

today

UAE International Dental Conference & Arab Dental Exhibition Dubai • 29 June–1 July 2021



News

A study suggests that the medical model of dentistry may better prepare dental teams for future health crises.

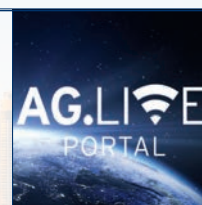
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Interview

Dr Dalia el-Bokle gives insight into how working with digital tools can benefit orthodontic practices.

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Products in focus

AG.Live helps dental technicians to network with peers globally and manage all digital activities locally.

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Back to business: AEEDC 2021 takes place in Dubai

First international trade show since start of COVID-19 pandemic



■ The UAE International Dental Conference and Arab Dental Exhibition (AEEDC) in Dubai is the gateway to the emerging and far-reaching dental market in the Middle East, North Africa and South Asia (MENASA) region. Despite the global SARS-CoV-2 outbreak, the event organisers have decided that the event, now in its 25th edition, will again showcase a wide range of dental products, equipment and suppliers. As one of

the largest dental events in the MENASA region, AEEDC Dubai will host a number of practical and interactive activities that will run alongside the exhibition halls from 29 June to 1 July.

Since its inception in 1996, AEEDC Dubai has brought the most innovative minds and brands to the stage and

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“The mission of the Straumann Group is to serve dental professionals worldwide”

An interview with Charbel Saad, Switzerland

■ At the Straumann Group, Charbel Saad is the area sales manager for the Central and Eastern Europe, Middle East and Africa region. In an interview in light of AEEDC 2021, he gave insight into the current state of the Middle Eastern market, how it is affected by the ongoing SARS-CoV-2 pandemic and what is to come after it.

Mr Saad, how has the pandemic influenced the market, and what has been done so far for its recovery?

The first phase of the COVID-19 pandemic hit the dental market hard. However, since dentistry is by default one of the best professions in infection control, even pre-COVID it was easier for the dentists to resume their work in many markets. The market is recovering slowly but, since the dental market is only one part of the economy, we need to wait till the end of the pandemic to assess the damage caused on branches which were hit hard by the pandemic and are still suffering, and



▲ Charbel Saad, Straumann Group.

to see how the whole impact will affect the dental market.

How important is the Middle Eastern market for Straumann Group?

The Middle Eastern market has always had, and still has, a strategic importance for the Straumann Group, which has invested in many projects in the Middle East in the medium and long term. Our last project was the in-

auguration of the Straumann Group subsidiary in Amman in Jordan, and I am sure others will follow in the future.

What brands from the Straumann Group family are going to be launched soon in Middle East?

In addition to the continuous launch of new products from the existing brands, two major brands are planned to be launched in the fourth quarter of 2021 and the first quarter of 2022, after local product registration is accomplished. The first brand is a new implant system called NUVO—a new brand of attractively priced implants made in Brazil. This initiative broadens our path into the lower value segment and enables us to offer high-quality solutions for patients who have not been able to afford implant treatment. The second brand is ClearCorrect, which was founded back in 2006 by a dentist from the US who had over 400 patients that needed to

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news

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floor. Every year, the event unites stakeholders from across the dental spectrum to advance their knowledge and network with like-minded peers. With every edition, the organisers aim to go beyond the usual approach to continuing education. With all the scientific activities, including pre-conference courses, hands-on workshops, competitions and poster presentations, it is an opportunity for participants to become better dental professionals and clinicians. They also gain valuable continuing education credits.

Boasting hundreds of international companies distributed over nine exhibition halls and 16 national pavilions (the largest being China, Italy, Germany and South Korea), AEEDC Dubai Exhibition provides a platform for engaging customers, demonstrating products, driving brand awareness, conducting face-to-face business and making sales.

Dr Tariq Khoory, AEEDC Dubai honorary chairman, said: "The 2021 edition of AEEDC Dubai comes at a time when exponential growth in advanced dental technologies and rapid influx of new dental treatment methods are fundamentally transforming dentistry practice and contributing to effective diagnosis and superior dental care. With so many developments taking place in the field of dentistry, we recognise the need for world class dental education, advancing of skills and exchanging technical know-how with aspiring dentists and clinical practitioners attending this high-profile dental gathering." He continued: "We will also discuss COVID-19 in great detail, and how it affected all aspects of healthcare, with

great emphasis on dentistry. We will also discuss the lessons learned and how to prepare for the next pandemic, may it never happen."

