

FDI congress in Thailand opened by Minister of Public Health

Welcome ceremony on Tuesday sees symbolic handover of FDI presidency

Thailand's public health minister Prof. Piyasakol Sakolsatayadorn officially opened the FDI Annual World Dental Congress (AWDC) yesterday here at the Bangkok International Trade and Exhibition Centre. As one of the guests of honour, he congratulated the Dental Association of Thailand for organising the event, which is being held in the South East Asian country for the first time in its 103-year history.

Joining other guests of honour, including President of the Dental Association of Thailand Prof. Major General Phisal Thepsithar, as well as the President and president-elect of the FDI World Dental Federation, on stage during the official welcome ceremony on Tuesday, Sakolsatayadorn acknowledged that oral health is a critical part of general health. Since several studies



in the field of prevention. He also expressed his dedication to the task and to contributing towards the FDI vision of "leading the world to optimal oral health".

"This means collaborating with my colleagues and friends around the world, especially within FDI member national dental associations," Hescot said. "The aim is to better enable them to provide oral health care to the public and promote the ethics, art, science and practice of the dental profession."

Hescot will officially take over the FDI presidency from incumbent President Dr Tin Chun Wong on Thursday. He will lead the organisation for the next two years.

This year's AWDC has come a long way. Prior to its successful nomination in



Top: Public Health Minister Prof. Piyasakol Sakolsatayadorn. — **Left:** TDA president Prof. Major General Phisal Thepsithar. — **Middle:** FDI President-elect Dr Patrick Hescot (left) taking over the presidential chain from Dr TC Wong. — **Right:** Traditional welcoming performance.

have proven interrelationships between oral health and chronic disease, dentists and physicians need to collab-

orate more in order to develop new treatment approaches to address these relationships, he said.

"It is very important that patients and the public have access to information on new technologies and treat-

ment approaches, so dentists must update their knowledge for the purpose of improving their patient care. The FDI congress will work as a platform for dental professionals in Thailand to share knowledge for the benefit of dentistry in the country and beyond," Sakolsatayadorn stated.

2013, the Dental Association of Thailand had bid to host the congress five times since 1998. According to its figures, over 5,000 visitors from 150 countries are expected to attend the congress, which offers a diverse scientific programme presented by more than 70 prominent lecturers from Thailand and around the world. In addition, delegates have the opportunity to see and discover the latest products and solutions in dentistry at the World Dental Exhibition. Close to 300 manufacturers and dental product dealers are currently showcasing their portfolio in Hall 102/103. As in previous years, a continuous education programme is being provided during a symposium presented by the Dental Tribune Study Club at Booth B077.

"Nowadays, dentists are more than simple healthcare service providers: they are key socio-economic players with responsibilities towards the well-being of the public," FDI president-elect Dr Patrick Hescot added. "As dentists, we contribute to our patients' quality of life. Good oral health is part of everyone's wellbeing. It also a fundamental right of all people."

Reflecting on his new role in the Geneva-based organisation, Hescot promised to help secure the future of dentistry and the position of the dentist as a highly respected member of the medical profession and a forerunner

For information about this year's event, please visit the official website at www.fdi2015bangkok.org. Daily updates and news from Bangkok are also available on the *Dental Tribune* website at www.dental-tribune.com.

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“Chronic pain conditions are a hidden epidemic”

An interview with Prof. William Maixner, US

Chronic pain is a complex health problem that affects millions of people worldwide but is still not well understood. Prof. William Maixner, from the School of Dentistry of the University of North Carolina at Chapel Hill, is analysing the underlying causes of persistent pain conditions, such as temporomandibular disorder (TMD), in order to improve their diagnosis and therapy. At the FDI 2015 AWDC, *Worldental Daily* had the opportunity to speak with the FDI presenter about recent discoveries regarding the risk factors and causes of TMD and the importance of chronic pain as a field of research.

Worldental Daily: Prof. Maixner, one of your main research areas is

chronic pain. Currently, what are the most pressing issues in the field of chronic pain research and therapy, especially regarding orofacial pain and conditions such as TMD?

