

DENTAL TRIBUNE

The World's Dental Newspaper • Pakistan Edition



PUBLISHED IN PAKISTAN

www.dental-tribune.com.pk

MARCH, 2018 - Issue No. 02 Vol.5



PMDC and not SC to decide new medical college ...

NEWS

► Page 2



Getting to grips with general dental practitioner ...

CLINICAL ORTHODONTICS

► Page 6



Orthodontic management of maxillary ...

CLINICAL ORTHODONTICS

► Page 10

SAY AHH...

World Oral Health Day 2018 across Pakistan

DT Pakistan Report

KARACHI – Pakistan continues to lead the celebrations of World Oral Health Day organized by Dental News in collaboration with Shield Corporation. The theme of this year's World Oral Health Day is 'Say Ahh' and is supported by FDI and its partners, PDA, APDF, JPDA and DTI.

World Oral Health Day was first declared in 2007 and was originally celebrated on 12 September - the birth date of FDI founder Dr Charles Godon. However, the campaign was not fully activated until 2013, after the date was changed to 20 March to avoid conflict with the FDI World Dental Congress taking place in September.

The new date was chosen to reflect that the seniors must have a total of 20 natural teeth at the end of their life to be considered healthy, Children should possess 20 baby teeth, Healthy adults must

have a total of 32 teeth and 0 dental cavities all this expressed on a numerical basis this can be translated as 3/20 hence March 20 was fixed as the WOHD.

Dr Arif Alvi who at the time was one of the FDI councilors played a pivotal role and later raised his voice in the National Assembly for the same.

World Oral Health Day is celebrated throughout the world on 20th March and in Pakistan this will be the 8th year running where Shield Corporation as part of their CSR activities sponsored the mega event. Last year the campaign reached more than 25 thousand people who were examined and checked for oral health.

This year courtesy Shield Corporation and Pakistan Dental Association the programme has become bigger than ever before offering Free OPDs at over 36 dental college hospitals across Pakistan. As part of Shield's commitment for better oral health,



free checkup of school going children has also been arranged to teach them early about keeping their teeth health and mouth clean.

World Oral Health Day is an international day to celebrate the benefits of a healthy mouth and to promote worldwide awareness of the issues around oral health and the importance of looking after oral hygiene to everyone old and young.

It is estimated that over 90% of the world's population will suffer some form of dental disease in their lifetime but many of these can easily be treated or prevented with a good oral care routine.

Continued on Page 15

Private medical colleges ordered to refund donations

DT Pakistan Report

LAHORE - After the intervention of Supreme Court, the management of the Red Crescent Medical and Dental College has returned around Rs300 million it had received in the form of 'donations' from over 260 students.

The Chief Justice of Pakistan Mian Saqib Nisar along with other judges made a surprise visit to the college, the Federal Investigation Agency (FIA), Lahore had launched a probe into the issue after registering an inquiry over the allegations of overcharging in the name of donations by the college management. According to sources, the college management had admitted before the FIA investigators that other than fee, amounting to Rs0.85 million, the college received a million or so rupees from every student at the time of their admissions in the name of 'donations'. The management had assured the FIA that it will return the amount collected in the name of donations.

"The college management has returned around Rs300 million to over 260 students currently enrolled with the college," an FIA official said, adding some students got back more than Rs 1.5 million. According to another source the amount collected by the

Continued on Page 15

PDA's Grand Dental Symposium Held

DT Pakistan Report

KARACHI - The Pakistan Dental Association (Central Council) in line with its CDE initiatives organized a Grand Dental Symposium. The chief guest on the occasion was honourable speaker Sindh Assembly Agha Siraj Durrani. The chief guest administered the oath of office to the PDA (CC) offKarachi: The Pakistan Dental Association (Central Council) in line with its CDE initiatives organized a Grand Dental Symposium. The chief guest on the occasion was honourable speaker Sindh Assembly Agha Siraj Durrani.

The chief guest administered the oath of office to the PDA (CC) office



bearers and appreciated the participants for their dental skills and the relief it brings to patients. In spite of his busy schedule he attended the programme and welcomed any

suggestions for the improvement of oral health in Sindh.

Earlier, the proceedings started with the recitation from the Holy Quran followed by sessions and workshops

of World renowned speakers. The speaker include Prof Mervyn Hosein, Prof Shah Faisal Prof Noor-ul Wahab, Prof Murtaza Kazmi, Dr Farhan Raza, Prof Feroze Kalhoro, Dr Erum from LUMHS as symposium speaker Dr Sayed Abrar and Dr Salman Zafar.

