

## Today marks return of FDI Annual World Dental Congress to India

Expo Centre and Mart in Greater Noida, NCR Delhi, opens doors for dental professional from around the globe

**A**fter a decade, the Annual World Dental Congress of the FDI World Dental Federation makes its first return to India today. Over the next four days, dental professionals, public health stakeholders and the dental industry will come together in Greater Noida near New Delhi to discuss and exchange information on the newest methods and concepts in dentistry, as well as the latest issues and developments concerning oral health.

From India alone, the organisers expect more than 10,000 participants to attend the event, which is being held at the India Expo Centre and Mart in Greater Noida, a satellite town with a population of 100,000 outside the Indian capital. They will be joined by hundreds of dental professionals who have come to India from all over the globe.

It is the second time that India is hosting the prestigious dental event



This year's AWDC is organised by the FDI in partnership with the Indian Dental Association. (Photo Daniel Zimmermann, DTI)

since 2004. While the country has made large strides since then in the improvement of health and now

boasts the world's largest dental workforce, its population of one billion is plagued by a number of oral dis-

eases, including caries and periodontal disease. There has also been a steep increase in oral cancer cases in the country in recent years (see our interview with congress presenter Dr Pankaj Chaturvedi on page 6).

In addition to these issues, oral health-related topics will be discussed within a global context. "During the congress, we will be highlighting some of the major issues facing dental practitioners in particular and health services in general. One of these is improving access to oral health care, within the context of oral health as a fundamental right. The other is oral health care for ageing populations, which will be the subject of this year's World Oral Health Forum under the title 'Challenges of oral health care in an ageing society,'" FDI President Dr Tin Chun Wong said.

She added that congress participants can look forward to a well-thought-out scientific programme

that covers more than 25 key topics in dentistry, including endodontics, oral medicine, preventive dentistry, practice management, and the latest innovations in imaging and digital dentistry. Papers will be presented by more than 30 distinguished speakers from abroad, as well as 70 outstanding Indian experts.

Dental innovations will be on display during the FDI World Dental Exhibition, which will see over 200 dealers and manufacturers from India and abroad showcasing their latest devices and products on the ground floor.

For information and news about this year's event

in India, please visit the Dental Tribune website at [www.dental-tribune.com](http://www.dental-tribune.com) or scan the QR code.



## GSK science training receives stamp of approval from FDI

**S**cience-led multinational health care company GlaxoSmithKline (GSK) will be the first organisation to collaborate with the FDI World Dental Federation for the comprehensive scientific training its oral health care representatives undergo. In a rigorous and ongoing process, independent FDI scientists will assess and optimise five training modules that correspond to GSK's portfolio of specialist products in oral health: dentine hypersensitivity; tooth wear; denture care (adhesives and cleansers); gingival health; and dry mouth. In the coming months, these peer-reviewed internal training modules will come with the FDI's full endorsement.

"What these modules do is ensure a consistency of scientific training among the 1,500 GSK brand representatives world-wide," said Tess Player, GSK's Global Lead for Oral Health Expert Marketing. "Whether they're talking with dental health professionals in Guatemala, Lithuania, Brazil or New Zealand for example, this will ensure representatives of GSK are equally well-equipped to communicate the science behind our products in an approved, standardized way that resonates with dentistry leaders. Our new partnership shows that both GSK and FDI recognise that the depth, sophistication and consistency of the conversations that we have with den-



tal professionals are crucially important in achieving the best standard of care for patients with some of these painful or debilitating conditions."

The FDI saw GSK's vision for enhanced and standardised training as a natural fit to its overarching objective to advance the knowledge and understanding of dentistry worldwide.

"After carefully reviewing the training modules developed by GSK, FDI is proud to contribute our ideas and attach our name to them," said FDI President Dr Tin Chun Wong. "Because of the forward thinking manner in which GSK has approached their representatives' training, dental health professionals will be better informed about products to address the diverse needs of their patients."

This three-year agreement aligns with the values that guide both organisations and GSK envisions that the depth and breadth of the partnership with the FDI will continue to develop.

"First and foremost, GSK is a company that is driven by science of the highest possible calibre," said Dr Teresa Layer, Vice-President of Oral Health Category Research and Development at GSK Consumer Healthcare. "Given our commitment to understanding and leveraging science in the development of our products, we are proud to have relationships with leading scientific bodies that are meaningful. By partnering with FDI we help to achieve our goal of putting patients and consumers first through our integrity, transparency and quest for scientific excellence."

