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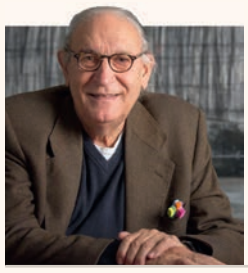

INTERVIEW

Curaden CEO Ueli Breitschmid about new ways in dentistry and optimal preventive care as key to good oral health.

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CAREER PATHWAYS

Working in dentistry is both exciting and difficult, as there are numerous options and opportunities to consider.

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RESTORATIVE DENTISTRY

Dr Yao Lv from China demonstrating how an optimal restoration can be achieved with IPS Empress Direct from Ivoclar Vivadent.

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AD

IDEM Singapore more than meets expectations

By DTI

SINGAPORE: A record number of 8,173 visitors from 72 countries attended this year's International Dental Exhibition and Meeting (IDEM) in Singapore, organiser Koelnmesse reported last week. The figures are a slight increase from the last show in 2014, which saw 7,800 visitors attending.

This year's edition has been the largest in numbers of visitors and exhibitors since the first meeting was held in 2000.

With 512 dental manufacturers and dealers, there were also more participants in the trade exhibition this time, including a new national pavilion organised by the Brazilian Medical Devices Manufacturers Association (ABIMO).

"Being geographically further away from the Asia-Pacific region, it is important for us to update our new technologies and the needs of the industry, as we see Singapore as a key target for the dental industry," Laísa França, ABIMO Trade Promotion Coordinator, said. "We hope to be able to participate in the next edition of IDEM Singapore in 2018."

The show saw a number of world-première product launches by leading dental suppliers that included new implant systems, dental disinfection lines and digital practice management solutions. Many of these products were available to dentists in the Asia-Pacific region for the first time. For the second time, IDEM was held over three floors of the Suntec Singapore Convention and Exhibition Centre from 8 to 10 April. Owing to the rise in industry participants, the exhibition space was extended to 18,000 m² this year. The scientific programme brought back regulars, like the New Dentist Forum, but also featured new educational formats, such as the Digital Dentistry Forum, aimed at advising attendees on ways to integrate digital dentistry and of the benefits of CAD/CAM, 3-D printing and CBCT scans, among others.

"The IDEM Singapore 2016 show statistics proved once again that we are Asia Pacific's most anticipated event on the dental calendar, providing all visitors with knowledge and insights into the industry. We will strive to continue to be the preferred platform for the dental industry to grow in this region," said Michael Dreyer, Koelnmesse vice president for Asia Pacific.

"IDEM Singapore 2016 was a very successful event for the industry, as well for the Singapore Dental Association (SDA)," commented SDA President Dr Kuan Chee Keong. "We encourage professionalism and continuous learning through events such as IDEM Singapore. Through our partnership and efforts, we hope to ensure more participation from industry leaders in Asia and worldwide."

For IDEM 2018, Koelnmesse is already in talks with the International Academy of Periodontology regarding a forum focusing on periodontology. Further collaboration with specialist organisations is under consideration. The next edition will be held from 13 to 15 April, again at Suntec. It will be the tenth time that the show is held in Singapore. Moreover, it will mark 20 years of collaboration between Koelnmesse and the SDA.

AD

Henry Schein gains interest in J. Morita subsidiary

By DTI

KYOTO, Japan/MELVILLE, USA: Henry Schein announced that it has entered into a definitive transaction to acquire a 50 per cent interest in the One Piece Corporation, a subsidiary of J. Morita, one of the world's largest manufacturers and distributors of dental equipment and supplies.

One Piece is composed of eight dental dealers throughout Japan, which serve approximately 6,000 dental clinics and had aggregate sales of approximately US$125 million in the 2015 fiscal year. Henry Schein expects the transaction to be neutral to financial results. The financial terms of the transaction were not disclosed.

Henry Schein first entered the Japanese market in October 2014, with an investment in Iwase Dental Supply, a full-service provider of dental consumables, implants and equipment. Kenichiro Iwase, the Managing Director of Iwase Dental Supply, will assume the leadership of Henry Schein's expanded presence in Japan.

Sleep-disordered breathing often undiagnosed in Asians

By DTI

SINGAPORE: Aiming to determine the prevalence of sleep-disordered breathing (SDB) across different Asian ethnicities in Singapore, a new study has found that about one-third of the participants suffered from SDB. The study further established that over 90 per cent of the SDB group had never been diagnosed with or treated for the condition before.