A house full session was attended by private practitioners, academicians, house officers and students. A large participation from LUMHS also attended the programme.

The success of the symposium was a result of the efforts of PDA office bearers led by Dr Mahmood Shah, Dr Nasir, Dr Murtaza and the team members of PDA (CC).

Continued on Page 14

PMDC and not SC to decide new medical college applications

DT Pakistan Report

LAHORE - Chief Justice Mian Saqib Nisar remarked that neither he had unlimited powers nor could he intervene in every matter, while hearing different suo motu cases and writ petitions at the Supreme Court Lahore Registry, he said that being the chief justice, he had to follow the law in letter and spirit.

While taking up the private medical colleges' case, a Supreme Court bench, led by Chief Justice Mian Saqib Nisar, ordered the Pakistan Medical and Dental Council (PMDC) to finalise the applications of three new medical colleges. The colleges include Al-Aleem Medical College Lahore, Niazi Medical College Sargodha and CMH Kharian Medical College Kharian for recognition within a week.

The court directed the PMDC to scrutinise the applications of the colleges in accordance with the new criteria besides allowing three months' time to meet the deficiencies and shortcomings as per set criteria.

The court also directed the owners/administration to submit affidavit that they would be subject to legal and civil action in case of non-compliance. The bench comprising



Chief Justice Mian Saqib Nisar and Justice Ijazul Ahsan passed the orders while lifting a ban on the recognition of new medical colleges to the extent of petitioner-colleges on their applications in suo motu notice against exorbitant fee structure of private medical colleges.

At the outset of the hearing, the bench criticised Pak Red Crescent Medical College (PRCMC) administration for not providing required facilities and completing the faculty in the college. However, PRCMC's counsel submitted that due to various reasons, the college faced certain problems and requested the court to grant six months to overcome

the shortcomings.

The bench observed that it could not allow six months' time and directed the authorities concerned to overcome the shortcomings within three months. A FIA representative also submitted a report on the investigations carried out into the PRCMC issue in compliance with the court orders.

The counsel, on behalf of Al-Aleem Medical College and Niazi Medical College, requested the bench for directions to the PMDC for finalising their applications for their recognition. At this, the bench ordered the PMDC to finalise their applications in accordance with the criteria while adjourning the hearing.

Five doctors booked for 'Manslaughter'

DT Pakistan Report

ISLAMABAD - Five doctors from a government hospital have been taken in custody by the police for alleged manslaughter.

The case was registered with the Karachi Company Police, 22 months after the incident took place after a court directive, on charges that include section 322 (punishment for qatl-bis-sabab) of the Pakistan Penal Code.

Complainant Ahsan ul Haq said he had been trying to register the case for nearly two years, but alleged that the police had ignored those complaints lodged against the doctors. He quoted the police as telling him: "Do you know how big the hospital is and who are running it?"

Speaking to a media source, Mr. Haq reported that he took his pregnant wife to a hospital in



Islamabad on May 19, 2016, where the doctor declared it to be an emergency case and must be admitted immediately. Upon paying the admission fee, he was informed that no rooms were available, and was asked to return the next day. His wife was taken into surgery and after the operation and birth of their son, Mr Haq was told that his wife's condition deteriorated, and she was placed on a ventilator. Later that night, she passed away.

Mr. Haq approached the Islamabad District and Sessions Court, where he submitted a Criminal

Procedure Code 22-A application and was asked by the additional sessions judge to lodge a complaint with the Pakistan Medical and Dental Council (PMDC).

He informed that the PMDC issued a decision in November 2017 and found medical negligence on the part of the doctors. In the meantime, however, the additional session judge had dismissed Mr. Haq's petition in September.

"I approached the District and Sessions court again, lodged another petition under CrPC 22-B, seeking directions for the police to

register a case against the doctors and the hospital," he said. The court decided in his favor & ordered the police to take action.

Mr. Haq claimed that his wife died on the operating table, and that her body was placed on a ventilator only to charge him more for the treatment. He said he has sought legal action against the doctors involved as well as the hospital. However, he claimed that, the police were under the influence and pressure of the doctors and the hospital. Police personnel took two days to register the case after the court order. "I remained at the police station for two days until the registration of the case, even though the officials asked me to leave," he said.

He was recently informed that no action was taken and the doctors obtained bail.

