

FDI and TDA to bridge oral health gaps at Istanbul congress



The Bosphorus Bridge in Istanbul connects the European continent with Asia. (DTI/Photo Mehmet Cetin/Shutterstock)

For the first time ever, dental stakeholders from all over the globe will gather in the Turkish capital to discuss and learn about the latest issues and developments in dentistry at the Annual World Dental Congress of the FDI World Dental Federation. Hosted in collaboration with the Turkish Dental Association (TDA), who won the bid for this year's congress after the originally planned 2013 congress in South Korea was cancelled, the event is going to attract professionals from East and West alike.

According to the FDI, more than 12,000 dental professionals from Turkey and abroad are expected to attend the event, which is being held in the last week of August at the Istanbul Congress Center. A record number of 1,849 scientific abstracts were submitted this year, of which 1,196 were accepted by the local organising committee. More than 166 experts from around the world will be presenting on public oral health issues, as well as new developments in clinical methods and applications. In addition, an industry exhibition will be showcasing what the international and local industry currently has to offer. Along with the latest dental instruments and materials, advanced technologies, like dental imaging and CAD/CAM systems, will be on display. About 200 companies had registered for the event by the end of July, the FDI said.

The congress will also give an update of the programmes the organisation has implemented with several

partners around the world in the last two years, particularly the Vision 2020 initiative, which is intended to be a roadmap for the improvement of oral health worldwide in the years to come. Phase II of the programme focusing on data collection and collaborative practice was launched at the Chicago Midwinter Meeting in February this year, and the first results will be presented with the introduction of a new FDI pilot project aiming, once the pilot stage is over, to help stakeholders in the public health sector as well as the industry in decision making by providing access to evidence-based information on oral health attitudes and facts worldwide.

Also on the agenda will be progress in the Live.Learn.Laugh partnership with dental consumables manufacturer Unilever that currently runs oral health education programmes in 27 countries, including Turkey. New this year is the FDI's Strategy for Africa, a joint collaboration between the organisation and a number of national dental associations in Africa in order to improve effectiveness in the implementation of oral health measures on the continent, which is plagued by dental disease.

"One of the major successes in 2013 however was ensuring the continued availability of dental amalgam by ensuring its phase-down rather than phase-out in the Minamata Convention, the international treaty on mercury to be signed in October in Minamata in Japan," outgoing FDI President Dr Orlando Monteiro da Silva commented. "In return, the dental community promised a concerted effort in the field of prevention and reduction of dental amalgam impact. I am happy to report that in collaboration with the United Nations Environment Programme, World Health Organization and International Dental Manufacturers, we have already moved into the implementation phase with a pilot project on dental waste management in East Africa."

In addition, Monteiro da Silva highlighted the success of World Oral Health Day on 20 March, which he said was celebrated in 36 countries this year. He said that he will continue to engage in the organisation's endeavours even though he will be stepping down as president in Istanbul. Da Silva will be succeeded by former FDI Treasurer Dr Tin Chun Wong from the People's Republic of China this year, who will lead the organisation for the next two years.

Turkish Dental Association President Prof. Taner Yücel said that he and his organisation are looking forward to bringing dentists from five continents together in the city of Istanbul for the first time.

"Hosting the annual meeting in Istanbul is like winning the dental Olympics and offers similar added value. A widely publicised international event, held under the auspices of the President of the Republic of Turkey, provides an ideal opportunity to raise awareness among members of the public about the importance of oral health," he commented. "We hope that the 2013 Annual World Dental Congress will also have a positive impact on government decisions in the field of public oral health."

According to the 2010 survey analysis published by the Turkish Ministry of Health, 85 per cent of young people in Turkey aged between 6 and 19 are affected by dental caries. The Ministry also found that as many as 74 per cent of those aged between 15 and 19, and 96 per cent of those between 30 and 34 are affected by periodontal disease.

In addition to benefits to oral health, the TDA believes that organising the FDI congress will be a significantly positive step towards international recognition of the country. The organisation has been a member of the FDI World Dental Federation since 1989 and currently represents about 22,000 Turkish dentists. Since

the 1990s, it has been organising dental congresses throughout Turkey, including its own national dental congress, which brings together between 2,000 and 2,500 dentists every year and is being held together with the FDI congress this year.

