

Mukherjee admits oral health challenges, calls for revolution

2014 FDI AWDC opens in presence of high-ranking representatives of India, IDA and FDI

At yesterday's opening ceremony of the FDI Annual World Dental Congress here in Greater Noida, the President of India, Pranab Mukherjee, called for a revolution in oral health comparable to the changes in agriculture and rural development his country experienced. The Seventy-eight-year-old, who attended yesterday's ceremony at the India Expo Centre and Mart as guest of honour, said that his government is well aware of the poor standards of oral health in the country. Several programmes and projects conducted by his government and organisations like the Indian Dental Association (IDA) are underway to raise awareness of the importance of good oral health and hygiene among different segments of the Indian population, with the FDI AWDC being one of them.

Mukherjee, who has served as head of state since mid-2012, when he was elected in a landslide win against leftist rival candidate Purno Agitok Sangma, accepted the invitation from the IDA in Mumbai to attend the international event for dentistry, which has



been organised in partnership with the Geneva-based dental federation. According to the FDI, the event has received significant interest, with more than 10,000 registrations from dental professionals in India alone.

"We are delighted to have selected India as the venue for this year's Annual World Dental Congress and to have had the pleasure of working with our colleagues at the Indian

Dental Association to secure a memorable and well-attended event," said FDI President Dr Tin Chun Wong at the ceremony. "India, as one of the world's largest economies and most populous countries, is an ideal venue for FDI to pursue its vision of 'Leading the world to optimal oral health'."

This meeting, which is being held for the 102nd time, is the second FDI AWDC held in India since 2004. In ad-

dition to council and committee meetings on various issues, scientific presentations will continue today with topics focusing on financial management, tobacco control, management of caries and prevention of dental implant failure, among other things. Over 100 speakers from India and abroad are presenting at the event. Dental innovations are on display on the ground floor, where over 200 dealers and manufacturers are showcas-

ing their latest product developments and solutions, some of which have been made available to the Indian market for the first time.

For information and news about this year's event in Greater Noida, please visit the Dental Tribune website at www.dental-tribune.com or scan the QR code at the bottom left corner of this page.

"Optimal oral health for the world's population"

An interview with GSK's David A. Ross and FDI President Dr Tin Chun Wong

As a first, GlaxoSmithKline (GSK; Booths A131-A142) recently announced that it has developed sales representatives training modules that will be regularly reviewed and upgraded with the help of the FDI World Dental Federation. *Worldental Daily* had the opportunity to sit down with GSK's

David A. Ross, Global Head of Sales Force Effectiveness at GSK Consumer Healthcare, and FDI President Dr Tin Chun Wong on Thursday morning to discuss briefly the partnership and its long-term implications.

Worldental Daily: Mr Ross, what

was the incentive for your company to seek endorsement for the new training modules by the FDI?

David A. Ross: At GSK, we put a massive amount of weight behind the science of our consumer brands. This element, however, should drive

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not only customers but also our experts, who represent the scientific credibility and patient benefits that those brands deliver. What we want to ensure with this programme is that our representatives are up to date with the latest knowledge. Around two years ago, we started discussions with the FDI, asking whether they could help us to raise the standards of education that are expected of our representatives, so that they can represent all of that sci-

entific knowledge when they are in front of a dentist. We thus developed these modules, which will allow us to train our representatives to standards set by the FDI.

What areas do these modules cover, and how do they correspond to the FDI's mission to achieve good oral health worldwide?