DENTAL TRIBUNE

The World's Dental Newspaper - Pakistan Edition

Publisher/CEO

Syed Hashim A. Hasan
hashim@dental-tribune.com.pk

Editor Clinical Research
Dr. Inayatullah Padhiar

Editors Research & Public Health
Prof. Dr. Ayyaz Ali Khan

Editor - Online
Haseeb Uddin

Associate Editor
Dr Amna Nayyar

Designing & Layout
Sh. M. Sadiq Ali

Dental Tribune Pakistan

3rd floor, Mahmood Centre, BC-11, Block-9
Clifton, Karachi, Pakistan.
Tel.: +92 21 35378440-2 | Fax: +92 21 35836940
www.dental-tribune.com.pk
info@dental-tribune.com.pk

Dental Tribune Pakistan cannot assume responsibility for the validity of product claims or for typographical errors. The publisher also does not assume responsibility for product names or statements made by advertisers. Opinions expressed by authors are their own and may not reflect of **Dental Tribune Pakistan**.

International Imprint

Group Editor **Daniel Zimmermann**
newsroom@dental-tribune.com
Tel.: +44 161 112 1830

Clinical Editors **Nathalie Schüller**
Magda Wojtkiewicz

Editor **Yvonne Bachmann**
Editor & Social Media Manager **Monique Mehler**

DTI Communication Service **Marc Chalupsky**
Kasper Mussche

Copy Editors **Ann-Katrin Paulick**
Sabrina Raaff

Publisher/President/CEO **Torsten R. Oemus**

Chief Financial Officer **Dan Wunderlich**

Chief Technology Officer **Serban Veres**

Business Development Manager
Claudia Salwiczek-Majonek

Project Manager Online
Tom Carvalho

Junior Project Managers Online **Hannes Kuschick**
Chao Tong

E-Learning Manager **Lars Hoffmann**

Education Director Tribune CME

Christiane Ferret

Event Services/Project Manager **Sarah Schubert**
Tribune CME & CROIXTURE

Marketing Services
Nadine Dehmel

Sales Services
Nicole André

Accounting Services **Karen Hamatschek**
Manuela Hunger
Anja Maywald

Media Sales Managers

Melissa Brown (International)

Hélène Carpentier (Western Europe)

Matthias Diessner (Key Accounts)

Antje Kahnt (International)

Veridiana Mageswki (Latin America)

Barbora Solarova (Eastern Europe)

Peter Witteczek (Asia Pacific)

Executive Producer **Gernot Meyer**

Advertising Disposition **Marius Mezger**

Dental Tribune International

Holbeinstr. 29, 04229 Leipzig, Germany
Tel.: +49 341 48 474 302 | Fax: +49 341 48 474 173
info@dental-tribune.com | www.dental-tribune.com

©2018, Dental Tribune International GmbH. All rights reserved. Dental Tribune International makes every effort to report clinical information and manufacturer's product news accurately, but cannot assume responsibility for the validity of product claims, or for typographical errors. The publishers also do not assume responsibility for product names or claims, or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Dental Tribune International.

Colgate

Sensitive Pro-Relief™

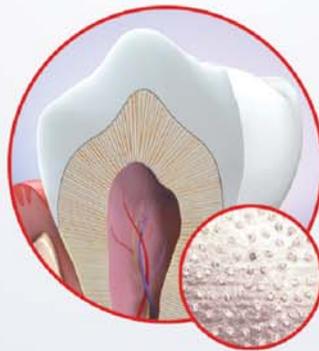
REPAIR
THE CAUSE

PREVENT
PAIN RETURNING

THERE'S A BETTER WAY TO TREAT
SENSITIVE TEETH. ^

REPAIR

Forms a calcium-rich layer and helps repair[†] sensitive areas of teeth for instant and superior relief ^{^, 1-3}



PREVENT

Regular use helps strengthen gums and provides lasting protection to prevent further tooth sensitivity

NEW



Colgate®

PAKISTAN'S #1 SENSITIVITY TOOTHPASTE RECOMMENDED BY DENTISTS*

*Based on Professional Dentists Tracking Study - IPSOS Pakistan Nov 2015

^ vs. toothpastes with 5% potassium nitrate. For instant relief, apply directly to the sensitive tooth and gently massage for 1 minute.
Reference: 1. Li Y et al. J Clin Dent. 2011; 22(Spec Iss):113-120. 2. Nathoo S et al J Clin Dent 2009; 20 (Spec Iss):123-130. 3. Ayad F et al. J Clin Dent. 2009; 20 (Spec Iss): 10-16.