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# A land of a billion opportunities

Welcoming words by Dr Mahesh Verma, President of the Indian Dental Association

It is an immense pleasure to welcome all delegates to the FDI Annual World Dental Congress 2014 in Greater Noida, NCR Delhi, which will be hosted by the Indian Dental Association (IDA). This is the second time after a decade that an international Congress of this magnitude has

been organised in India and we at the IDA are very proud to have the opportunity to host this unique event

The FDI Annual World Dental Congress (AWDC) is the world's largest congress in the dental sector. It attracts representatives from 138

member nations each year. This makes it a very important event in the dental firmament. The main attraction point of all AWDCs is an extensive scientific programme focusing on emerging global oral health issues. Besides offering a platform for exchanging information with a global audience of professionals, it

provides countless possibilities to enhance one's knowledge and improve one's skills, as well as to network with the best of the best in the profession. With the dental trade exhibition showcasing the latest advancements in dental technology, there are also plenty of business opportunities to seek and explore.

"A billion smiles welcome the world of dentistry," was chosen as the motto for this year's congress. Boasting a population of over one billion people, India has made significant progress in the last decade

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The Brisbane Convention and Exhibition Centre is adjacent to the Southbank Precinct on the banks of the Brisbane River. Nearby is the Queensland Performing Arts Complex, the Queensland Museum and the Queensland Art Gallery and Gallery of Modern Art. A comprehensive industry exhibition will be held alongside the Congress enabling delegates access between scientific sessions to view the latest in equipment and materials.

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Dr Mahesh Verma, President of the Indian Dental Association

in terms of economic development. With an ever-increasing number of students graduating from the country's 300 dental colleges, as well as increased awareness of the benefits of good oral health, there is growing



demand for oral health care and consequently huge potential for the dental market in India to expand. In the current global economic climate, a billion people translates to a billion possibilities. India has a large middle-class that is embracing modern urban lifestyles and industrialisation. With it comes an almost insatiable need for better health care, putting pressure on the country's infrastructure and resources. What other place would be more suited to pursue FDI's mission of optimal oral health than our country?

Indeed, the air in India smells of change. More people are interested in where the country is heading politically and socially. To be held in such times, the FDI AWDC will be of utmost importance. I am confident that the congress will pave the way for a significant step up for the state of oral health in our country.

As Gandhi said, "Be the change you want to see in the world." Hosting the congress is our effort to be a catalyst for change.

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# General Assembly to adopt policy statements

**I** New declarations will offer guidance for dentists and policymakers on issues like oral radiation and HIV.

By Prof Li-Jian Jin, Chair, FDI Science Committee, and Dr Ward Van Dijk, Chair, FDI Dental Practice Committee.

**T**he adoption each year of a series of FDI Policy Statements is a key task of the Worldental Parliament, which assembles alongside the FDI Annual World Dental Congress (AWDC) and brings together delegates from FDI's nearly 140 member National Dental Associations (NDAs) representing over one million dentists worldwide. Together, these members elect governing and committee officials, debate the current status of dental policies or oral health in the world, and make recommendations on the directions FDI should be taking to maintain its leading role as the driving force behind the worldwide dental profession and its voice in international public affairs.

This year, a total of six Policy Statements—three new, two revised and one consolidated—will be submitted for adoption during the AWDC. The new ones are 'Oral Radiations' and 'Early Detection and Appropriate Care of HIV Infection', both developed by the FDI Science Committee (SC), and 'Perinatal and Infant Oral Health', by the Dental Practice Committee (DPC). In addition, the Policy Statement on

'Dental Amalgam' updates and consolidates all previous statements since 1999. The two revised Policy Statements concern 'Dental Implants' and 'Water Fluoridation'.

FDI Policy Statements—a traditional task of the Federation throughout its over 100 years of existence—are declarations that lay out the current thinking on various issues critically re-

lated to oral health, oral health policies and the dental profession. They are key documents to guide oral healthcare professionals and health policymakers on the latest consensus in the area of oral health practice and policy.

They are put together through consultation, discussion and consensus amongst leading dental experts from around the world. Many statements

are the result of projects carried out by the five FDI Standing Committees (mostly the Science Committee), while others are produced in collaboration with partners such as the World Health Organization (WHO).

Of course, a number of NDAs already develop Policy Statements for their dental communities that reflect national legislation, practice and cus-

tom. However, this is mostly the case in only high and sometimes middle income countries. NDAs in low income countries rarely have the capacity or means to undertake such a costly and expert intensive exercise.