David A. Ross: The training modules we are developing with the FDI

T.C. Wong and David A. Ross (from left to right/Photo Daniel Zimmermann)



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11 12 13 14 September 2014 DentalTribune Study Club at the FDI 2014 - Annual World Dental Congress

THU, 11.09

- New techniques in computer-assisted anesthesia
Dr. Eugene Casagrande
11:00 – 12:00 Lecture 12:00 – 13:00 Workshop
- State of the art education materials in dentistry
Mr. Juergen Hauser
12:00 – 13:00 Lecture 13:00 – 14:00 Workshop
- New-age dental practice: Materials and equipment; includes live demo on anterior direct composite veneer
Dr. Madhav Murthy
13:00 – 14:00 Lecture 14:00 – 15:00 Workshop
- Treatment options for a completely edentulous patient
Dr. Anandakrishna GN
14:00 – 15:00 Lecture 15:00 – 16:00 Workshop
- Implantology – New state of the art
Dr. Prasad Joshi
15:00 – 16:00 Lecture 16:00 – 17:00 Workshop
- Trouble shooting complications in implant dentistry
Dr. A. Kumarswamy
16:00 – 17:00 Lecture 17:00 – 18:00 Workshop
- Whitening and remineralisation
Dr. Rumpa Wig
17:00 – 18:00 Lecture

FRI, 12.09

- Different techniques in computer-assisted anesthesia
Dr. Eugene Casagrande
10:00 – 11:00 Lecture 10:00 – 11:00 Workshop
- Bringing predictability to your implant practice – The digital way
Dr. Anandakrishna GN
11:00 – 12:00 Lecture 12:00 – 13:00 Workshop
- Bonded bridges in minutes
Dr. Sunil Bhoolabhai
12:00 – 13:00 Lecture 13:00 – 14:00 Workshop
- PRF and new-age bone materials for predictable bone regeneration
Dr. Prasad Joshi
13:00 – 14:00 Lecture 14:00 – 15:00 Workshop
- Bioceramics in endodontics
Dr. Meetu Kohli
14:00 – 15:00 Lecture 15:00 – 16:00 Workshop
- Dentist role in snoring and sleep apnea
Dr. Derek Mahony
15:00 – 16:00 Lecture
- Edition Launch
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16:00 – 17:00 Lecture
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17:00 – 18:00 Lecture

SAT, 13.09

- The new healing world of bioactive products
Dr. Rumpa Wig
10:00 – 11:00 Lecture 10:00 – 11:00 Workshop
- Integrating implants into private practice
Dr. Brij Sabharwal
11:00 – 12:00 Lecture 12:00 – 13:00 Workshop
- Nitrous oxide inhalation sedation (NOIS) and its use for management of an apprehensive patient
Dr. Latha
12:00 – 13:00 Lecture 13:00 – 14:00 Workshop
- Prosthetic solutions for every implant system
Dr. Prasad Joshi
13:00 – 14:00 Lecture 14:00 – 15:00 Workshop
- Mechanical complications in implantology
Dr. Anandakrishna GN
14:00 – 15:00 Lecture 15:00 – 16:00 Workshop
- The art of the smile
Dr. Derek Mahony
15:00 – 16:00 Lecture
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16:00 – 17:00 Lecture 17:00 – 18:00 Workshop
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SUN, 14.09

- Medico-legal aspects of an everyday dental practice
Dr. Latha
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- Piezo bone surgery and advanced implant techniques
Dr. Prasad Joshi
11:00 – 12:00 Lecture 12:00 – 13:00 Workshop
- Implants in compromised situations
Dr. Anandakrishna GN
12:00 – 13:00 Lecture 13:00 – 14:00 Workshop
- Immediate implants
Dr. Vikas Gowd
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- State-of-the-art in computerised anesthesia
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really look to building a GSK representative's knowledge of disease, anatomy, physiology, disease processes and therapy in oral health. This knowledge will allow them to establish good communication with the dentist and discuss a range of oral health matters, including caries, dentine hypersensitivity and gingivitis, all the common conditions dentists need to treat every day.

Dr Tin Chun Wong: GSK has the products dentists want to use to treat their patients for improving their oral health. Sales representatives, therefore, need to be well versed in the science and the manner in which dentistry is delivered through these products. As we truly represent over one million dentists worldwide through our member associations, we are very aware of the cultural differences, the different needs and demands, as well as oral health care necessities, in various countries and regions. Through the programme, we can pass this particular knowledge on to GSK's representatives, allowing them to better help our members provide optimal oral health care.