Elaborating on Khoory's comment, AEEDC Dubai Scientific Chairman Dr Nasser al-Malik explained: "As part of our efforts in the scientific committee, we have prepared an exciting conference programme keeping in mind all the recent advancements in oral healthcare while also addressing the newest digital frontiers and dental traumatology standards via many forums such as the Digital Dentistry Society Forum and the GCC Preventive Dentistry Forum among others. Running parallel to the conference, AEEDC Dubai 2021 exhibition will host an even bigger list of companies attracting thousands of dental brands and companies showcasing their latest and most advanced products in dental care with particular emphasis on quality and research in dentistry."

AEEDC Dubai is held under the patronage of His Highness Sheikh Hamdan bin Rashid al-Maktoum, deputy ruler of the Emirate of Dubai, minister of finance of the UAE and president of the Dubai Health Authority, and he will officially inaugurate the event on 29 June.

AEEDC Dubai is the major pioneering dental event in the MENASA region. Every year, AEEDC Dubai provides the best platform for dental professionals and industry experts from the MENASA region and other parts of the world to update their knowledge, engage with like-minded people and foster business partnerships. ◀

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finish their clear aligner treatment, but no one to make the aligners for them. So, Dr Willis Pumphrey went the extra mile for his patients: he founded his own company to make aligners for them. Today, ClearCorrect has served tens of thousands of dentists all over the world and has delivered literally millions of aligners to their patients.

What is their potential in the market and why do you think they have this potential?

As you know the Straumann Group is the leading company in the implant dentistry. We know the market needs and we believe that NUVO is a necessity product for the dental market. With this brand, together with the other existing brands, the Straumann Group will be able to serve all market segments. All patients will benefit and have access to the reliability, long-term success and, most of all, peace of mind provided by the different Straumann Group dental implants brands. The mission of the Straumann Group is to serve dental professionals worldwide. That has been proved in the last decades and the situation will continue in the future. It was the market requirements and the need of professionals that made the Straumann Group take the decision to enter into the orthodontic business by acquiring 100% of the ClearCorrect company. We see in the orthodontic business the same need for the services, reliability and long-term success that we are offering with our multiple dental implant brands. The past and present success of the Straumann Group show that we will be able to fulfil all the market's expectations in this area.

Looking ahead into the post-COVID period, what is planned in the Middle Eastern region?

The dedication of the Straumann Group for training and education continued during the COVID period. Where possible, we are already conducting courses under local safety requirements. In addition, the Straumann Group has organised and still offers a large number of webinars and, if we add the number of webinars and courses conducted through our scientific partner the International Team for Implantology, this shows how decisive and important training and education is for the Straumann Group. We have used the COVID crisis to update our training and education hardware in the Middle East and, once the ban on

gatherings is lifted in each particular market, we can start immediately with our educational programmes, training sessions, and launch events. For example, we plan on launch activities around our newest implant–Straumann TLX–sometime around autumn. TLX is a new tissue-level implant which has been perfected for immediacy and is an excellent solution for all other indications to suit the dentist's preferred treatment protocol–ranging from immediate to conventional placement and loading. The Straumann TLX Implant System perfectly complements our bone-level BLX Implant System. Both systems use one common drill set and TorcFit connection for maximum compatibility with minimum investment. ◀

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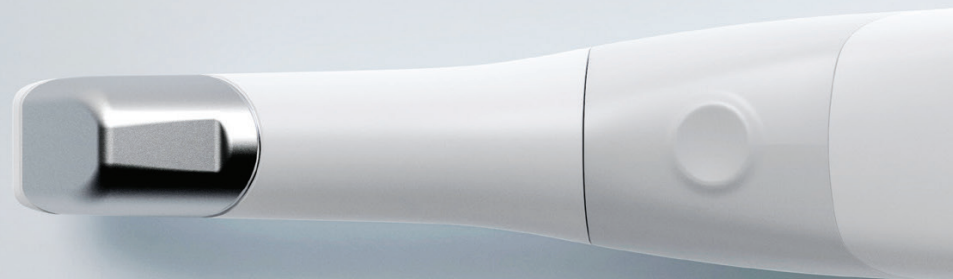
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World Health Assembly approves momentous resolution addressing oral health

First adoption of resolution aimed at improving oral health since 2007

■ The World Health Organization's (WHO) management of the COVID-19 pandemic thus far has brought its

fair share of criticism—including from many stakeholders in the dental industry. In some welcome news,

the 74th session of WHO's World Health Assembly has approved a resolution on oral health that asks WHO to, among other things, create a global strategy and an action plan for combating non-communicable oral diseases within the next two years.