"The AWDC will not only be the largest and most important dental event organised in Turkey in 2013, but also be a beacon for the perception of dental health, as well the institutionalisation of the industry and furthering the reputation of the dental profession in Turkey," Yücel said. The FDI organises its annual congress

every year in collaboration with one of its 135 member associations. Recent editions include congresses held in Singapore, Salvador da Bahia in Brazil, Mexico City, and Hong Kong, which hosted the organisation's centenary congress last year. In May, the organisation announced that it will be holding its next congress in partnership with the Indian Dental Association in New Delhi next year.

For more information about FDI 2013 Istanbul, please visit the website at www.fdi2013istanbul.org or scan the QR code on the lower left with your mobile device.

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Istanbul: New dimensions, new products



Orlando Monteiro da Silva

FDI 2013 Istanbul has generated excitement since it was announced on 12 April 2012 at a press conference in Istanbul. I was present on that occasion and recall the immense satisfaction we all felt at having selected such an appropriate venue, in the words of the congress theme "Bridging continents for global oral health".

That excitement has continued unabated ever since, as registrations then substantially exceeded those for the previous year's event and new

exhibition space had to be made available to satisfy the great demand from the industry. In short, Istanbul has broken all recent records and promises to further FDI's unmatched reputation as international convener of the world of dentistry.

For FDI, further excitement comes from the launch of its first significant and unique product since the landmark The Oral Health Atlas published in 2009: a tablet-based application to carry out surveys to monitor the status of oral health worldwide in real time. In fact, the highly innovative product is a significant evolution from the Atlas itself, for which, nevertheless, a new edition is envisaged.

The first results of the pilot survey, expected within 12 months, will provide key evidence-based support to decision-makers who need to ensure appropriate provision for oral health in public health policy. Similarly, the application-based survey reports will provide the industry with facts and trends in oral health and the attitudes of its clients—dentists and patients—vital for decision-making on future investment.

The new application is the first concrete result of FDI's Vision 2020, launched just one year ago. Another area we will be working on is intra- and interprofessional collaborative practice, equally relevant to policymakers as a means of achieving more efficient health spending, to medical practitioners for effective diagnosis and treatment, and to patients in terms of health outcomes.

Other areas of FDI work are on display at the FDI stand, situated on floor 2B opposite Beyazit Hall. The FDI takes immense pride in its Strategy for Africa, debated and agreed on during the African Summit on Oral Health at the end of October 2012. The strategy is aimed at building capacity among FDI member national dental associations for the effective management of their internal operations and their external communications and advocacy. The first workshops will take place in the coming months.

At the stand, you can find out more about a dental waste management project that the FDI has just launched

in Africa in collaboration with the World Health Organization, United Nations Environment Programme, International Dental Manufacturers and the US-based company Dental Recycling International.

It followed up commitments by the dental community when it successfully negotiated a phase-down rather than phase-out of dental amalgam in the Minamata Convention on Mercury to be signed by UN member states in October this year. Other commit-

ments were in research on new dental materials and prevention.

Prevention was also integrated into the message of World Oral Health Day 2013, "Healthy teeth for a healthy life". You can see the display and get a copy of the 2013 report at the FDI stand. We hope that this will inspire you in your celebration plans for World Oral Health Day on 20 March 2014.

I wish you all a productive and enjoyable FDI 2013 Annual World Dental Congress!

Celebrating another successful year of Live.Learn.Laugh.

By Drs Virginie Horn & Monica Carlile, LLL Partnership Leaders



Drs Virginie Horn & Monica Carlile, LLL Partnership Leaders.

Since launching in 2005 with the aim of improving oral health around the world, the Live.Learn.Laugh. (LLL) partnership between the FDI World Dental Federation and Unilever Oral Care has gone from strength to strength. Today, the partnership runs 29 oral health improvement projects in 27 countries, from Latin America to South-East Asia. The projects are adapted to local needs but are all focused on one goal: to measurably improve oral health through encouraging twice daily brushing with a fluoride toothpaste. This alone could prevent the suffering caused by oral disease and improve quality of life.