Study shows some toothpastes do not protect against erosion and hypersensitivity

DT International

BERNE, SWITZERLAND - Over the years, more and more toothpastes have been released on to the market claiming to aid with one thing or another—with a particular focus on dentine hypersensitivity and dental erosion. However, in a new study, researchers have shown that, out of nine analysed toothpastes, none were capable of mitigating enamel surface loss, a key factor in tooth erosion and dentine hypersensitivity.

Conducted at the University of Bern in Switzerland with the participation of a researcher supported by a scholarship from the São Paulo Research Foundation, the researchers tested eight toothpastes claiming to be anti-erosive and/or desensitising and one control toothpaste, all of which are available from pharmacies in Brazil and Europe.

“Research has shown that dentine must be exposed with open tubules in order for there to be hypersensitivity, and erosion is one of the causes of dentine exposure. This is why, in our study, we analysed toothpastes that claim to be anti-erosive and/or desensitising,” said lead author of the study Dr Samira Helena João-Souza, a PhD student at the Department of Restorative Dentistry at the University of São Paulo’s School of Dentistry in Brazil.

To simulate the effect on tooth enamel of brushing once a day with exposure to an acid solution for five consecutive days, the study used human premolars donated for scientific research purposes, artificial saliva and an automatic brushing machine. The physical



analysis consisted of weighing the abrasive particles contained in the toothpastes, measuring their size and testing the ease with which the toothpaste mixed with artificial saliva could be spread on the tooth surface.

According to the results, all of the analysed toothpastes caused progressive tooth surface loss in the five-day period. “None of them was better than the others. Indication will depend on each case. The test showed that some [toothpastes] caused less surface loss than others, but they all resembled the control toothpaste [for] this criterion. Statistically, they were all similar, although numerically, there were differences,” said co-author of the article and João-Souza’s doctoral supervisor, Dr Ana Cecília Corrêa Aranha.

The authors of the study emphasised that these toothpastes perform a function, but that they should be used as a complement and not as a full treatment. According to João-Souza, at least three factors are required for a comprehensive approach: treatment prescribed by a dentist, use of an appropriate toothpaste and a change in lifestyle. “Dental erosion is multifactorial. It has to do with

Continued on Page 15

Toothpaste ingredient triclosan may help fight drug-resistant malaria

DT International

MANCHESTER/CAMBRIDGE, UK - Over half a million deaths per year result from malaria, caused by parasites of the genus Plasmodium, and with increasing resistance to all existing drugs, there is an urgent need to develop new medication. Approximately 90 per cent of these deaths are due to Plasmodium falciparum, the parasite responsible for the most severe forms of the disease. Researchers have now investigated triclosan—a simple antimicrobial agent commonly found in toothpastes—as a potential antimalarial substance.



Upon biting someone, a mosquito infected with malaria parasites transfers the parasites into the bloodstream via its saliva. These parasites travel to the liver, where they mature and reproduce, and later leave the liver and hijack red blood cells, where they continue to multiply, spreading around the body.

Triclosan in toothpaste prevents the build-up of plaque bacteria by inhibiting the action of an enzyme known as enoyl reductase (ENR), which is involved in the production of fatty acids. Triclosan and its analogues have been repeatedly shown to inhibit the growth of blood-stage P. falciparum in culture, and it was assumed that triclosan was targeting ENR, which is found in the liver. However, subsequent work showed that improving triclosan’s ability to target ENR had no effect on parasite growth in the blood.

Using “Eve”, an artificially intelligent “robot scientist” based at the University of Manchester’s School of Computer Science, the researchers, from the University of Cambridge, discovered that triclosan affects parasite growth by specifically inhibiting an enzyme of the malaria

Continued on Page 15

Study reveals possible link between tooth loss in mothers and family size

DT International

NIJMEGEN, NETHERLANDS - Being a mum is no easy job. The bigger the family, the less time there may be for self-care and things like oral health may become secondary. In a new study from Europe, researchers have found that having a larger family may be linked to higher tooth loss in mothers—suggesting the old saying “gain a child, lose a tooth” might have more truth to it than first thought.