It is in these cases that FDI Policy Statements come into their own, providing dentists in rural and urban settings in both developing and developed countries with the standards and information related to all aspects of oral health that they need to accomplish their daily tasks. In this sense, they are an accumulation and reflection of the current best evidence and worldwide best practice.

We like to think that FDI Policy Statements will also stimulate active discussion within NDAs in high and middle income countries and inspire new thinking. One of FDI's principal qualities is as a forum for international debate and exchange of information: all members have something to share and learn from each other on how best to respond to the changing needs of health care and health systems for optimal oral and general health.



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## Raising awareness in India

**I** LLL partnership aims to improve quality and efficiency of health care services for children

**A**s part of the unique global partnership between FDI World Dental Federation and Unilever Oral Care, the Indian Dental Association and Pepsodent have been working together to raise awareness on good oral care habits, helping children and families enhance their oral health and overall well-being. In southern India, Chennai and Coimbatore are two cities where the communities have high caries incidences, with little knowledge of the risks and impacts related to poor oral hygiene. This issue particularly affects children from low income families.

The partnership also facilitated the training of dentists in behavior change techniques and provided educational awareness-raising materials for the children and families. The ultimate aim was to.

"There has been a lot of positive feedback and oral health education is now getting the recognition it deserves," said Prof. Satyawandam, project leader. "In the future, we are looking to expand to more hard-to-reach communities and motivate further dentist volunteers to implement this important programme." With this year's Annual World Dental Congress taking place in New Delhi, the FDI and Unilever are delighted to celebrate the achievements of the local partnerships in India and around the world and look forward to continued momentum on their shared goal of oral health promotion.

In an initial check-up, the partnership project has screened over 5,000 participants and collected information on the frequency of their tooth brushing and their visits to the dentist, as well as their use of fluoridated toothpaste.



Photo showing an Indian family participating in the screenings.

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# “A very large burden for the country”

| An interview with FDI AWDC 2014 presenter Dr Pankaj Chaturvedi, Mumbai, about oral cancer in India

**O**ral cancer is the most rapidly-growing dental condition worldwide. On the Indian sub-continent, it is now one of the most common types of cancers, causing 48,000 people to die from the disease per year. *Worldental Daily* spoke with congress presenter Dr Pankaj Chaturvedi, a head and neck cancer surgeon from the Tata Memorial Hospital in Mumbai, about awareness among the Indian population, risk factors and what is being done to fight the epidemic.

**| *Worldental Daily*: Oral cancer cases are growing worldwide in double digit rates. How prevalent is the disease in the Indian population and what demographics are mostly affected?**

Dr Pankaj Chaturvedi: Oral cancer currently ranks amongst the three most common cancers in India and accounts for almost 40 per cent of total cancer deaths in some areas. In most regions of the country, the condition is the second most common malignancy diagnosed among men, accounting for up to 20 per cent of cancers, and is the fourth most common among women.

To make things worse, approximately 70,000 new cases are added to the already high number of oral cancer patients each year. Prevalence is highest in rural areas and vulnerable populations, such as among people with a low socio-economic status.

**| The most common etiological agents for oral cancer have been identified to be tobacco, alcohol, and increasingly the human papillomavirus (HPV). Does this pattern also apply to your country?**

The real concern in India is tobacco as it is one of the leading causes of premature death and disability. Its use here is rather complex because it is consumed in a variety of ways, such as being smoked, chewed, and snuffed orally. Patterns of consumption also differ significantly throughout the whole country. Manufacturers of tobacco and its related products have successfully developed and implemented new marketing tactics to lure in younger demographics and make them use their products. Therefore, we are facing a major health crisis as tobacco consumption is continuously increasing amongst youth.

In addition to tobacco, established risk factors for oral cancer are the heavy consumption of alcohol, as well as the presence of an oral premalignant disease. Other contributory or predisposing factors include dietary deficiencies, particularly of vitamins A, C and E and iron, as well as viral infections, particularly induced by HPV which is known to be of high oncogenic potential.

**| According to figures of the World Lung Foundation, the direct medical costs of treating tobacco-related diseases including oral cancer in India amounted to more than US\$1 billion in 2010/11. Do patients have general access to treatment?**

As the available treatment centres are mainly located in the cities and have very few resources, patients



Workers enjoying a cigarette. The consumption of tobacco in India is on an all-time high.

usually have limited access to treatment. Unfavourable socio-economic determinants like low literacy and low per capita income also hinder effective disease management.