2013 has been a particularly important year for the partnership: our new relationships with the South African Dental Association, Myanmar Dental Association, Dutch Dental Association and Korean Dental Association demonstrate the value dental associations place on the LLL partnership mission at a global level.

The partnership's success is largely due to the shared values and common goal of the FDI, its members and Unilever Oral Care. This has led to the continued expansion of our partnership projects, which have reached many thousands of people over our eight years together. The FDI's vision of leading the world to optimal oral health and Unilever's aim of helping one billion people improve their health and well-being as part of its

Sustainable Living Plan perfectly complement one another, as do the capabilities that both parties bring to the partnership.

This year the partners have focused on the evaluation and improvement of our LLL projects, with our most recent workshop in Athens in January bringing together national dental associations to attend sessions on project implementation, management and communication. These workshops give us the opportunity to fine-tune our activities and share tools, knowledge and experiences to make the projects stronger and improvements in oral health standards and infrastructure sustainable.

Everyone has the right to a healthy, happy life, free of oral disease. The FDI and Unilever Oral Care are proud to be working together to achieve this objective through the LLL partnership.

Look out for updates on our oral health improvement projects at the 2013 FDI Annual World Dental Congress and visit the LLL partnership stand to find out more about our activities in your region.

Dr Virginie Horn is the Education and Development Manager at the FDI. Dr Monica Carlile is the Global Expertise and Authority Manager at Unilever Oral Care. Both are working together to manage the LLL partnership on behalf of the global partners.

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Camlica Hall, ICC Section B2

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Professor of Prosthodontics, King's College, London

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References: 1. Du MQ et al. Am J Dent 2008; 21(4): 210-214. 2. Pradeep AR et al. J Periodontol 2010; 81(8): 1167-1173. 3. Salian S et al. J Clin Dent 2010; 21(3): 82-87.

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Prof. Saadet Gökalp (left) and Bahar Güçiz Doğan.
(DTI/Photo courtesy of Hacettepe University, Turkey)

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“Being one of the fastest-growing economies is not enough”

An interview with Profs. Saadet Gökalp and Bahar Güçiz Doğan, Turkey

The Republic of Turkey still lags significantly behind in terms of oral health. In advance of the FDI 2013 Annual World Dental Congress in Istanbul, *Worldental Daily* had the opportunity to speak with Profs. Saadet Gökalp and Bahar Güçiz

Doğan from Hacettepe University in Ankara, who co-authored the country's last national oral health survey, about the state of oral health of the Turkish people and what needs to be done to improve the situation in the long run.

Worldental Daily: According to the last national survey conducted between 2004 and 2005, the oral health status of most Turks seems to be in a devastating state. What were the most important findings from the report?

Profs. Saadet Gökalp and Bahar Güçiz Doğan: The survey, which used World Health Organization (WHO) criteria, found that individual oral health care was inadequate and the need for treatment was high throughout all index age groups. Very few people visited a dentist regularly and only sought treatment when they had a problem.

According to Turkish Statistical Institute figures, children between 0 and 6 years of age seem to suffer significantly less from oral health problems than children between 7 and 14 years of age do. Why is there such a rapid progression of oral disease at an early age?

The methodology of the Turkish Statistical Institute was different from ours. Its data was gathered in May and related to health problems experienced in the last six months by interviewing the mothers or caretakers of the child. However, there was no oral examination, so the dental health status of the subject herself or himself was not assessed.

In addition, comparing children between the ages of 0 to 6 years and 7 to 14 years is not informative enough. In fact, WHO recommends assessing and following the dental health status of children of 5, 12 and 15 years of age. For this reason, we investigated patients of these ages in our survey.

And what did you find?

The report showed a high prevalence of dental caries (68.8 per cent) among 5-year-old children. The decayed, missing and filled teeth (DMFT) index at age 12 was 1.9, which is lower than the WHO target for 2000 (DMFT = 3), but the significant caries index was 4.33 and caries prevalence still high (61.1 per cent). The mean DMFT score of 5-, 12- and 15-year-old children was mainly due to the D component, while the F component was very low. The mean DMFT score in the age groups 35–44 years of age (11.2) and 65–74 years of age (25.8) was mainly due to the M component.