According to the researchers, there was no solid

evidence to prove the notion that larger families leads to tooth loss in mothers. To investigate this, they drew on data from Wave 5 of the Survey of Health, Ageing and Retirement in Europe (SHARE). SHARE contains information on the health, educational attainment and household income of more than 120,000 adults aged 50 years and over from 27 European countries and Israel. Wave 5 was completed in 2013 and included questions on the full reproductive history and number of natural teeth of 34,843 survey respondents, with an average

age of 67.

Looking at the potential impact of having twins or triplets rather than singletons, the researchers also took into account the sex of the first two children, on the assumption that if the first two were of the same sex, the parents might be tempted to try for a third child. To analyse the data, they applied a statistical technique that exploits random natural variation in a variable that is only associated with the exposure and affects the outcome only through that exposure, essentially mimicking a randomised



controlled trial.

According to the results, women with three children had an average of four fewer teeth than women with two children, suggesting the addition of a third child may very well be detrimental to the oral health of mothers. On a potentially controversial note, the study’s data pointed to there being no direct effect to the oral health of fathers in the case of a third child.

However, tooth loss also increased with age, ranging from nearly seven fewer teeth for women between 50 and

60 and up to 19 fewer teeth for men aged 80 and above. Higher levels of educational attainment were also linked to lower risk of tooth loss among women.

Commenting on the results, the researchers suggested enhanced promotion of oral hygiene, tooth-friendly nutrition and regular preventative dental attendance, specifically targeted at expecting and parenting mothers, would be sensible strategies for clinicians and health policymakers.

new

SENSODYNE



REPAIR & PROTECT

**ACTUALLY
HELPS REPAIR
SENSITIVE TEETH***

Cause of
sensitivity pain

Tiny holes
in dentine

A hard
layer

Repairs
these holes

Helps protect
from pain



No.1 DENTIST RECOMMENDED BRAND FOR SENSITIVE TEETH

*Forms a protective layer over the sensitive areas of the teeth. Brush twice a day for lasting sensitivity protection.

CHPAKCHSENO001917

Getting to grips with general dental practitioner orthodontics

By Dr James Forshaw

My learning pathway with the IAS Academy was slightly different from the normal route in that I took the ClearSmile Aligner course first, then the ClearSmile Inman Aligner one and then the ClearSmile Brace course. I trained with aligners first by shadowing my former principal, who used a different clear aligner system to great effect.

I have been nothing but impressed with the ethos of the IAS Academy. There are three main factors of why I believe that its courses are superior to other orthodontic courses. Everything is under one roof. While planning a case, if one particular treatment modality or even a combination is preferable, one can be sure that it will be suggested. All cases go to the same laboratory, so mixed modalities are no problem. The leading figures running the courses I took were Drs Tif Qureshi, Anoop Maini and Jorge Perez. They are very dynamic, inspiring dentists, also fully engaged in social media, and expand the knowledge base of and equip dentists with the skills to perform what I believe is conservative, safe and, above all, ethical treatment. In addition, the number of orthodontic cases course presenter Dr Ross Hobson has completed is still beyond comprehension. Overall, the IAS Academy presents an intuitive pathway for acquisition, improvement and, if desired, mastery of general dental practitioner (GDP) orthodontics.

Case presentation

A 32-year-old male patient presented to our practice after he saw that we provide GDP orthodontics on our website. He came from an NHS practice and it was agreed that he would remain with that practice for his routine care. He was fit and well, took no medication, had no allergies and was a non-smoker. However, he was struggling with his oral hygiene and did not like the appearance of his maxillary teeth, specifically the colour and the alignment. He was not keen on the idea of fixed orthodontic appliances, but had heard about clear aligners.

My examination revealed nothing abnormal with his extra- or intra-oral soft tissue, temporomandibular joint or range of motion. However, his oral hygiene was poor, which was not helped by the crowding of his maxillary anterior segment. In addition, tooth #48 was carious. I carried out a full orthodontic

assessment (Table 1) and took photographs.

Table 1

Skeletal pattern	Class II	
Frankfort-mandibular plane angle	Average	
Lower face height	Increased	
Facial asymmetry	Symmetrical	
Soft tissue	Competent lips at rest, average smile line	
Incisor relationship	Class II, Division I	
Overjet	3 mm	
Overbite	20%	
Displacement on closure	No	
Molar relationship	Class III, 1/2 unit	Class III, 1/2 unit
Canine relationship	Class II, 1/2 unit	Class II, full unit
Teeth present	All except mandibular second premolars	
Centre line	Dental centre line approx. 2 mm right	

I explained that the maxillary teeth could and should be aligned, as this would likely result in easier cleaning of the teeth, plus it would improve the appearance. The patient and I agreed that the mandibular teeth could remain untouched, as this would keep the cost down, but mainly because they did not bother him. The priority was to stabilise his periodontal condition. A basic periodontal examination Code 3 and heavy bleeding were recorded in each sextant. At that visit, I performed a gross scaling using the ultrasonic scaler and used a model to demonstrate both the use of flossettes and an oscillating toothbrush.