In the study, SDB incidence was evaluated in 242 participants aged 21 to 79 with a home-based Embletta PDS digital recording device (ResMed). Moderate-to-severe SDB, which was defined as an apnoea–hypopnoea index (AHI) score of ≥ 15 events/hour, was used to estimate prevalence.

The results showed that moderate-to-severe SDB and sleep apnoea syndrome were present in 30.5 per cent and 18.1 per cent of the participants, respectively. Of those with an AHI score of ≥ 15, 91 per cent had not previously been diagnosed for the condition.

Moreover, the analyses found that moderate-to-severe SDB varied across the different ethnicities. SBD was diagnosed in 32.1 per cent of the Chinese, 33.8 per cent of the Malay and 16.5 per cent of the Indian study participants.

Based on the results, the researchers concluded that new strategies need to be implemented in order to optimise diagnosis and recognise ethnic differences in the frequency of the condition. If left untreated, the chronic sleep deprivation that comes with SDB and sleep apnoea can lead to serious health problems, including diabetes, high blood pressure, heart disease, stroke and weight gain.

The study, titled "Prevalence of sleep-disordered breathing in a multiethnic Asian population in Singapore: A community-based study", was published online ahead of print on 29 February in the *Respirology* Journal.

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Planmeca ProModel technology part of first Nordic facial tissue transplant

By DTI

HELSINKI, Finland: Finnish dental manufacturer Planmeca's ProModel technology has supported the first facial tissue transplant procedure in the history of the Nordic countries. The service, which designs and creates patient-specific surgical guides and skull models from CBCT/CT images, helped surgeons to significantly reduce operating time for the demanding procedure, which was performed at Töölö Hospital in the Hospital District of Helsinki and Uusimaa (HUS).

In addition to a decrease in surgical time, the ProModel technology was able to produce significantly more precise results compared with conventional methods, the surgical team stated at a press conference. Dr Jyrki Törnwall explained: "Based on literature, we know that it can take 3 to 4 hours to trim bones. In this particular operation, it took Patrik [Lassus] and myself under 10 minutes to place the transplant. This led to a drastic reduction in the duration of the surgery, while also significantly improving the accuracy of bone placement."

Using virtual surgery to simulate procedures is an increasingly important part of surgery today. "Surgeons and us engineers both see tremendous potential in this kind of collaboration," said Jani Horelli, CAD/CAM Design Manager at Planmeca. "The field continues to advance at a fast rate and it is very interesting to witness this evolution first hand. I am proud to be part of a highly skilled Finnish community of specialists. It feels meaningful to take part in improving the lives of people, who have encountered serious illnesses and disabilities."

Planmeca's collaboration with HUS spans nearly a decade. "Planmeca's role has been essential to our work for years—we have been able to utilise computer simulations to create saw guides, which allow us to saw at a specific orientation and to an exact depth, as well as remove facial structures, which we know match the donor, at a precise angle," said Törnwall, acknowledging the benefits of the company's 3-D services.

Both HUS and Planmeca began planning for the operation already years before the surgery was carried out and this consisted of modelling donor tissue and determining how it matched the recipient, as well as simulating the operation together with the surgeons in advance. Following this, the components were designed and manufactured at Planmeca's headquarters and transported to the hospital, where they were taken directly to the operating room.

The extremely rare procedure, which was only the 35th of its kind in the world, entailed transplanting the patient's upper and lower jaws, lips and nose, as well as segments of the skin, midfacial and tongue muscles, and the nerves of these muscles. The surgery itself took 21 hours and included a team of 11 surgeons, 20 nurses and other medical experts. The first face transplant in the world was carried out in France in 2005.

AD

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Sugar, sugar...honey, money

By Aws Alani, UK

The sugar tax is finally upon us here in the UK, but are corner shops or supermarkets for that matter likely to worry about this potentially threatening change to their flagship product line? The tax targets all drinks and equates to a tax of 24 pence per litre on those with the most sugar content. This could potentially equate to an increase in the price to the consumer, but bearing in mind that soft drinks are more accessible and cost less in the UK than water in many Third World countries, it is doubtful that things will change markedly.

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There is the argument that taxing tobacco has had an effect on the uptake of smoking and the consequent addiction, but the evidence for this is relatively sparse and weak. Although a worthy initiative, taxing drinks may result in a greater squeeze on those who can afford it the least and I doubt whether little Jimmy will stop his tearful tantrums for penny sweets as a result of a celebrity chef's campaign as our sugar saviour. As a child of the eighties, these celebrity-led campaigns remind me of rock bands who decided that African poverty should be on the agenda, but this does not seem to be as important to them now. It would appear that it is easier to tax sugar than to provide funding for dentistry; unfortunately, there is unlikely to be a symbiotic decrease in caries as a result.

