated on 20 March every year. In addition to public awareness campaigns and sponsored oral health-related events, the FDI's member national dental associations, schools, companies and other groups worldwide celebrate the day with individually organised events to inform people everywhere in the world about oral health issues and the importance of oral hygiene. Last year saw over 100 countries around the world participating in the effort. As a highlight, the campaign's key message was broadcast to the world via the giant NASDAQ screen in Times Square in New York in the US.

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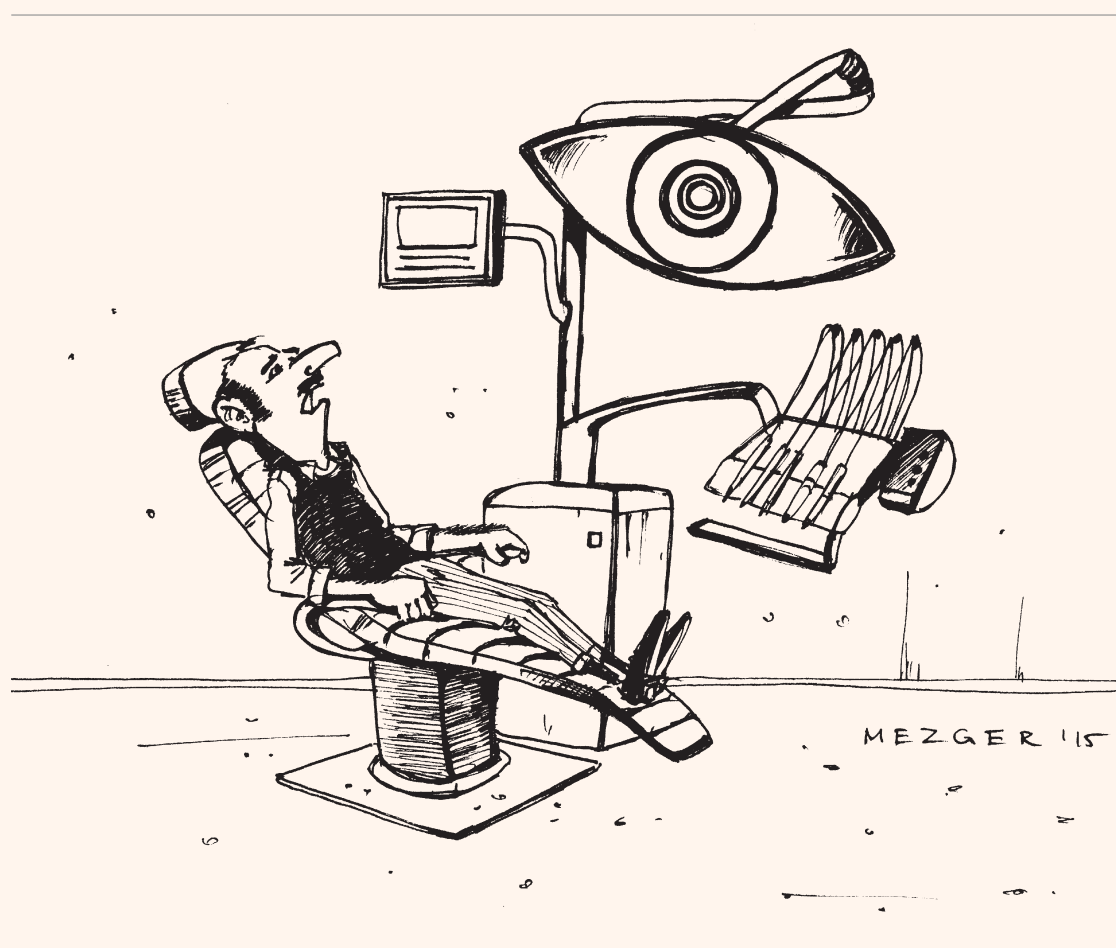
Data security: How not to become the next Ashley Madison

By Naz Haque, UK

At the heart of the relationship between a dentist and a patient lies trust and respect. Recent events, such as the Sony or, more currently, the Ashley Madison breach, have brought to public awareness the importance of securing one's data. Data security and governance is a very tricky area. I must make it clear I am not a lawyer, but I am a highly experienced information technology professional with a good understanding of data protection and other relevant legislation. All interpretations provided here are my own.