Prof. Maixner: I think one of the most important issues is public awareness of chronic pain and of the magnitude of the problem. Chronic pain conditions are a hidden epidemic. A US study from 2011 that was conducted by the Institute of Medicine and commissioned by the US congress found that one in seven Americans will suffer from a chronic pain condition in their lifetime. This represents over 116 million adults who will experience chronic pain. The economic burden for the US health care system is calculated to be

US\$635 billion a year, which is more than the costs of diabetes, cancer and heart disease combined. Thus, there is a huge cost to society and to individuals that is not well known. Therefore, I am calling it a hidden epidemic.

Within the chronic pain domain, one of the most common types of pain conditions are musculoskeletal conditions, and TMD is highly prevalent within these. About 15 percent of the US population will experience TMD and worldwide about 10–15 per cent will experience it at some point in their lifetime. Often, the condition will diminish with age, but frequently it is persistent in about 20–30 per cent of that group, causing severe disruption. Chronic pain



Prof. William Maixner

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conditions, including TMD and other orofacial pain conditions, are highly prevalent and represent a huge burden to society.

On the research front, one of the unmet needs is understanding the pathophysiological mechanisms that lead to the onset and progression of chronic pain conditions. Just like any other disease condition, such as hypertension, diabetes and cancer, we now recognise that chronic pain conditions have a true biology and our challenge today is to begin to understand the biology that underlies chronic pain conditions. The good news is that over the last 50 years, we have developed tools on the preclinical and clinical levels to begin to dissect and understand the underlying pathophysiological processes that lead to the onset of a chronic pain condition and risk factors that lead to the chronicity of a variety of these conditions.

The tools that we use are neurological tools, psychological assessments and autonomic assessments, a variety of assessment procedures to better diagnose and classify these patients into groups with different mechanisms that lead to these conditions. In order to better understand these groups, we can then begin to look at the molecular substructures using genetics and genomic techniques to identify the underlying molecular pathways that contribute to a variety of chronic pain conditions. The goal of all this is to develop new therapeutic targets and new therapies for chronic pain conditions, and I think we are now there. We have made significant advances in the field and we are not far behind cardiovascular medicine and oncology, for example, in being able to essentially type a chronic pain patient and begin to personalise his or her treatment based on his or her phenotypic signature—that is, how he or she presents clinically but also his or her molecular substructure. Obviously, there needs to be much more work done to translate these research findings into the clinical setting. A real need in this area is for pharmaceutical companies and governments to step up to help realise this. Another important need is in the area of education: one reason that so many patients are suffering from chronic pain is because our health care systems globally have really been unable to develop a curriculum around the area of pain mechanisms and management. Most of our graduates in both dentistry and medicine are minimally exposed to this field, so when a difficult patient presents they often do not know

how to handle that patient. Thus, the patient ends up as part of the hidden epidemic, a silent group that has nowhere to go. The area of chronic pain requires great augmentation in education and thus a curriculum revision and reform that will honour the chief complaint of most patients, which drives them to the dentist and drives them to see a physician, that is, pain.

In 2006, you started the OPFERA project (Orofacial Pain: Prospective Evaluation and Risk Assessment), the first prospective cohort study of TMD. What was the aim of the study?

I think one of the premises that underlie OPFERA and the understanding of most chronic pain conditions, such as fibromyalgia, headache conditions like migraine, and osteoarthritis, is that pain is part of a larger mosaic of complications that patients experience. Pain is not just something that originates in the brain. One of our goals is to understand the biology that leads to conditions like TMD and many correlated conditions. We took a biopsychosocial approach, which assumes that the conditions are associated with risk factors that are biologically and psychologically based. We can measure different domains. In the biological domain, there are pain sensitivity and pain amplification, for example. In the psychological domain, we can measure factors, such as anxiety, depression, and somatic awareness, which is how well we perceive different sensory events in our environment, like smell and visual stimuli. So when we talk about the biopsychosocial domain, we are talking about different domains that show disturbances, and most disturbances can lead to signs and symptoms in the patient who reports to us in the clinic with TMD. These signs and symptoms, including anxiety, depression and increased pain sensitivity, really result from the expression of different biochemical pathways in the body that are influenced by genetic variants and the interaction of proteins. The resulting intrinsic genetic codes that everyone has are impacted by certain environmental events, such as injury, and psychological or physical stress, and in return influence behaviours and affect moods, such as anxiety, depression and pain processing. We have been involved in OPFERA in seeking to identify those biopsychosocial variables that predict the development of TMD.