The Turkish government introduced a national health insurance system in 2008 in order to provide children between the ages of 5 and 15 with better access to dental care. Has the oral health situation improved since then?

Unfortunately, there is still no data available related to this issue. However, a national oral health survey is planned to be conducted in 2014 by the same research group who wrote the last report. Once the findings of this survey have been released, I think comparisons will be able to be drawn.

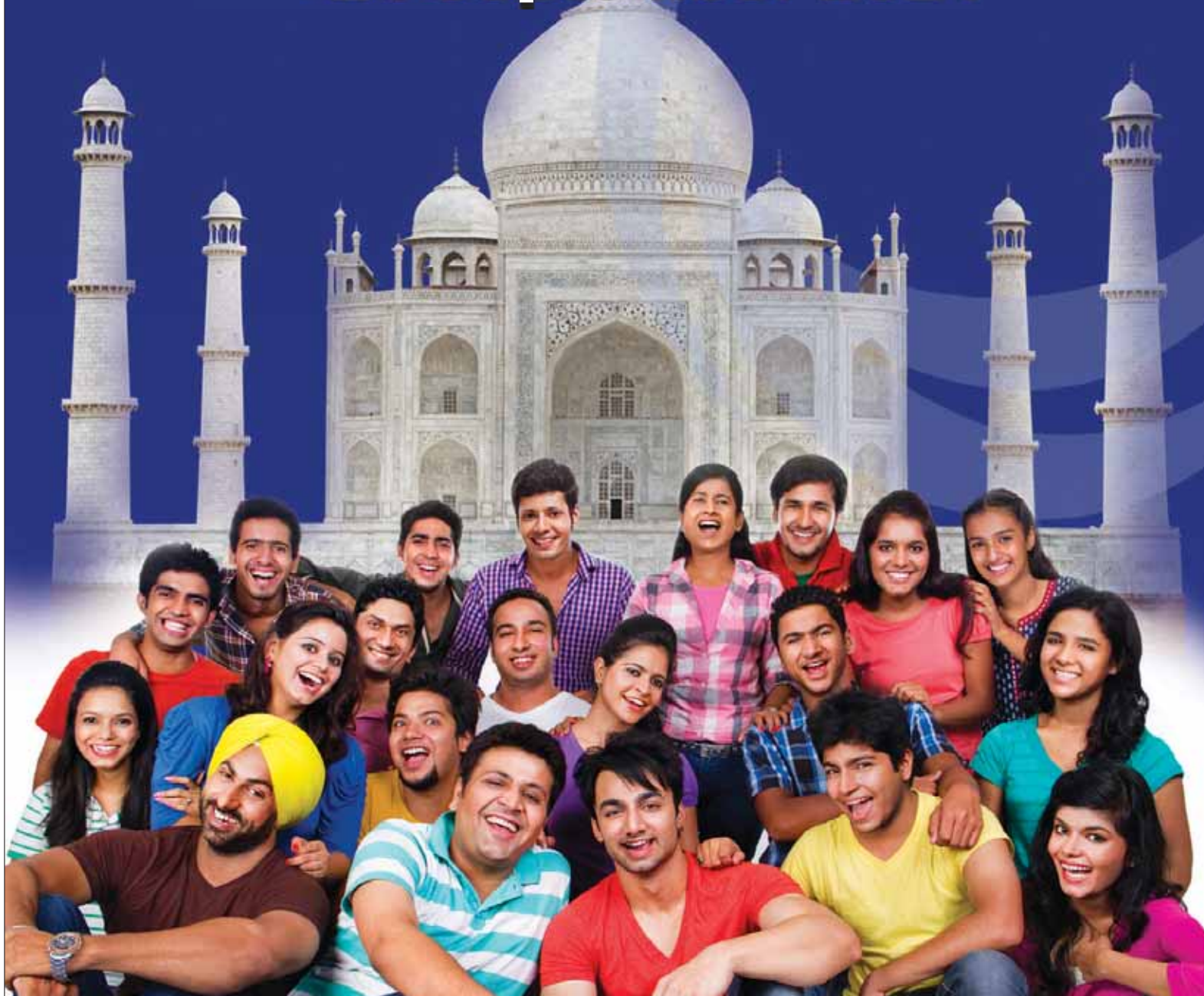
Edentulism has been shown to be extremely high among the Turkish elderly. What are the reasons for this high tooth loss in this age group?