Twenty days later, tooth #48 was restored and I was pleased to find the patient's cleaning had clearly been consistent and diligent. The improvement was extremely impressive and exceeded my expectations. A fine scaling was carried out with further encouragement to maintain this level of home care.

Two weeks later, the colour and contour of the patient's gingival margins were as healthy as could be considering the crowding of the teeth. We discussed what treatment with ClearSmile Aligners would involve, such as interproximal reduction (IPR), compliance and risks, and a referral for specialist orthodontics was offered. Preferring to proceed with clear aligners, the patient signed off his full consent, and a two-stage putty impression was taken using a separation wafer. The Archwise digital planning software was used to predict tooth movement and necessary IPR throughout treatment. It suggested that 18 maxillary aligners would be needed.

Treatment

IPR was carried out progressively over the first three visits, and yellow strip filing was performed for the remaining five appointments. All of the visits passed without problems. The patient was very diligent in his wearing and care of the aligners and reported no pain or difficulty.

At the end of the 18 planned aligners, there was still a central



diastema of approximately 0.2 mm and tooth #23 had not rotated completely. The laboratory offered three (free) or six (for a fee) refinement aligners. The patient chose the latter, reasoning that as we had come this far, we should finish properly. He was charged the laboratory cost only.

As the refinement aligners were progressing, I took impressions for whitening trays, and the patient wore 16% carbamide peroxide gel for three weeks between wearing his aligners. By the end, the diastema had closed and tooth #23 had improved a little but not entirely. However, the patient declared himself happy and elected for Essix retainers over a fixed wire, as he liked the idea of being able to floss all of his teeth, plus he was so used to wearing aligners that wearing retainers at night posed no problem.

Support

The IAS support forum helped me a great deal in my first case. When I was concerned about the midline diastema and the uprighting of tooth #23, I was advised by Dr Qureshi to obtain a leaf gauge, which I did, and I cannot now imagine working without it. Dr Perez also helped me to understand that the anterior-posterior relationship was working against this case in uprighting tooth #23 completely. The mandibular teeth would have required aligning for this to be possible and now that I am more experienced I feel I could spot this from the beginning.

Dr Perez also helped improve the mid-treatment impressions stage, which included impression taking first then removal of the existing composite force drivers and replacement with the new drivers at the fit stage. I did

not then realise this was the ideal sequence, as it is only something that one becomes aware of as treatment progresses. However, at no stage did I feel isolated or unsupported during this case.

Outcome

While the patient arrived with misaligned teeth that were difficult to clean and gingivae that reflected this, he left with clean, light teeth, pink gingivae and a much straighter smile. He was very pleased and expressed warm gratitude for his treatment. He practised every bit of advice given with conspicuous diligence and as a result he reaped the rewards.

I was even happy with this having been a compromised case. Of course, a comprehensive orthodontic treatment plan would have intruded the central incisors, de-rotated the canines further and closed the mandibular spaces, but this is not what the patient wanted. His molar relationships did not change, but we affordably and conservatively made his visible teeth straighter, whiter and easier to clean, and to me this is the very essence of what GDP orthodontics is.

Upon reflection, a leaf gauge is essential. Accurate IPR underpins aligner treatment and I should have been aware of the existence of these tools earlier. Also, I wish I had seen the interference of tooth #33 with tooth #23 sooner, instead of towards the end of treatment.

Looking back at this case, it is apparent that I had not quite mastered my photography, leading to darker before photographs. I steadily eliminated errors in my technique throughout the case by use of better

Continued on Page 15



HELP KEEP YOUR PATIENTS ON A JOURNEY TO HEALTHY GUMS

PARODONTAX® TOOTHPASTE IS CLINICALLY PROVEN TO REDUCE PLAQUE, BLEEDING GUMS AND INFLAMMATION

4X

greater plaque removal*¹

48%

greater reduction in bleeding gums*¹

Recommend parodontax® toothpaste to help patients maintain their optimal gum health between dental visits.