The resolution was put forward by Sri Lanka, together with other WHO member states, at a WHO executive board meeting this past January. According to Dr Habib Benizian, associate director for global health and policy at the New York University WHO Collaborating Center, it marked the first time since 2007 that WHO had adopted a resolution focused on improving oral health.

In approving the resolution, World Health Assembly delegates have asked WHO to draft a global strategy for handling oral diseases that will be considered by WHO governing bodies by 2022; translate the strategy into an action plan for oral health by 2023; develop best-buy interventions for oral health; and consider including noma, a rapidly progressing mouth and face infection that is nearly always fatal in child sufferers, in its roadmap for neglected tropical diseases.

According to WHO, the discussion that prefaced the resolution's passing saw a clear consensus emerge "that oral health should be firmly embedded within the non-communicable disease agenda and that oral health care interventions should be included in universal health coverage programmes".

FDI World Dental Federation, together with the International Association for Dental Research (IADR), was quick to deliver a statement in support of the assembly's resolution.

The two associations further encouraged the consideration of what they saw as "missing points" in the resolution, including the need for addressing orofacial clefts and for expansion of systematic water fluoridation where appropriate.

Dr Daniel Klemmedson, president of the American Dental Association, also expressed the association's pleasure that WHO had recognised that "oral health is integral to systemic health around the world".

"We look forward to being an active, collaborative stakeholder in striving to achieve the goals set forth by WHO's World Health Assembly," Klemmedson added. ◀

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Study shows dentistry must adapt to be prepared for future crises

The medical model of dentistry may better prepare dental teams for future health crises



■ A May 2020 survey asked dentists located in the West Bank area about their preparedness to resume offering routine dental care after the practice closures that were necessitated by the

SARS-CoV-2 pandemic. The researchers published a study in February this year which found that the challenges that emerged during the pandemic showed that dentistry needed to adapt

in order to be better prepared for future crises.

Researchers from Al-Quds University in Jerusalem, the Palestinian Ministry of Health in Ramallah, and the University of Iowa in Iowa City in the US surveyed 488 dentists practising in the West Bank area. The participants were asked about their perception of the risks related to COVID-19, their level of preparedness to resume providing elective dental care, how confident they felt treating patients that were suspected of having COVID-19 and about a range of factors related to their level of confidence. The study also examined the participants' perceptions of their own financial stability and role in the pandemic response.

Close to 60% of respondents said that they felt unprepared to reopen their dental practices. On the topic of treating patients with COVID-19, around 13% of respondents said that they had

no confidence, and almost two-thirds (64%) said that they had little to moderate confidence. The authors found that dentists who had received training on infection control—or specific training related to COVID-19—reported higher levels of confidence. Close to 75% of respondents said that the financial hardship that they were facing was so great that they could not meet their financial commitments in the current month.

The authors found that financial and ethical factors were the main reasons for the participants to resume the provision of elective care. Dentists in Palestine had not been called upon to assist in the pandemic response, and more than 18% of respondents said that their offer of assistance had not been accepted. Around 19% said they had wanted to volunteer in the local pandemic response but had been unsure of how they could become involved. The vast

majority (89.7%) of respondents felt that their role in the pandemic response had been to provide urgent dental care to patients and to educate others about COVID-19 (82.4%).

“Data from this study highlights the fragility of private dental practice in emergency situations. Ethical, health, and financial challenges that emerged during COVID-19 require dentists to adapt and be better prepared to face future crises,” the authors wrote. They said that the study results highlighted the fact that dentistry is carried out in isolation from other forms of healthcare. The authors pointed out that dentists in the survey sample had rarely participated in efforts relating to the pandemic response, and that just 58% of respondents had engaged with medical colleagues in order to gain information about SARS-CoV-2 and COVID-19.

“Dentistry has traditionally focused almost exclusively on the restorative and rehabilitation model of care instead of promoting the health and the well-being of individuals, leaving dentists with limited ability to respond to or be fully used in a major health crisis,” the authors stated. “The future holds the challenge to better integrate dental care with primary and specialty medical care. Such integration will assure that oral health will be addressed as an important part of the overall health of individuals and will not be ignored,” they concluded.