One could argue that sugar pollutes much in the same way that inefficient power stations do. The societal repercussions need to be managed by all, with no or little comeback for the fizz producers. As carbonated drinks are so popular, these juggernaut companies are powerful and, as a result, denting their progress with a tax is unlikely to truly positively affect the general health of the population. In 2014, the UK soft drinks industry was worth £15.7 billion, with over 14.8 billion litres in overall consumption, which represents a steady and exponential growth that is likely to continue. One interesting observation is the slow demise of the 330 ml can—it being replaced by the 500 ml plastic bottle. The larger bottle may represent better value for money, but is less likely to represent better health value, especially since a resealable bottle is more likely to be sipped over hours than a can once opened.

Overconsumption of sugar causes an inordinate amount of health problems. Indeed, Type II diabetes and obesity are leading causes of death and disability in the US, the birthplace of the canned, likely red, refreshment. These life-threatening conditions are in addition to our experiences of sugar-laden drink devastation. In contrast, but just as worrying, the emerging evidence shows that low-/no-calorie drinks (49 per cent of drink consumption in 2014) actually fuel hunger and trick one's stomach into thinking that calories are on the way, only to be disappointed, resulting in further food-seeking behaviour. The ordering of diet beverages in all-you-can-eat restaurants may not be as ironic as I first thought!

Erosive tooth wear seems to have been forgotten amongst overweight toddlers needing ear-to-ear clearances. From bulimics who like to taste but do not like their waist to the energy drink crew who prefer machismo gothic graphic designs, the younger generation is likely to experience more dissolution of tooth tissue. At the other end of the spectrum, obese patients are more likely to develop diabetes, which in turn makes them more susceptible to periodontal disease.

Society's gluttonous overconsumption is manufacturing pathology unheard of 50 years ago. Lest we forget the ageing population among the tabloid's sugar mania of the young—polypharmacy is likely to increase caries owing to a variety of co-morbidities, such as a dry mouth or heavily sugar-supplemented medication. I have seen restorations seemingly intact for generations in hospital notes only to sprout caries at the cavity margin within months of a new medicine being prescribed. Is there a pill for every ill or do pills allow ills to be masked by other ills while slowly swelling corporate turnovers?

> "Society's gluttonous overconsumption is manufacturing pathology unheard of 50 years ago."

Society is forever changing and food is now at the centre of how we relate and connect with each other. From Instagram posts of freshly cooked home meals to wedding cake bliss after inordinate tastings, it seems to be important to everyone. As a result, food is an emotive issue that affects oral and general health in ways that may not be readily apparent to our patients. I have an old friend in Florida, who I visited last year. He is a specialist in periodontology and runs a successful, swish, modern referral practice. As a matter of routine, he tells patients they need to stop carbohydrate intake post-surgery. Once patients understand that this improves outcomes owing to decreased plaque build-up on the wound edges, they are receptive to this brief change in their diet. He also advocates periodontal medicine while identifying stress as a risk factor for periodontitis.

Research by Prof. Iain Chapple in Birmingham investigating the effect of diet on periodontal disease confirms that one is what one eats and the gingivae follow suit. Purely taxing sugar may not impact on its consumption. Patients need to be motivated to take ownership of their health and relate this with foresight to repercussions in the future. It is this lack of responsibility and potential blame shifting by patients that not only results in poorer health, but also makes providing National Health Service care for all increasingly impossible if prevention is the best cure. This commonly occurs when patients claim to be unaware of the oral health effects of smoking and the related exacerbation of periodontal disease, only for it to become important when teeth are all but held in by the last tenuous Sharpey fibre. Owing to their own lack of awareness or lack of engagement with a toothbrush, they can request some sort of compensation or pursue a litigious course likely to involve an expensive implant-based restoration. What may escape the lawyers and the patient is that previous periodontal disease is a significant risk factor for implant failure, and so the cycle is likely to continue. Patients are responsible for their own health and the lack of recognition of this cannot be the fault of the clinician.

> "...food is an emotive issue..."

Successful dental care requires collective effort between the patient and the dentist. Health care is a partnership in which both sides have different responsibilities and active roles, but if the clinician provides a service for ailments that the patient could have prevented, the question of self-governance arises. Patients have a right to health care, but they also have responsibilities derived from the principle of autonomy. The patient's physical and mental integrity should always be upheld and respected. In contrast, autonomy identifies the human capacity to self-govern and choose the most appropriate pathway to protect that integrity.