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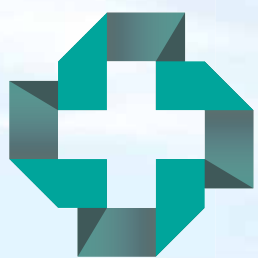
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The prevalence of edentulism in the 65–74 age group was indeed very high (48.8 per cent). One reason might be that access to dental health services used to be inadequate in Turkey in both rural and urban areas. In addition, there is the widespread belief that the loss of teeth is unavoidable as one grows older. Therefore, tooth extractions are common in this age group, who simply consider this treatment method cheaper and more practical.

Other significant factors for retaining functional dentition (meaning 21 or more teeth) at this age were place of residence, health insurance and the number of previous dental visits. For example, our study demonstrated that elderly people with no health insurance also had a higher incidence of edentulism (53.2 per cent).

Why do women seem to suffer significantly more from oral disease than men do?

I believe this issue is related to the status of women in Turkey. Gender

discrimination in our country is still present in almost all aspects of life, including health.

The dentist–patient ratio in 2011 was 1:3,500, which is below the European average. Does the country need more dentists to serve its 73.6 million population?

I think for the near future it is more important to distribute the potential dental work-force throughout the country more equally and to train people better to seek oral health care services before presenting with symptoms of oral disease.



The prevalence of edentulism among elderly Turks is very high. (DTI/Photo Martin Lehmann, Germany)

In addition, dentists should be educated in a more prevention-oriented manner during their undergraduate studies. Quality and an ethical work philosophy should be more important than quantity.

Every second dentist in Turkey works in one of the five largest cities, an area that equals only 1/40,000 of the country's total area. What is access to oral health care services like in the rest of the country, which is primarily agrarian?

In most villages, oral health care facilities simply do not exist. Most villagers therefore have to go to a district centre in order to attend one of the few government-run oral health care centres, which serve as clinics rather than primary care units. There are very few private facilities in district centres.

According to an Organisation for Economic Co-operation and Development report, Turkey currently spends only 6 per cent of its GDP on health care. What role does the lack of knowledge regarding the benefits of good oral health play compared with other factors?

Indeed, the least is spent on oral health care and most of the money allocated is spent on treatment rather than prevention. It would be beneficial if knowledge about good oral health behaviour could be spread among the population. Everyone knows the risks of poor oral health for general well-being, yet most people do not brush their teeth regularly and correctly.

With growth rates of about 10 per cent, Turkey is currently one of the fastest-growing economies in Europe and worldwide. Do you think that this will have any impact on the oral health status of Turks, and what needs to be done to raise awareness of and spending on oral health care in the future?

Being one of the fastest-growing economies is not enough. More important for improving oral health and general health is the equal and fair distribution of available resources. If this cannot be provided, very few will be able to benefit from the effects of economic development in the long term.

Under the Live.Learn.Laugh. programme, the FDI has conducted a number of programmes in partnership with the Turkish Dental Association and corporate partners to raise awareness of good oral health among Turks in recent years. What do you think the effect of these measures has been, and does Turkey require more of these programmes?

If conducted countrywide, especially in rural districts, these programmes can have an important effect, but in my opinion it would be far more effective to have oral health interventions performed within routine health services and by responsible personnel.

Thank you very much for the interview.

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Dental officers meet at World Military Dental Congress

FDI Section of Defence Forces Dental Services talks forensics and CAD at pre-AWDC event

The number of armed conflicts has remained constant since the end of the Cold War, according to a study by the Peace Research Institute Oslo in Norway. Therefore, a key part of military dentistry is to plan dental care for isolated populations nowadays, in addition to providing oral health care to those involved in armed forces and managing their risk of oral disease.