Lead author of the study, Dr Elham Kateeb, associate professor of dental public health at Al-Quds University, told Dental Tribune International: “Dentists in our sample viewed their main role in the pandemic as provid-



■ In a survey of 488 dentists practising in the West Bank area in Palestine, 60% said that they felt unprepared to reopen their dental clinics after the first lockdown in 2020. © Elham Kateeb

Study reveals factors that keep clinicians well

Understanding the relationship between working conditions and well-being is crucial

■ Research focusing on factors that are associated with the well-being and healthy and meaningful working life of oral health care providers is scarce. Researchers from various health bodies in Sweden have conducted a study that aims at analysing which oral health care providers remain healthy at work and which organisational, work-related and health-related factors contribute to this.

healthy group, semi-healthy group and unhealthy group. Respondents were classified as healthy if they had not reported sick leave or sickness presence in 2012 or 2014. The three groups showed no significant differences in terms of sex, age, professional category, clinic size, number of years in the dental service or working hours per week.

pational health service in Sweden. She said she had become interested in the work environment of dental professionals and that she “provided education to dental professionals on preventive work measures as well as assisted those employees returning to work who were absent because of sick leave”.

When asked whether the ergonomic aspect of the dental profession is too often neglected, she said that dental professionals could certainly become more involved in preventive interventions. “However, we need to evaluate both physical and mental exposure at the same time to see the whole picture, including factors affecting the individual, the group as a whole and the importance of leadership. My impression is that the dental profession has more acute patients in times of SARS-CoV-2 and that this can really affect the work exposure negatively,” she emphasised.

Wählin recommends that dental professionals use ergonomic exercises in the daily practice to prevent work-related disorders. “Try to bring in more physical and mental variation during your working day. Stand up when you write medical records, use ergonomic work equipment, for example prism glasses and good ergonomically designed chairs. Also, test different instruments and use different grips, angle your neck by pulling your chin in to reduce strain on your neck, and instead of bending your back, try to fold from your hip.”

The study, titled “Work and health characteristics of oral health providers who stay healthy at work—a prospective study in public dentistry”, was published online on 6 April 2021 in the *European Journal of Physiotherapy*, ahead of inclusion in an issue. ◀



A total of 486 dentists, dental hygienists and dental nurses from Swedish dental clinics participated in a questionnaire in 2012 and 2014 that featured questions about demographics, health indicators, and work and organisational factors. Oral health providers with no sick leave or sickness presenteeism were questioned about their perceptions of leadership, support at work, working conditions, job control, job demands, working ability and health. Their answers were then compared with results from oral health providers who reported sickness absence and/or sickness presenteeism.

For data analysis, the participants were classified into three groups:

The researchers determined that factors that made it more likely to belong to the healthy group were: good physical work ability, the absence of pain in the neck, wrists, hands and lower back, no musculoskeletal symptoms in the shoulders, perceived low exertion at the end of the working day, and the absence of sleep problems.

Dental Tribune International contacted lead author Dr Charlotte Wählin, adjunct senior lecturer at the Department of Health, Medicine and Caring Sciences at Linköping University, to ask her what consequences should follow the study findings. Wählin has worked as an ergonomist and occupational health and safety consultant at an occu-

ers of urgent dental care and their role to a lesser extent as workers on the front line with their peers in other medical professions. I think this is simply because of the way in which we train our dentists globally, as dental education is completely separated from medical education in the majority of educational institutions.”

She continued: “The current model trains dentists to be competent in restoring teeth in isolation of the whole body. There is little focus on the medical model of dentistry which deals with risk assessment, disease diagnosis, prevention, minimal intervention and the integration of oral health treatment plans in plans for the general health and well-being of people. Teaching the medical model of dentistry requires dentists to be competent in many medical aspects of health. These competencies would prepare dentists to be more willing and more confident to serve in pandemics and other health crises when needed.”

“It would be very interesting to evaluate curricula in different institutions to see how much weight of learning is devoted to restorative and rehabilitation training and how much is devoted to disease diagnosis, health promotion, public health and the systemic-oral health link in addition to basic knowledge of infectious diseases and other essential general aspects of health,” Kateeb commented.