DAILY FLUORIDE TOOTHPASTE FOR HEALTHY GUMS & STRONG TEETH

parodontax®

EXTRA FRESH



Helps stop and prevent bleeding gums

gsk

GlaxoSmithKline Consumer Healthcare Pakistan Ltd.
35-Dockyard Road, West Wharf, Karachi - 74000

GSK is committed to the effective collection and management of human safety information relating to our products and we encourage healthcare professionals to report adverse events to us on +92 (21) 111-475-725 or pk_pharmasafety@gsk.com

* Compared to a regular toothpaste and professional clean and 24 weeks' twice-daily brushing.

“Good oral health is for life, not just for World Oral Health Day”

DT International

Since 2016, the FDI World Dental Federation and oral health product manufacturer Philips have been partnering to promote World Oral Health Day on 20 March. In this interview, Dental Tribune International (DTI) speaks to FDI President Dr Kathryn Kell and Philips CEO of Business Group Health and Wellness Sinéad Kwant about the significance of this day, challenges in improving oral health globally and how the collaboration between the two organisations can help.

DTI: *In your opinion, is oral health improving globally?*

Dr Kathryn Kell: The global burden of oral disease remains significant and widespread; most people will be affected in their lifetimes. The message that good oral health is an essential part of overall health and quality of life is still not fully embraced everywhere, and individuals across the globe continue to suffer from poor oral health. Oral health promotion, as well as prevention and control of oral disease, is key to ensure that people around the world are prioritising their oral health. As the authoritative voice of dentistry, it is our responsibility to step up to the challenges and drive the fight against oral disease to ensure that we are fulfilling our vision of leading the world to optimal oral health.

Sinéad Kwant: While there is a growing trend for people to integrate technology into their lifestyles to improve their health and well-being, such as using apps to track diet and fitness or oral health goals, there remain larger global issues that impact oral health. While people in the developed world live longer, increasingly sedentary lifestyles have led to a surge in chronic diseases, including obesity and diabetes. These in turn have significant implications for oral health. With almost four billion people worldwide affected by oral disease, it is our job to raise awareness of and educate people on the link between oral health and overall health and encourage them to develop healthy habits that last a lifetime.

DTI: *In your opinion, what are the main risks or barriers to people not focusing on their oral health?*

Kell: Oral health is affected by a wide range of social determinants that can impact access to care. Lack of oral health education, however, remains a main barrier to people maintaining good oral health. Therefore, we work hard to raise

awareness of the importance of oral health and educate people on the intrinsic link between oral health and general health. We advocate preventative care, early detection and treatment to encourage people to adopt good oral hygiene habits and follow the advice of oral health professionals so that they understand the impact of oral disease on their overall health and well-being.

Kwant: One of the main barriers to people focusing on their oral health is education and awareness about the importance of good oral health habits and the impact on overall health. Another reason is that many people do not visit their dentist or hygienist regularly and discuss their oral health. They go when there is something wrong, rather than practising preventative care. Working with the FDI, we hope to raise awareness of the importance of building good oral health care routines and encourage people to visit their dental professional and, importantly, to follow his or her advice and maintain good routines between visits.

DTI: *What do you hope your World Oral Health Day campaign will achieve?*

Kell: This World Oral Health Day, we hope that people will embrace the campaign theme of “Say ahh: Think mouth, think health”. We want people to make the connection between their oral health and their general health and recognise the close association between the two and the impact that one has on the other. We encourage people everywhere to commit to prevention and control their risk factors; oral health professionals to commit to educating their patients on the positive impact of protecting their oral health on general health; and policymakers to understand their countries’ oral health challenges and launch policies that address oral disease at a local, national and regional level.

Kwant: This World Oral Health Day, we want to highlight how a healthy mouth is critical in preventing oral disease, as well as raising awareness of the link between oral and overall health. If we can get people to make small behavioural changes, these can go a long way towards positively impacting oral health, for example, their diet and brushing their teeth twice a day for 2 minutes.

DTI: *Tell us about the FDI and Philips partnership and why it’s important?*

Kell: Philips is a key ally in helping us ensure the success of World Oral Health Day. As leaders in the corporate world, companies like Philips have access to an international community of diverse stakeholders

and—by working together—we can disseminate oral health messages to many more people globally. We have seen through their World Oral Health Day activation efforts that Philips is fully committed to improving oral health habits through meaningful innovation. We find this type of support instrumental in helping us improve people’s oral health across borders.