Even if a dental practice has not embraced the digital age and all records and correspondence are ink and paper based, the practice still has a number of responsibilities regarding data security. As dental practices collect patient details, they must register with the Information Commissioner's Office (ICO) here in the UK. Dental records must be stored safely and securely for a number of years (up to six years for the National Health Service; NHS) and kept for a maximum of 30 years (Department of Health). Records must also be disposed of in a policed manner to avoid fines.

What about dental practices who have embraced digital? Data is accessed in two situations, storage and movement, the same as physical records are. This also means that there are the two situations in which data can be compromised in the digital world. Dental practices have an obligation to ensure patient data is backed up, recoverable (in case of disasters), secure and protected.



This applies during both storage and movement. If you are using one of the popular industry patient management systems, such as EXACT (Software of Excellence), it should have features to support this in place; liaise with your account manager to verify this.

The next area of concern then is movement of data. This can be via

e-mail, online referral tools or portals, feedback platforms or devices, and your website. E-mail is not a secure medium, and communication with patients about their medical history or medical circumstances using this platform raises potential issues. The service provider you use for your e-mail could also be inadvertently making you breach data security rules. For example, if you

are using one of the popular US-based organisations for e-mail, such as AOL, Hotmail and Gmail, and liaise with your patients via this e-mail platform, you have to consider where the e-mails are being stored; most likely on servers outside your own country.

The UK's Data Protection Act states that "personal data shall not

be transferred to a country or territory outside the EEA (European Economic Area) unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data." As a dental practice, you should reconsider if you are using a commercial e-mail provider to liaise with your patients, and determine whether your website communication tools and feedback portals are compliant and if not ensure your designated data policy controller addresses this as a priority. Here in the UK, the ICO can issue monetary penalty notices, requiring organisations to pay up to £500,000 for serious breaches of the DPA occurring on or after 6 April 2010. Clients at Dental Focus expect us to take care of online compliance and provide guidance on keeping up to date and resolving these issues. Make sure your data is secured and protected before it is too late.



Naz Haque, aka the Scientist, is Operations Manager at Dental Focus. He has a background in mobile and network computing, and has experience supporting

a wide range of blue-chip brands, from Apple to Xerox. As an expert in search engine optimisation, Naz is passionate about helping clients develop strategies to enhance their brand and increase the return on investment from their dental practice websites. He can be contacted at naz@dentalfocus.com.

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Clear aligners more beneficial than braces

By DTI

MAINZ, Germany: In recent years, clear aligners have become a favourable treatment alternative in orthodontics to fixed orthodontic appliances (FOA). However, there are few studies about the effects of aligner treatment on oral hygiene and gingival condition. A team of German researchers has now compared the oral health status, oral hygiene and treatment satisfaction of patients treated with FOA and the Invisalign aligner system. They found that Invisalign patients have better periodontal health and greater satisfaction during orthodontic treatment.

To date, the majority of patients, particularly during childhood and adolescence, are treated with FOA. However, these appliances tend to complicate oral hygiene and thus interfere with patients' periodontal health. Moreover, treatment with FOA is not very popular in adult orthodontics for aesthetic reasons. Therefore, other orthodontic techniques have been developed to improve aesthetics and simplify oral hygiene procedures. An alternative to FOA is clear aligners, which are discreet and have the advantage of being removable during oral hygiene and eating or drinking. The use of clear aligners has increased greatly in the last decade, one prominent example being Invisalign, produced by Align Technology since 1999. However, only a limited number of studies have compared the effects of Invisalign and FOA on oral hygiene, the researchers from the Johannes Gutenberg University of Mainz pointed out.

Their study included 100 patients who underwent orthodontic treatment, divided equally between FOA and Invisalign, for more than six months. The researchers performed clinical examinations before and after treatment to evaluate the patients' periodontal condition and any changes. Furthermore, a detailed questionnaire assessed the patients' personal oral hygiene and dietary habits, as well as satisfaction with the treatment. All of the patients received the same oral hygiene instructions before and during orthodontic treatment. This included the use of toothbrush, dental floss and interdental brushes three times daily.

The data analysis showed no differences between the two groups regarding periodontal health and oral hygiene prior to the orthodontic treatment. However, the researchers observed notable changes in periodontal condition in both groups during orthodontic

treatment. They found that gingival health was significantly better in patients treated with Invisalign, and the amount of dental plaque was also less but not

significantly different compared with FOA patients.