The study, titled “Reopening dental offices for routine care amid the COVID-19 pandemic: Report from Palestine”, was published online on 13 February 2021 in the *International Dental Journal*, ahead of inclusion in an issue. ◀

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How artificial intelligence is shaping dentistry in 2021

With increasing digitalisation, AI technology will continuously influence all areas of life



■ The topic of artificial intelligence (AI) has always stirred up both intrigue and intimidation; the fear of the unknown is strong, but with the rise of today's technology AI is no longer just a topic for discussion—it's already here. Algorithms, mathematical calculations, computerised data collection methods and an enormous amount of reproducible data are the basis of machine learning, a category of AI that is helping to improve areas of dental care in ways once unimaginable.

Healthcare has a simple rule to follow: provide patients with the best and most responsible care possible. Problems with the current model of dental care have been identified in the past, and they are becoming increasingly pertinent and in need of correction. Traditional methods need the implementation of AI to benefit both the patient and the dental professional, with advancement extending into finer areas of care.

The unpredictability resulting from the pandemic has highlighted

the crucial need for access to emergency dental care that is faltering for many owing to various factors such as demographics, financial considerations and severe illness. A solution has been found in AI-supported software, allowing patients to self-monitor while sitting in the comfort of their own homes. The model enables the patient to take pictures of his or her oral problems using a smartphone. These are then scanned into the app which can identify problems with teeth and gingivae and relay the details to both the patient and the dental provider. This streamlines the consultation and treatment planning process and the app can even extend to advice on the management of the presenting oral condition, depending on its type. The app also provides education and information on the condition in question, instils self-awareness and allows the patient to have control over his or her oral health status. The overall impact of just the one model of AI mentioned here is already pointing towards easier access, improved patient education, in-

creased production and reduced dental care costs.

At the end of a consultation and before treatment, a diagnosis needs to be made. An improvement in diagnostic ability is a benefit for both patients and professionals. AI computing allows the input of the patient's history, complaint and clinical findings, and it can then offer the most probable diagnosis based on evidence. Several studies have shown that using AI has led to more specificity and sensitivity in usage when compared with results offered by a dental professional. Using this model of AI reduces human errors, helps to simplify complicated presentations of an oral condition and enables proper and targeted patient care. AI is also being used as the gold standard for identifying the risk development of oral cancers, even in their pre-stages. The refinement of this application of AI could lead to a proper and precise method for diagnosing cancers before they are even confirmed or visible to the eye.

The most up-and-coming use of AI is in the orthodontic field of dentistry, where it is being implemented throughout the process: beginning from diagnosis, using genetic algorithms that aid in predicting sizes of unerupted teeth, and continuing to treatment and follow-up monitoring. Virtual models and 3D scans are exceptionally useful tools in assessing dental abnormalities and even craniofacial abnormalities, allowing devices such as aligners to be precise and treatment approach to be customised; the combination of these aids is revolutionising orthodontic treatment.

Coupling AI with radiology, such as in magnetic resonance imaging and CBCT, allows the most minute deviations of normal structures to be taken into account and identified, which would have been otherwise impossible. This opens up an opportunity to catch a problem in the early stages and also to provide precise working parameters in smaller fields, such as in proximal caries.

With the use of CAD/CAM, AI methods are able to design onlays, inlays, crowns and bridges with greater accuracy, and design considerations can be customised to each particular case; therefore, this is a crucial tool for prosthetic dentistry.

In the field of periodontics, AI implementation has been utilised to efficiently categorise patients into those with chronic or aggressive periodontitis based on their previous and existing immune profile. This streamlines the treatment by accurately providing a diagnosis on which dental experts can focus.

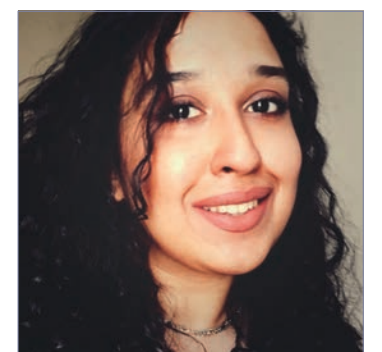
Apart from the contributions of AI methods to direct patient care, the support it is able to offer dentists and dental professionals has truly transformed the idea of the typical dental office and chair. AI is being used in dental offices as voice commands for tasks that are a hindrance, can be interrupting and even taxing when repetitious for both dentists and the

related staff. Enabling tasks to be hands-free not only improves efficiency in practice but also limits contamination, operative time in one sitting, and can be extended to eventually integrate more useful features within the dental chair—for example, monitoring breathing rate, anxiety levels and measuring weight and height.