What was your approach to identifying these variables?



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Dr Koirala (right) in talks with Worldental Daily.

Collaboration opportunity

Nepal charity seeks to initiate partnership with dentists in Asia

Almost entirely forgotten by the media, Nepal is still dealing with the effects of the earthquake that struck the country in March. According to dentist Dr Sushil Koirala from Kathmandu, to whom *Worldental Daily* had the opportunity to talk yesterday here at the FDI 2015 AWDC in Bangkok, the disaster has had devastating

effects on the country's economy, including the provision of dental care.

Particularly poor off are most rural areas, where even the bare necessities are difficult to access. Initiated in response to the disaster, Koirala's charity, Dental Community for Humanity, initially sought to provide help for 800 families by building a new school. In addition, the

network is intended to provide a platform for dental professionals in the region to connect and share charity work and social projects.

"Natural disasters can happen anywhere and we as dentists are in a unique position not only to help with money but also with our skills and dedication to the human cause," Koirala explained.

Initial response to his efforts has been excellent, with donations and support provided by a number of individuals and institutions throughout the region, including the Philippine Academy of Esthetic Dentistry and dental manufacturer SHOFU.

Attendees of the AWDC who are interested in learning more about the Dental Community for Humanity project or would like to know more about how to contribute can obtain more information online on Facebook (www.facebook.com/groups/919880638032310). Koirala will also be holding a lecture at 4 p.m. today as part of the Dental Tribune Study Club symposium at Booth B77 in the exhibition hall.

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There is a long history that led to the OPPERA project. It has been a 20-year process. We conducted a series of preliminary studies before the actual OPPERA study started. For the last ten years, we have been funded by the National Institutes of Health under the name of OPPERA. The OPPERA study is a prospective cohort study, to which we recruited nearly 4,000 individuals, of whom 3,000 were free of the index condition of interest, TMD. We followed them for about three to four years. On entry into the protocol, they were assessed in terms of biological function and pain processing, and we also looked at their psychological profiles. Thus, we obtained a very detailed biopsychosocial profile. We also took a biological sample to examine the genetics of the population. We then followed them from this baseline. Every three months, we followed up with a questionnaire related to whether they had developed a condition like TMD. If they appeared to have developed the condition, they were brought back into the clinic and then assessed to see if they met the clinical criteria for TMD. This way, we were able to determine from these baseline variables which specific psychological variables and pain-processing variables predicted who was going to develop TMD, as well as chronic TMD. We made several fundamental discoveries and have been able to identify certain risk determinants leading to both the onset and the chronicity of TMD. We have identified that certain types of psychological variables and pain-processing variables are highly predictive of TMD. There are two variables to be highlighted here. The first is somatic awareness: individuals who have a high sensory capacity of their environment are more likely to develop TMD and to be chronic TMD patients six months to one year out. The second variable is individuals who show high sensitivity in the muscle. They are also more likely to develop TMD and present with chronic TMD.

One of the main outcomes of OPPERA is that it demonstrated that conditions like TMD are not isolated orofacial pain conditions. They are highly co-prevalent with other chronic pain conditions, such as fibromyalgia, irritable bowel syndrome and chronic fatigue. Thus, they require very complex management to treat them effectively, not only by dental practitioners but also by other specialists. So primarily, with the discoveries that we have made in the OPPERA project, I think we will be able to develop new therapies and treatment possibilities for TMD patients.

Thank you very much for this interview.

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Optimal Oral Health through Inter-Professional Education and Collaborative Practice



FDI report on IPE and CP: Essential reading for all dentists

By Ward Van Dijk & Nermin Yamalik,
Joint Chairs of the FDI Task Team on Collaborative Practice

One year ago in New Delhi, we unveiled a first draft discussion document on the theme of interprofessional education and collaborative practice, following a year of reviewing available literature and assembling case studies from around the world. We knew at the time that there would need to be more feedback and discussion prior to issuing our findings as an FDI report.