Around 70 delegates from 25 countries are expected to meet ahead of the 2013 Annual World Dental Congress for two one-day sessions on the latest issues in military dentistry organised by the FDI Section of Defence Forces Dental Services (SDFDS) in Istanbul. According to Col. Andrew Gray, Director of Defence Dental Services, the event will cover battlefield dentistry, disaster relief and management, as well as forensic dentistry, including mass disaster victim identification.

In addition, management of dental service delivery, including performance assessment and improvement, readiness, dental management programmes, oral and maxillofacial treatment, as well as CAD will be in focus.



The SDFDS is welcoming new delegates from countries like Afghanistan this year. (DTI/Photos courtesy of SDFDS)

"Military personnel can be operational for various lengths of time without access to dental care," Gray said. "Thus, risk management of military populations is vital to the success of a mission. Evacuating a soldier from a military environment as a result of a simple toothache is expensive and in many situations very dangerous for the patient and those transporting and assisting."

For the first time, delegates from Afghanistan, Kenya, Sri Lanka and

Ukraine are expected to join the annual event. The meeting will commence with a welcome reception on 25 August at the Military Museum in Istanbul. Delegates will also visit the military facilities of the Turkish Armed Forces as a traditional part of the programme.

This year's SDFDS annual meeting is being organised by the SDFDS executive committee and Capt. Alper Tukay of the Turkish Navy. The current executive committee is made up



Delegates to the World Military Dental Congress listening to a presentation in the year 2012.

of representatives from Australia, Canada, Chile, China, India, Kenya, New Zealand and Sweden. They are members of the FDI who are senior regular force, reserve, or retired dental officers. However, civilian employees of national military oral health providers or individuals with an interest in or affiliation with military dentistry are welcome to attend, Gray said.

SDFDS says its role is to provide a world forum for the exchange of

ideas, innovations and concepts within the areas of defence forces dental services. As such, the SDFDS has to facilitate communication between members of the SDFDS, and develop and propose educational programmes for the annual conference. The basic programme normally consists of two full-day sessions and a one-day visit to the military facilities of the host country.

The World Military Dental Congress was first held in 1904.

Education, fashion and more

Latest concepts and technologies in dentistry presented by DT Study Club FDI symposium



The latest in clinical apparel will be presented by new fashion label CROIXTURE on Wednesday. (DTI/Photo courtesy of CROIXTURE, Germany)



A full symposium at last year's AWDC in Hong Kong. (DTI/Photo Claudia Duschek)

For the fourth time, Dental Tribune International (DTI) will be bringing its Dental Tribune Study Club Symposium to the Annual World Dental Congress of the FDI World Dental Federation. The expert lecture series, to be held alongside the FDI's scientific programme on the exhibition floor in the Istanbul Congress Center, will be supported by dental manufacturers SHOFU, Kerr and COLTENE, and feature clinical experts, who will

be discussing the latest concepts and technologies in dentistry.

According to the international dental publishing group, attendees will be able to update their knowledge on bulk-fill technology, MIMI flapless surgery and minimally invasive cosmetic dentistry, among other topics. In addition, the symposium will discuss the reasons that CBCT should be part of everyday practice.

Starting on Thursday, the 30-minute lectures will be held daily at booths B029-B032 and B066-B071 between 11:00 and 18:00. Access to the symposium will be free of charge for visitors of the congress. All presentations will be also recorded live for viewing online after the show on the DT Study Club e-learning platform. This year, Wednesday will be solely dedicated to a fashion event sponsored by CROIXTURE, showcasing the latest in clinical apparel, which dentists will be able to purchase on-site at a discounted price.

DTI held its first FDI Study Club Symposium at the 97th Annual World Dental Congress in Singapore four years ago. Since 2008, the ADA CERP-recognised education platform has been providing dental education to millions of dentists at international conferences and exhibitions, as well as through online lectures. More than 150,000 dentists around the world are currently members of the DT Study Club, according to DTI figures. Local platforms are available in Germany, France, Italy and Brazil, among other countries. Corporate partners include DENTSPLY, Straumann, GlaxoSmithKline and Colgate-Palmolive, which has its own spin-off platform, the Colgate Oral Health Network established in partnership with DTI in 2010.

More information about the DT Study Club, the FDI symposium and how to become a platform member are available at the following website: www.dtstudyclub.com

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