**aware of the issues related to oral cancer?**

Health care professionals are the major contributors in addressing the problem to the general public. Lobbying for evidence-based policy making to the

## “...we are facing a major health crisis...”

**| Since the aetiology of oral cancer in India is predominantly tobacco-related, should prevention strategies primarily focus on people overcoming traditional habits? How realistic is that scenario in your opinion?**

In the last decade, huge resources have been put into prevention as well as the control of tobacco and its related diseases. In the current scenario, prevention will hold the key for changing the age old customs and traditions into more healthy habits. This requires intervention at individual, community and national levels. Right now, there are a number of initiatives provided by the government in terms of policy making and implementation. Non-governmental organisations have also started to reach out to communities to raise awareness and refer people for early screenings. There are lot of challenges though, that we have to deal with.

**| What strategies do you recommend?**

Tobacco control needs ongoing commitment from all parts of society. While as an individual you have the choice to use or not to use it, society has to advocate generally for a more healthy way of life. The government's role in this is to firmly check the production, distribution and sale of tobacco. Strict enforcement and vigilance are required to effectively implement tobacco control laws.

**| India's health ministry and doctors have recently asked the Ministry of Finance to raise taxes for consumption of cigarettes and tobacco products. In your mind, could this lead to less consumption?**

Raising taxes on tobacco products is certainly one of the evidence-based strategies to reduce consumption of tobacco. Promising results have been achieved in states which have already seen an increase in taxation.

**| Prevention first starts with awareness. Is the medical and dental profession in your country sufficiently**

implementation and continuation of tobacco cessation services are just few of the initiatives that should be supported by them. The real challenge however is



to develop a more sustainable model for remote and rural areas, where poverty and illiteracy are high and an adequate preventive health infrastructure is lacking.

**| How effective can oral cancer awareness campaigns be there?**

Studies have demonstrated that most Indians, particularly in rural areas, are not even aware of the benefits of basic oral health measures like tooth brushing.

Owing to its diversity, traditional practices in India significantly differ. Of course, oral hygiene practices still have to be considered primitive in most parts of India but this depends largely on education and financial resources. Most people are definitely aware of the benefits of good oral health but the lack of supportive environments makes them vulnerable, so they resort to more primitive habits.

The need is to normalise the habit, advocate for effective public health campaigns and focus on the ability to self-examine the oral cavity for early signs and symptoms of oral cancer. Community participation and involving youth to bring in change can be an effective strategy.

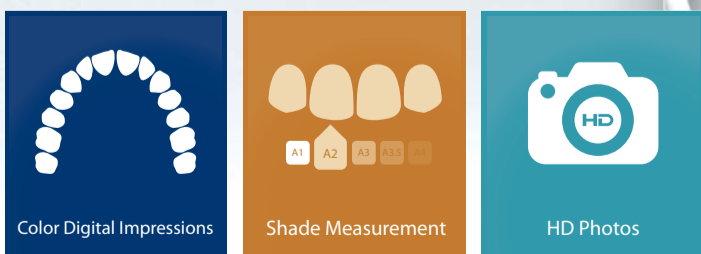
**| Thank you very much for the interview.**

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# The Ebola virus epidemic: A concern for dentistry?

By Prof. Lakshman Samaranayake, Australia



**T**wenty-two years ago, a seminal report from the Institute of Medicine (IOM) in the US, titled "Emerging Infections: Microbial Threats to Health in the United