There followed a period of over six months of exchanges before we finally published 'Optimal Oral Health through Inter-Professional Education and Collaborative Practice, and distributed advance printed copies at side-events in advance of and during the World Health Assembly (WHA) in May of this year.

It has been a relatively long process—nearly two years—so it is useful to remind ourselves of why we undertook such a monumental task in the first place in this field of work. The answer is that the two concepts integrate strategies to improve access to care, enhance efficiency and quality and reduce costs.

They are a response to new health-care environment characterized by changes in disease patterns, access to care issues and the challenge of catering to the requirements of ageing populations. Dentists are not the only medical profession to be looking at the question: however, we have moved ahead of other organizations by focusing primarily on the practical applications.

INTERTWINED CONCEPTS

It goes without saying that neither of these concepts can be discussed in isolation from the other. In its ground breaking 'Framework for action on interprofessional education and collaborative practice', the World Health Organization (WHO) clearly pinpoints the symbiotic relation between the two: "Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. Interprofessional education is a necessary step in preparing a "collaborative practice-ready" health workforce that is better prepared to respond to local health needs."

WHO says that "Interprofessional collaboration happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care."

Although dentists have already made great strides forward, the new FDI report will undoubtedly have



Ward Van Dijk



Nermin Yamalik

ESSENTIAL READING

The IPE/CP report is not an FDI Policy Statement: it is not prescriptive or normative; nor does it lay out the current FDI thinking on various issues related to oral health, oral health policies and the dental profession. Rather it is descriptive and informative on trends in the field and, we believe, essential reading for dentists and, hopefully, an initiator of dialogue within national dental associations and among the wider community of dentists.

At best, it can help them paint a picture of where they are now and where they want to be ten years down

"...the two concepts integrate strategies to improve access to care, enhance efficiency and quality..."

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 national and global level and recognized as a driving force behind the development of CP competencies and implementation of any CP model.

the line in terms of interprofessional education, collaborative practice, and improved patient outcomes. Already, there are several thousand members of the dental community at this congress in Bangkok. We do encourage you to download and read the report at www.fdiworldental.org/collaborativepractice, and tell your friends and colleagues in the dental and the wider medical community about it.

¹ The World Health Assembly is the forum through which the World Health Organization (WHO) is governed by its 194 member states. It is the world's highest health policy setting body and is composed of health ministers from member states.