What are the long-term implications of this programme, and what are the requirements for it to continue?

David A. Ross: Initially, we set up the programme to run for three years with the FDI. Every year, they will review our training materials and upgrade them to certify that our representatives reach the required standard. We envision this programme continuing year after year.

It is quite exciting. There is a great deal of development in dentistry and we need to ensure that our sales force not only understands what we do at GSK, but also has a wider understanding of the greater context of dentistry. In order to talk to a dentist, they need to be able to discuss a whole range of subjects.

Dr Tin Chun Wong: I know that GSK runs extensive research projects in terms of oral health, which allow continued product development. Often, however, dentists and dental health care workers are not aware of the specific performance of each product. By dealing with trained representatives, dental professionals can communicate their needs to them better, so that the representatives know what dental professionals want and what patients want, and can help dental professionals establish the best means by which to achieve good oral health. Therefore, if you ask what the outcome will be, it is optimal oral health for the world's population.

Thank you very much for the interview.

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New report to help integrate a CP-oriented healthcare culture in professional dental training

By Prof Nermin Yamalik and Dr Ward Van Dijk,
co-Chairs, FDI Task Team on Collaborative Practice

FDI has just issued its eagerly-awaited preliminary report 'Optimal Oral Health through Inter-Professional Education and Collaborative Practice'. It is the result of work carried out by a special Task Team set-up in 2013 and draws inspiration from FDI Vision 2020 and several subsequent expert consultations.

According to the World Health Organization (WHO), "collaborative practice (CP) happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality care." It can mean intra-professional collaboration, for example among members of the oral healthcare team, and inter-professional collaboration between different medical professions.

In support of CP, Inter-professional Education (IPE) is an essential

tool for enabling students from two or more professions in health and social care to learn together during all or part of their professional training, and thereby integrate a CP-oriented healthcare culture.

CP and IPE are not end goals. They are a response to a new healthcare environment characterized by changes in disease patterns, access to care issues, and the challenge of catering to the requirements of ageing populations. They are strategies to improve access to care, enhance efficiency and quality, and reduce costs.

For example, a recent report by the American Dental Association and published in the American Journal of Public Health has estimated that screenings by dentists for the most common chronic medical diseases could save the American health care system as much as US\$ 102.6 million annually, with healthier outcomes



for patients. In practical terms, the CP should encourage a move from cure to patient-centred care.

Although dentists have already made great strides forward, the new CP report will undoubtedly have repercussions for the profession. FDI is of the view that, on issues of collaboration to advance oral health and contribute to the improvement of general health and quality of life, dentists, as front-line medical professionals in the prevention, early detection and treatment of oral and



systemic diseases, should play a leadership role.

The profession should therefore be part of the political dialogue at a national and global level and recognized as a driving force behind the development of CP competencies and implementation of any CP model.

A review of CP literature indicates that collaborative practice models, introduced within a variety of contexts, have the primary objective of improving different aspects of healthcare delivery: increasing access and quality, lowering

costs, and improving practice productivity and efficiency as well as clinical outcomes and patient satisfaction.

The recently-issued FDI report has assembled examples of collaborative practice from around the world, reproduced without comment or value judgement: there is no one-size-fits-all solution, and models are appropriate or not according to national context.

Together, this material should serve to expand the dialogue on intra- and inter-professional collaborative practice and inter-professional education, and facilitate the policy and advocacy work undertaken by National Dental Associations (NDAs) for the planning of the future oral health workforce (OHWF). It will thereby enhance the ability of the dental profession to lead change rather than have solutions imposed.

The work FDI is undertaking in collaborative practice will secure the role and relevance of the dental profession within the healthcare system not only now, but 10, even 20, years down the line.

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Children brush twice a day for brighter smiles

Successful incorporation of oral care into the health education lessons of primary school children in Thailand



Monica Carlile & Drs Virginie Horn, LLL Partnership Leaders

The Dental Association of Thailand joined forces with Close Up, within the global Live.Learn.Laugh (LLL) Phase 2 partnership between the FDI and Unilever, to implement an oral health project to educate children, parents and teachers in rural areas about the importance of brushing twice daily with fluoride toothpaste.