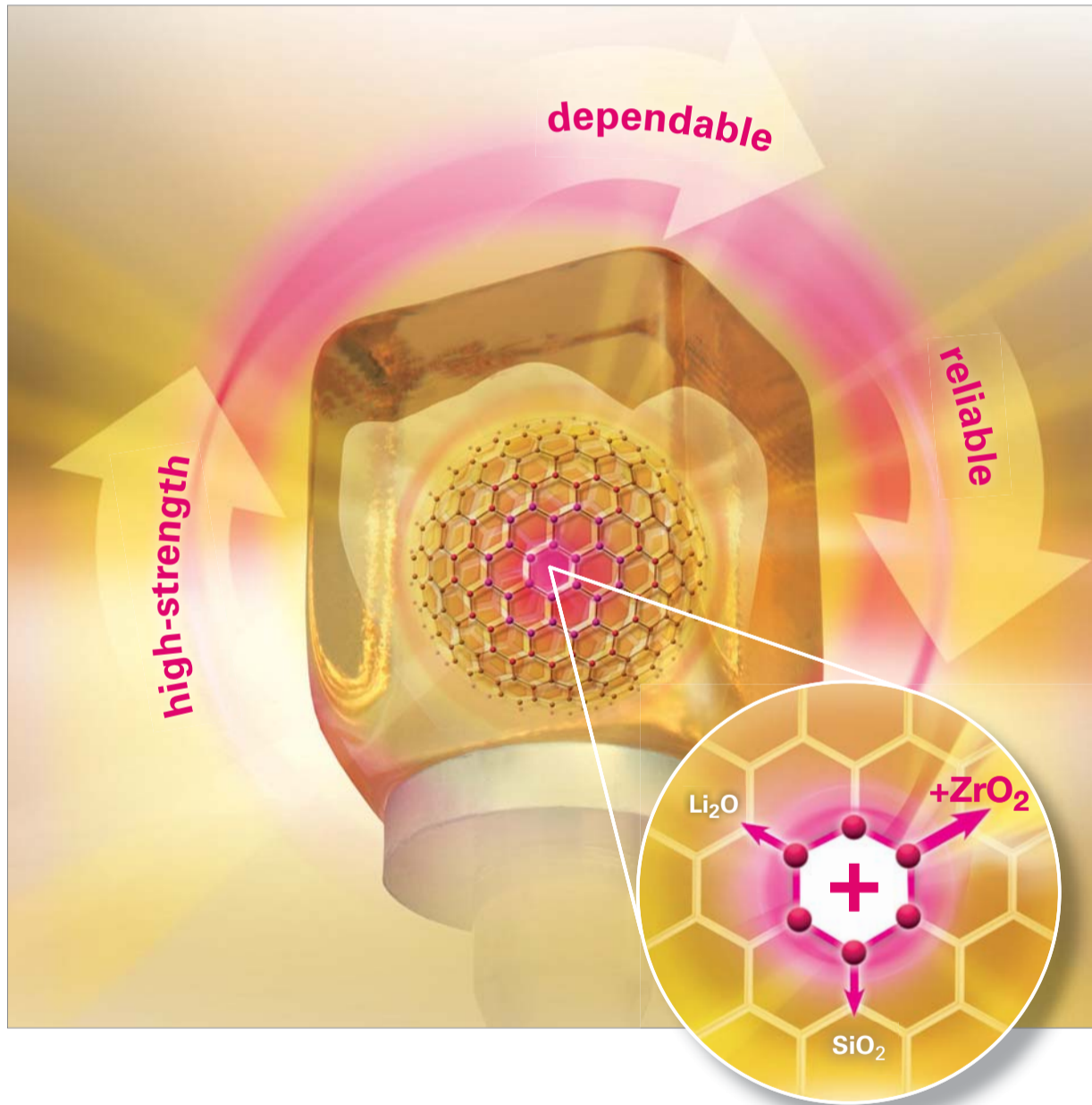
States", warned of the dangers of so-called newly emerging and re-emerging diseases. The concept of "emerging infectious diseases", introduced then by the IOM is now well entrenched,

and to our chagrin we have witnessed many such diseases over the last two decades. These include variant Creutzfeldt-Jakob disease/bovine spongiform encephalopathy,

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severe acute respiratory syndrome, and Middle East respiratory syndrome, and above all the pandemic of acquired immune deficiency syndrome (Aids), which has claimed millions of lives the world over. The re-emerging infectious diseases we have seen include diseases caused by meticillin-resistant *Staphylococcus aureus*, and multi-drug-resistant and extensively drug-resistant tuberculosis.

Interestingly, the concept of "emerging infectious diseases" is not new. Indeed ancient Greek, Roman and Persian writers documented the emergence of many new epidemics. In more recent times, the scientist Robert Boyle presciently observed in 1865 that "there are ever new forms of epidemic diseases appearing [...] among [them] the emergent variety of exotic



Prof. Lakshman Samaranayake, Australia

and hurtful [...]". Arguably though, the most noteworthy relatively new emerging infectious disease with the greatest impact on the dental profession has been the human immunodeficiency virus and Aids.

And now we have a severe epidemic of Ebola virus infection. It is back with a vengeance, this time in West Africa, with over 380 cases and a 69 per cent case fatality ratio at the time of writing. The culprit is the Zaire ebolavirus species, the most lethal Ebola virus known, with case fatality ratios up to 90 per cent.

According to the IOM report, there are many reasons that new diseases emerge and re-emerge. These include health care advances with the attendant problems (e.g. transplantation, immunosuppression, antibiotic abuse, and contaminated blood and blood products) and human behaviour, including injectable drug abuse and sexual promiscuity. Societal occurrences, such as economic impoverishment, war and civil conflict, too are critical according to the IOM. The current outbreak of Ebola virus infection



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