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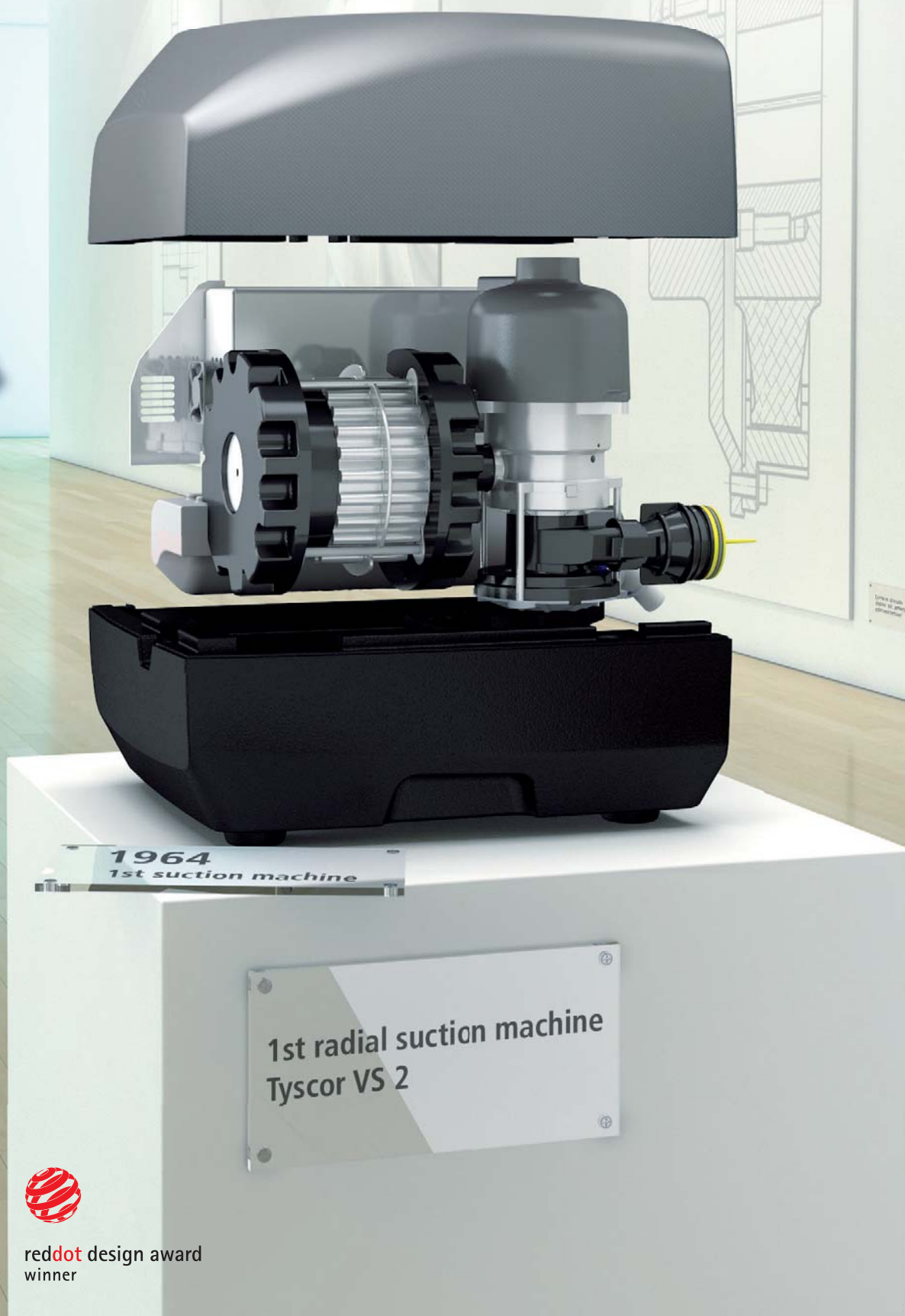


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FDI-Unilever Partnership: Moving into Phase 3



Dr Virginie Horn



Dr Monica Carlile

By Drs Virginie Horn, Education and Public Health Director at FDI World Dental Federation, and Monica Carlile, Global Expertise & Authority Manager at Unilever Oral Care

is an integral part of general health and well-being; improving oral health means improving people's lives: it means less pain from decaying teeth, and fewer school- or work-days lost through oral disease-related absences.

Everyone has the right to a healthy, happy life, free of oral disease.

From our perspective as global partners, the FDI-Unilever partnership is positioned firmly within the

overall FDI vision of leading the world to optimal oral health. It also contributes to Unilever's aim of helping one billion people improve their health and well-being, as part of the Unilever Sustainable Living Plan.

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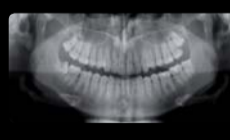
We are pleased to announce that the FDI-Unilever Oral Care partnership has now moved into Phase 3, under the banner 'Brush Day & Night'. Since its inception in 2005, the partnership originally known as Live.Learn.Laugh. has gone from strength to strength. Beginning with a pioneering phase 1 (2005 to 2009), it established a model where FDI member National Dental Associations collaborated with Unilever Oral Care local companies to improve oral health and build health promotion capacity through 39 diverse projects in 36 countries.

In 2010, the partnership moved into phase 2 with a more focused goal and aligned project designs. The remarkable collaboration between dentists, other health professionals, community workers and school teachers allowed us to reach more than 41,000 people directly—including over 33,000 children—through 29 projects in 27 countries, with Phase 2 oral health promotion messages reaching an estimated one million people worldwide.

In Phase 3, the focus continues to be on educating children in selected countries about the importance of brushing twice daily with a fluoride toothpaste; as a further aim, it seeks to empower them to become advocates for oral health among family and friends. It pursues the flexibility from phase II that makes the most of valuable local expertise to ensure project relevance, accepting that adaptation can be essential for real, sustainable benefit within local communities.

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