The questionnaire results showed greater satisfaction in

patients treated with Invisalign. Only 6 per cent of the Invisalign patients reported impairment of their general well-being during orthodontic treatment, compared with 36 per cent of the FOA patients. Other negative effects that also were significantly higher in FOA patients included gingival irritation (FOA: 56 per cent; Invisalign: 14 per cent), being kept from laughing for aesthetic reasons (FOA: 26 per cent; Invisalign: 6 per cent), having to change

eating habits during orthodontic treatment (FOA: 70 per cent; Invisalign: 50 per cent), and having to brush one's teeth for longer and more often (FOA: 84 per cent; Invisalign: 52 per cent).

The researchers concluded that orthodontic treatment with Invisalign has significantly lower negative impacts on a patient's condition than treatment with FOA, both with regard to gingival health and overall well-being.

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“We need to stay open-minded to new crazy ideas”

An interview with Dr Rickard Brånemark, Sweden

The concept of osseointegration has been applied to dental implants for several decades. As an orthopaedic surgeon and engineer, Dr Rickard Brånemark has continued the work of his famous father by adapting the concept to the treatment of amputees. In an recent interview with *Dental Tribune* at the EAO congress in Sweden, Brånemark explained the benefits and future possibilities of osseointegrated amputation prostheses.

Dental Tribune: Dr Brånemark, could you please give an outline of the development of osseointegrated prostheses?

Dr Rickard Brånemark: The work started by my father was the foundation of what we do in ortho-

paedics today. Using his concept, I developed new treatments for amputees based on osseointegrated implants, which I have been performing for about 25–30 years now.

Since 1998, I have mostly worked with my own companies, namely Brånemark Integration, the dental company I started with my father, and Integrum, which does all the development for orthopaedic osseointegration. However, we now also have multinational collaborations with universities in Gothenburg, Vienna, San Francisco and Chicago, and hopefully also Göttingen in the near future. As the Swedish implant system has recently been approved by the US Food and Drug Administration (FDA) for the treatment of



Dr Rickard Brånemark

prosthesis, which helps us to direct the prosthetic device in a much better way and provides feedback. This is extremely important for truly restoring function.

The main advantage of our approach compared with our competitors is that they have to use wireless technology because they do not have the means to bring wires out of the body owing to the risk of infection. However, we have this fantastic osseointegrated implant to use as a conduit so that the wires can pass through the implant system. Similar to a fibre-optic Internet connection, the wired connection in a robotic arm is much better, stable and robust.

We have already successfully treated one patient. However, our research is still in the early phase, but I think we could do amazing things in the future.

Do you think that osseointegrated prostheses could potentially replace traditional prostheses in the future?