Kwant: We know that good oral health can have important associated benefits when it comes to overall health and wellness. Working with the FDI, we have the opportunity to help people better understand their oral health, from the foods they eat to their daily brushing routine, and share knowledge and best practice.

DTI: *What is next for the future of oral health care?*

Kell: Prevention is key. We must shift our attention from a traditional restorative approach to one that emphasises disease prevention and oral health promotion. Oral health professionals need to play a key role in educating patients on the wider implications of protecting their oral health. A more integrated approach to health care can help achieve better outcomes for patients with oral disease.

Kwant: We believe that we will see a move to more preventative care owing to the rise of digitally connected technology. This also has the possibility of transforming the relationship between the patient and dental professional by introducing the ability to share brushing results or work towards goals. This will change the way dental professionals communicate with their patients and hopefully improve patient compliance between visits.

DTI: *How does your partnership with dental professionals help to improve oral health globally?*

Kell: Dental professionals are the principal providers of oral disease prevention and treatment and play an indispensable role in working to improve oral health around the world. They must take every opportunity to serve as global ambassadors for oral health and encourage patients to live healthy lifestyles in their daily practice. Education leads to action and action fuels change. It is up to our profession to step up to the challenges and take action against the burden of oral disease.

Kwant: Dental professionals are key to improving oral health. By partnering with the FDI, we have the opportunity to team up and raise awareness of the state of people’s oral health. It is our job to understand



FDI President Dr Kathryn Kell and Philips CEO of Business Group Health and Wellness Sinéad Kwant

the barriers dental professionals face when it comes to making sound recommendations and to provide solutions that help them to engage their patients on good oral health.

DTI: *What is the impact of oral health on overall health?*

Kell: Oral health and general health have a close two-way relationship. The mouth is a mirror of the body and offers clues about the status of overall health. Many general health conditions increase the risk of oral disease and vice versa. Oral disease can impact every aspect of life, including personal relationships and self-confidence, school and job performance, and even enjoying food. Maintaining a healthy mouth contributes to a lifetime of well-being and helps people live a better quality of life into old age.

Kwant: We are continuing to explore the link between oral health and systemic health, but we know that it has an important effect on overall health and wellness. A well-documented example of this is the link between diabetes and oral health. Diabetes affects hundreds of millions of people worldwide, and the difference good oral health care can make to the overall health of those with the condition can be significant. Taking care of one’s mouth can have an important longer-term influence on overall health and wellness.

DTI: *If you could give one tip or piece of advice about oral health, what would it be?*

Kell: It is never too early or too late to start looking after your mouth; your body will thank you! Adopting good oral hygiene habits, having a healthy diet that is low in sugar, quitting tobacco use, keeping away from excessive alcohol consumption, and having regular dental check-ups help protect the mouth and body at all ages.

Kwant: I would recommend visiting the dental professional, especially from a young age. I would like to encourage people to visit their dental professional or hygienist regularly and to follow his or her advice. The two most common types of oral disease, tooth decay and periodontal disease, are completely preventable with an effective oral care routine, brushing for 2 minutes twice a day. It is important to remember that good oral health is for life, not just for World Oral Health Day, and developing these habits from an early age can positively impact on longer term health and wellness.

Under the patronage of His Highness
Sheikh Hamdan bin Rashid Al Maktoum
Deputy Ruler of Dubai, Minister of Finance and President of the Dubai Health Authority

23rd مؤتمر الإمارات الدولي لطب الأسنان ومعرض طب الأسنان العربي
UAE INTERNATIONAL DENTAL CONFERENCE & ARAB DENTAL EXHIBITION

إيكد
AEEDC
DUBAI

Education & Innovation Transfer

5 | 6 | 7 FEBRUARY 2019

مركز دبي الدولي للمؤتمرات والمعارض
Dubai International Convention & Exhibition Centre

Organised by



Strategic Partner



Supported by



BE PART OF THE
2ND LARGEST
DENTAL
EVENT
IN THE WORLD



2,484
Participating
Companies



16
National Pavilions



Over
50,000
Participants and
Visitors from
133
Countries



9
Exhibition
Halls



8
Conference
Halls



AEEDCDubai

INDEX® Conferences & Exhibitions Organisation Est.

INDEX Holding Headquarters | Road # D-62, Opposite Nad Al Hamar | P.O. Box: 13636, Dubai, United Arab Emirates
Tel: +971 4 520 8888, Fax: +971 4 338 4193 | E-mail: info@aeedc.com | Website: index.ae

aeedc.com