The extension of this method of care and practice can start from when the patient is at home, by giving access to emergency dental services as discussed earlier, as well as with the use of teledentistry allowing patients to receive a certain amount of care before reaching the dental office. Scheduling and rescheduling appointments and follow-ups, managing insurance and reimbursement claims, taking a detailed medical history, dental history and history of habits—these can all be taken care of before seeing the dental professional. This allows dental experts to have the full picture before they even see the patient, reduces time and is a more streamlined approach to patient care.

Overall, the most exciting part of AI is innovation. Being able to statistically offer studies and examples of how it is already having an impact on the dental workforce in terms of efficiency, proper standardisation and precision, are transformative on a larger scale. Unarguably, the advancements in AI are reconstructing and remodelling the foundation of healthcare in a manner that leaves little room for opposition. The possibilities are endless, and where AI takes us is only up to science-supported imagination. ◀

Editorial note: A list of references can be obtained from the publisher.



Dr Hanaa Nasir is a dental professional who has in Pakistan, and is in the process of furthering her education in Australia. Having graduated with honours, she is currently pursuing her master's degree in oral surgery. Still in the early stages of research based on psychology and dentistry, she aims to broaden dental care, and advocates for it to be integrated with mental health. Nasir dedicates most of her time to science and medicine, balancing it with her love of poetry and art. She is a regular contributor to the Rockwest Dental Clinic.

Dentsply Sirona and 3Shape announce strategic partnership

Collaboration aims to provide solutions that benefit clinicians and patients

■ Dentsply Sirona announced recently that it has entered into a partnership with 3Shape, a Danish developer and manufacturer of 3D scanners and CAD/CAM software solutions. The first step of this partnership focuses on a facilitated collaboration for better access between 3Shape's intra-oral scanner 3Shape TRIOS and Dentsply Sirona's SureSmile Aligners.

As part of their steps to innovate dentistry and lead the digital transformation, Dentsply Sirona and 3Shape have agreed to work on multiple strategic opportunities in order to improve digital dentistry and oral health. In the immediate term, the partnership will focus on a collaboration for better access of TRIOS users to SureSmile Aligners. Opening the platforms to the 3Shape system allows dental professionals to benefit from greater choices, more flexibility and smoother workflows in the future.

"The collaboration with 3Shape supports our goal of tailoring our product solutions to the needs of our customers. We want to give dental professionals real added value with digital technologies that can be easily integrated and are an intelligent advancement in their routine workflows," said Don Casey, chief executive officer of Dentsply Sirona. "Open systems allow the integration of new functions into existing practice and laboratory structures. We are convinced that we have an excellent partner for this with 3Shape and look forward to additional partnership opportunities in the future."

For 3Shape, the new partnership means an additional service for its customers. "3Shape's goals and solutions are based on an open ecosystem philosophy and on working together with other companies to provide better and more cost-effective solutions that will benefit clinicians and their patients," explained Jakob Just-Bomholt, chief executive officer of 3Shape. "We're very excited that TRIOS users can now take advantage of the leading SureSmile Aligners treatment through a smoother workflow," he added.

The partnership between Dentsply Sirona and 3Shape opens opportunities to develop together in selected areas. The connection from 3Shape's TRIOS scanner to SureSmile will be improved and streamlined to allow 3Shape customers smoother access to the fast-growing clear aligner system. Pioneered by orthodontic specialists, SureSmile Aligners are designed using advanced software to ensure they fit perfectly and deliver the exact tooth movements needed to achieve great results in the shortest possible time. The cloud-based SureSmile software offers various options for treatment planning and implementation. Unlike the situation with conventional concepts, dental practitioners always maintain control of the treatment process. The 3Shape TRIOS intra-oral scanner gives clinicians a great starting point for their clear aligner workflow now seamlessly integrated with SureSmile software.

Dr. Terri Dolan, vice president and chief clinical officer at Dentsply Sirona, is convinced that dental professionals will find this partnership very valuable. She stated: "Open platforms and smooth workflows are beneficial for a range of

treatment options and add to our core goal of offering clinicians the possibility to work with different workflows and partners. Finally, this collaboration helps patients reach their desired outcome—both sooner and smarter." ◀



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