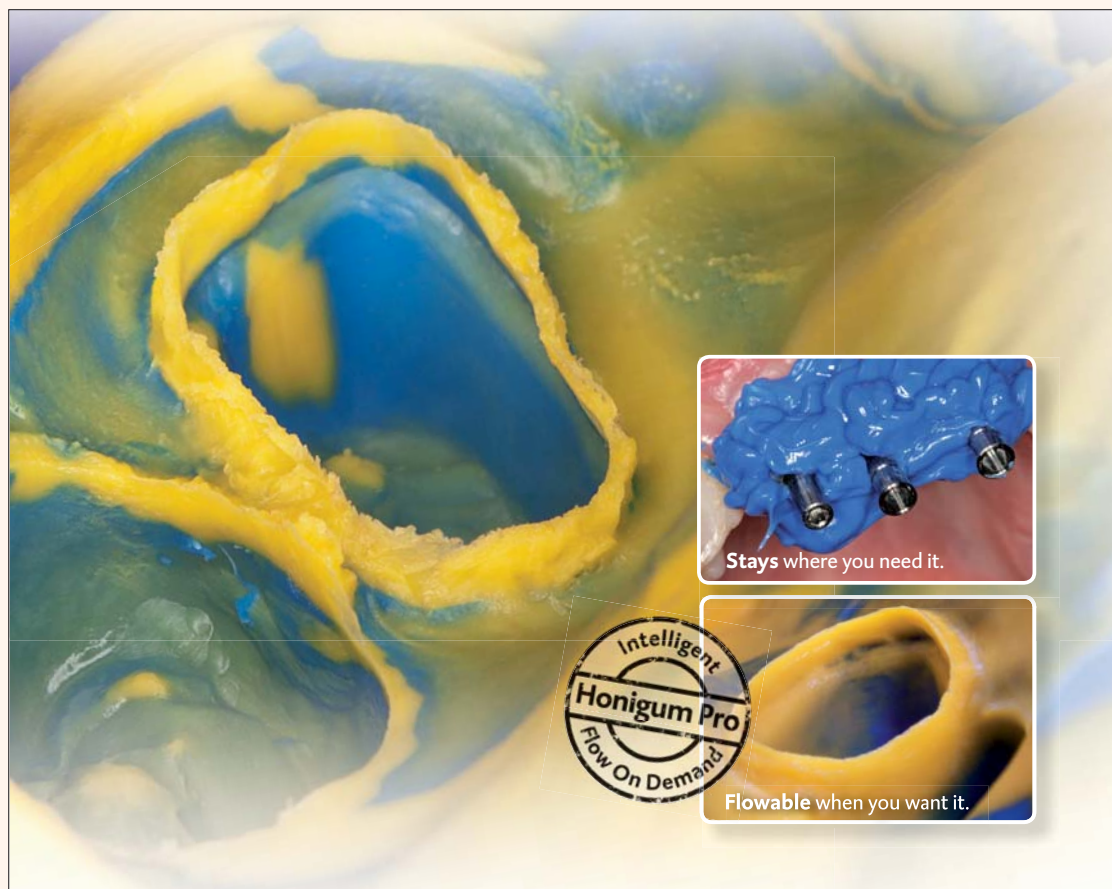
This treatment would not apply to amputations of the lower leg as a result of poor circulation caused by diabetes or vascular diseases related to smoking. Such patients constitute about 90 per cent of the amputee population. However, the younger population who have been in road or war accidents or who have musculoskeletal tumours, which are more likely to occur in younger patients, will be candidates for this treatment.

If the technology continues to be as promising as it appears now, the majority of patients will opt for it—just like they now have the choice between dentures or fixed dental implants, which are much better for the patient. There will be a shift, but this will take some time. The introduction of dental implants took about 17 years; similarly, this shift could take another ten to 20 years. However, receiving FDA approval and having the system in use by the military could definitely speed up the establishment.

Overall, this treatment offers many alternatives to conventional treatments. However, there is often too much conservatism in the dental and medical fields when it comes to innovations, but I think we need to stay open-minded to new crazy ideas. This research shows what might be possible in the future. We might be able to restore sensory function of a non-existing limb, creating good artificial sensation. It also shows that the dental and the medical professions should work more closely together. As one can see, there are many synergies that could be drawn from the fields of dental and orthopaedic research in our case. The idea of translation of knowledge was also the original idea of the EAO, which has now become a purely dental meeting. This is a pity because we have to collaborate more, but maybe there will be more cross-disciplinary presentations and meetings in the future.

Thank you very much for the interview.

AD



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amputees, I am currently establishing an orthopaedic osseointegration centre in San Francisco and am working closely with the US Department of Defense, which has many soldiers with amputations and is thus very interested in supporting our work.

What do you consider the main challenges of this treatment?

Anchoring something to the bone is the core of osseointegration technology and that is a fairly robust technology we have proven in millions of dental implants. However, in orthopaedics, we face additional challenges. There are, for example, no materials available today that are strong enough to withstand 20–50 years of high physical activity. Therefore, we have developed and continue to develop new materials and surfaces that better withstand the higher loads.

Another important concern is the mucosal area and skin penetration, which is maybe even more challenging. We are working with a concept very similar to the old Brånemark protocol and the bone-anchored hearing aid in that we have a smooth surface that is not an attachment. There are many groups working with attachments and, as far as I know, all have failed, especially in the orthopaedic field.

However, just like with every surgical procedure, the outcome largely depends on the skills of the surgeon too.

For the last six years, you have also been using osseointegration in conjunction with implanted electrodes. Could you tell us more about this programme?

Yes, we are also developing the next generation of amputation prostheses. In addition to the osseointegrated implant, we are able to attach electrodes to muscles and nerves to have a brain-controlled

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“We are now able to enter the second phase of expansion”

An interview with Jörg Brenn and Christian Brutzer, representatives of Ivoclar Vivadent in Asia

In the presence of 100 guests and partners from South East Asia, dental manufacturer Ivoclar Vivadent recently opened a new marketing office in Indonesia. Located in the western province of Banten, the office is intended to provide marketing support on both clinical and technical products to business partners in the region. The former general manager of Ivoclar Vivadent China, Jörg Brenn, will head the new operations. At the recently held FDI Annual World Dental Congress in Bangkok in Thailand, *Dental Tribune* had the opportunity to speak with Brenn and Global Region Head Asia/Pacific Christian Brutzer about the new venture and how it will influence their company's position and business strategies in the Asia Pacific region.