Today, Thai children have better oral health than they did in the past. However, socioeconomic inequalities persist and they mostly affect children living in rural areas. To improve oral health standards, the LLL Thai project "Brush Twice Bright Smiles" focused on promoting oral health by addressing public policy, creating supportive environments for children at school, and developing long-lasting habits for good oral hygiene. It also aimed to strengthen community action and re-

orient health services to focus more on oral health promotion and prevention strategies.

The project successfully incorporated oral care into the health education lessons of primary school children. It also disseminated educational materials amongst children, teachers and parents, including promotional materials to be used in schools. The project's ultimate goal was to use the classroom environment to monitor children's oral care habits and have a positive impact on their behavior, so that they brush their teeth twice daily.

The FDI and Unilever will continue to report on the progress and accomplishments of their LLL partnership and oral health promotion efforts around the world at next year's Annual World Dental Congress in Bangkok, Thailand.

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“It is a matter of social justice and human rights”

Prof. Francisco Ramos-Gomez about the fight against early childhood caries and what measures could help to eradicate the disease in the long-run

Early childhood caries is a highly transmissible disease that can be prevented almost entirely, if the right measures are taken at the right time. A new policy guideline on “perinatal and infant oral health”, which has been in the making for four years and submitted for adoption at the General Assembly of this year’s FDI congress in New Delhi, aims to provide guidance and recommendations for oral health care providers in the dental care of pregnant women and young children. *Worldental Daily* spoke with Prof. Francisco Ramos-Gomez, professor in the Division of Paediatric Dentistry at the University of California in Los Angeles, USA, and one of the authors of the policy, about its implications for the prevalence of dental disease during childhood and the future of the dental profession as a whole.

Worldental Daily: Prof. Ramos-Gomez, early childhood caries (ECC) is estimated to be concentrated in only 30-40 per cent of children worldwide. What do we know about how prevalent the disease is in countries like India?

Prof. Francisco Ramos-Gomez: Unfortunately, there are only very prevalence few reports that include data from children aged 3 to 5, as most of the surveillance studies that have been conducted worldwide begin with a six-year old molar, which is an age that is already very late considering how early ECC can occur in a child’s life. However, we expect the prevalence of ECC to be over 60 per cent in some areas of the world.

According to reports, the majority of dentists in India are unfamiliar with the concept and implementation of the “Age One Visit” to prevent early childhood caries. Could you please explain why prevention of the disease is pivotal?

ECC is transmitted from the parent or caregiver to the child and, if left untreated, can lead to infection and severe pain. As a consequence, children can experience difficulties in eating and speaking, which will have an effect on their readiness for school and their overall quality of life. Most dentists, unfortunately, tend not to see children before they have reached the age of



Children like these two girls in India are of particular risk for dental diseases in early life. (Photo Gary Yim, Hong Kong)


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five or six. They do not realise that poor oral health and malnutrition, especially during pregnancy, can lead to disruption in the formation of enamel, among other things.

You need to have skilled paediatric and general dentists. A lot of general dentists who are exposed to these conditions do not have the means or the experience to deal with oral diseases in children at this early age.

What in your opinion are the most important oral health challenges that prenatal women and infants are confronted with?

There are several challenges that mothers and their children have to deal with including those posed by a poor diet and malnutrition. Many infants, particularly in developing countries, are exposed to high amounts of sugars, to name just an example.

There is also a general lack of good oral health hygiene during and prior to when the first tooth is erupting in the mouth. Fluoride is something I have to mention here as well, because many dental providers do not recommend the use of fluoridated toothpaste at a young age, which really goes against new guidelines put up by organisations like the American Dental Association, the American Academy of Pediatrics, the American Academy of Pediatric Dentistry, and others, who recommend the use of fluoridated toothpaste as soon as the first tooth is in the mouth. Water fluoridation has been one of the most effective public health strategies for caries reduction in the last 68 years. Therefore, it is essential to have a whole campaign about the need and the effectiveness of daily use and consumption of fluoridated water.