Dental Tribune: With the new office in Indonesia, your company has recently extended its marketing network to South East Asia. What was the incentive behind setting up a regional hub there?

Jörg Brenn: Besides having a large number of dentists and dental laboratories, Indonesia remains one of the fastest growing markets in the entire Asia Pacific region. However, this was only one of the reasons for setting up an office there. We also decided to go to Indonesia because of the unique economic circumstances. Most of our competitors are still operating from Thailand or Singapore, so we decided to do something completely different.

The new office is based in the suburb of Tangerang (not in downtown Jakarta), which is very close to the airport. This means we can offer excellent connections for visitors from South East Asia who want to participate in our training programmes, for example.

Christian Brutzer: Some years ago, Jakarta and Indonesia as a whole were certainly a secondary choice in terms of accessibility and logistics. Now, however, one can reach all important hubs in the region and beyond from there. The country also boasts a domestic market potential that is far higher compared with countries like Singapore.

You mentioned that you will be offering educational programmes in Indonesia. How and in what courses will dentists be able to participate?

Brutzer: Ivoclar Vivadent is a system provider. This includes education, which we are now able to offer through the new International Centre for Dental Education (ICDE) in Indonesia. It is on the same level as our ICDEs in Shanghai and Osaka, for example. According to



Jörg Brenn (left) and Christian Brutzer (centre) in talks with DTI Group Editor Daniel Zimmermann.

our knowledge, it is also the first training centre that a foreign manufacturer has set up in the country. Since we have highly trained personnel on-site, we will be able to offer support to our clients and part-

and have full access to the Ivoclar Vivadent information network.

How does the new operation in Indonesia fit into your overall business strategy for the Asia Pacific region?

thought-out steps. This strategy helped us to get through the financial crisis in 2008/2009 largely unharmed. As the markets in Japan, Korea, China and India have become established, we are now able

“Asia is still growing more dynamically than any other market in the world...”

ners—something unprecedented in Indonesia. Our staff will be regularly trained at our head office

Brutzer: When we developed our road map for Asia, we decided to implement it in small, well-

to enter the second phase of expansion and to venture into new territories. China, particularly, has



Christian Brutzer and Jörg Brenn celebrating the opening of Ivoclar's new SEA office with local staff members.

developed to such an extent that it is now self-sustaining and can be entirely managed by local talent. This allows us to use valuable resources in other markets. We are extremely lucky to have someone like Jörg Brenn, who has 25 years of work experience in the region.

What challenges does the market in Indonesia pose compared with China?

Brenn: Indonesia is at the point of development where China was 15 years ago. There is a similar optimistic spirit, even though it is on another level and has different characteristics. One can really feel a great deal of energy in the country, which may be fuelled by the new president, whose ideas have provided inspiration for many. While there remains much to be done, one can clearly see the economy moving forward. For example, many Indonesians went to Singapore for dental treatment in the past, but now the country has so many excellent clinics and dental practices that there is no longer any need for patients to go abroad. This has given the dental business in Indonesia greater strength and higher autonomy.

What are the prospects for Ivoclar Vivadent's business in the region?

Brutzer: The market in Asia is still growing more dynamically than any other market in the world, even more than Latin America. In some countries, like China, we are currently experiencing deflation owing to previous efforts by the government there to slow down growth. Naturally, this had an effect on dental services and the demand for materials and systems. However, we envision the private sector constantly expanding and this development will give us completely different opportunities in the years to come. We are seeing similar developments currently in India.

As usual, we have adopted a middle- and long-term strategy in South East Asia. This means that we did not enter the market expecting to know everything in just a few months. It will take some time to understand the environment. Fortunately, we are able to address a market like Indonesia with enough resources to accelerate that process. Our approach is based on sustainability.

Brenn: After a year of preparation and observing the market, we are already seeing a positive development in Indonesia. We now know more than ever what huge opportunities this market offers for our business.

Thank you very much for the interview.