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**Besides fluoridation, what tools are currently available for dentists to help prevent diseases like ECC?**

The concept of early risk assessment was proposed in the US almost 20 years ago. In 2003, the American Academy of Pediatrics finally endorsed the

age 1 visit, which really emphasises ensuring that these very young children are being seen or risk assessed. Caries Management by Risk Assessment, also called CAMBRA, has three main domains. First, you have all the risk factors and second, you look at the protective

factors present. Finally, you have the clinical findings. You try to balance the risk factors, with the goal of improving the clinical findings, by introducing as many protective factors as possible.

By age 1, we look into the mouth to ensure that the child has no signs of early childhood caries, which is generally characterised by very chunky white lesions around the tooth. These are the first signs of disease progression in these young kids. Then we start treating the white spot lesions with

combination therapy, including fluoride, phosphate and calcium.

How successful has the implementation of this concept been in your country and can you talk a little bit about the results?

It is still work in progress, since many providers remain reluctant to see infants or pregnant women. However, with early risk assessment we now have a new consensus that defines the need for those measures and a standard of care for these vulnerable popu-

lations. It also ensures that we get the appropriate training, especially for future generations of dentists.

So far, a few clinical trials have been conducted, using a fluoride varnish application, for example. It has shown to be very effective, as long as there is parental engagement to some extent. You really have to address changing the behaviour of the caregiver or the parent. They then bring these changes to their children. We actually spend a lot of time teaching and learning about parental engagement and how we can convey the value of good oral health to these families at a very early stage. They might have had a bad experience with their dentist in the past, but we need to show them that this is a 100 per cent preventable disease.

Adults have control of what they do at home, like reducing the child's consumption of unhealthy snacks and sugary foods like juice or sugar liquid substances, throughout the day and the night.

The one recommendation we usually struggle the most with is to emphasise the need for brushing or removing the plaque, especially at night, and exposing the child to fluoride toothpaste. This should generally be the last thing touching the teeth before they go to bed.

With this in mind, what are the prospects for such a concept to be implemented in countries like India, where oral health awareness is relatively low?

We need interprofessional collaboration between medicine, dentistry and related areas like nursing. I also think that corporate sponsors are essential to establishing these kind of measures in a country like India. I would strongly recommend, especially after the FDI has had the chance to adopt the policy statement, that we work together with manufacturers like Colgate, Crest, Oral-B, and other, to ensure that every child in these countries has access to the three most important weapons against dental disease, which are a toothbrush, fluoridated toothpaste, and safe, clean, fluoridated drinking water where appropriate and available. Regardless if you live in India or any other country in the world, we need to push this for every child. It is a matter of social justice and human rights that they have also access to these important equities.

You already spoke about interprofessional collaboration. Does this mean that the problem cannot be solved by the dental profession alone?

It is essential that we take a multidisciplinary approach for the implementation and integration of oral health into primary care. We need to emphasise and ensure that we are working in unison with physicians, physician assistants, and paediatricians throughout the world to convey a loud and clear message that dental diseases can be detected very early on, and that children do not have to go through their young lives suffering from dental pain. I am actually a strong believer that the whole area of interprofessional multidisciplinary collaboration is essential for the future success and growth of our profession.

Thank you very much for the interview.

“We need interprofessional collaboration between medicine, dentistry and related areas like nursing.”

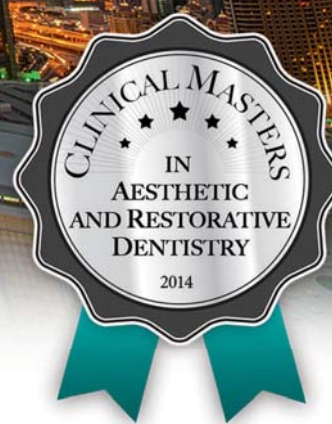
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