As such, capable patients exert some control over lifestyle choices that influence their well-being. Unfortunately, regardless of the imminent extra tax on the already dirt-cheap confectionery, the innate responsibility held by the patient to self-govern will always trump our advice, treatment, knowledge or collective experience.

Aws Alani *is a Consultant in Restorative Dentistry at Kings College Hospital in London, UK, and a lead clinician for the management of congenital abnormalities. He can be contacted at awsalani@hotmail.com.*

Survey sees majority of British dentists rejecting Brexit

More than half would vote against the United Kingdom leaving the EU

By DTI

LONDON, UK: Were it up to dentists, the UK would remain a member of the European Union after the national referendum in June. According to an online survey conducted among *Dental Tribune Online* readers between February and March this year, a slight majority of dental professionals would vote for staying in the EU rather than leaving it.

After analysing the results of the poll, *Dental Tribune* found that more than 55 per cent of dentists who participated in the survey intended voting against Britain leaving the EU, while 44 per cent were in favour of a Brexit.

Less than 1 per cent were still undecided on the issue, but perceived an overall more negative future should Britain decide to split from the Union.

Similar responses were given by the participants when asked whether a Brexit would have positive or negative consequences for the country. A larger share of dentists, however, replied "I do not know" to this question.

The overall majority of respondents to the survey said they will definitely vote in the referendum. Only one in ten did not intend to participate in it.

The poll was conducted among 16,000 recipients of the *Dental Tribune UK & Ireland* weekly newsletter, with almost half of all replies from dentists in southern England, particularly London, which made up almost 20 per cent of the survey respondents. There was less participation by dentists from the northern regions, with slightly less than 30 per cent taking part in the poll. Only one in ten respondents were from the Midlands.

Dentists from Scotland, Wales and Northern Ireland, who made up 12 per cent of the participants in the poll, were split, with almost the same number voting for the Brexit as voting against it.

Almost one-third of those who responded to the survey said they were in private practice, while one-quarter said they were employed in the National Health Service. Forty per cent worked in practices that offered both NHS and private dental care services.

Regarding the age of the respondents, more than half were between 30 and 50 years old, followed by a large group aged 50 to 60.

Britons have to decide on 23 June whether they want the UK to remain a member of the EU. Mirroring the results of the *Dental Tribune* survey, the latest national polls indicate that the slight majority of the population will vote to stay in the UK.

However, 10 per cent of eligible voters have still not decided which way to vote. Prominent political and economic figures have argued that a decision to leave the EU will have widespread negative consequences for the UK.

AD

"The future of dentistry is digital and focused on prevention"

An interview with Curaden CEO Ueli Breitschmid

Swiss dental company Curaden is one of the few businesses in the industry that adopt a holistic approach to dentistry. The company combines high-quality dental products, pioneering training systems and prophylaxis concepts for long-term oral health. In this interview, CEO Ueli Breitschmid talks about new ways and knowledge in dentistry and optimal preventive care as key to good oral health, as well as prevention programmes that both promote patients' health and offer practices financial success.

Dental Tribune: **Mr Breitschmid, Curaden aims to offer more than just dental care products. You advocate comprehensive training in the field of dental prevention. Why is this issue so important?**

Ueli Breitschmid: Curaden is the only company that, in addition to manufacturing products, provides patients with the necessary knowledge and skills, in cooperation with trained instructors, to take control of their oral health themselves. We have developed our knowledge and products with the aim of teeth remaining healthy for a lifetime. Our corporate philosophy combines the innovative CURAPROX products, our dental educational system iTOP and the practical Prevention-One plan. Our goal is to reduce the prevalence of gingivitis, periodontitis and tooth loss. Therefore, we support comprehensive soft-tissue prophylaxis. Finally, gingival problems are still the most common cause of poor oral health. We support prophylaxis to this end with our great interdental toothbrushes, our iTOP seminars and other services.

In any oral health discussion, it is always important to look at the combination of a high-quality product and the trained application thereof. The product alone without a trained user changes little or nothing. Therefore, 80 per cent of people in developed countries have gingival diseases; because nobody has shown them proper oral hygiene. Only a well-trained person can motivate and instruct someone else.

How can control and continued motivation be achieved?

Patients and dentists should follow a regular schedule concerning both treatment and training. Today's approach of one or two dental visits annually is no longer appropriate. Going to the dentist or the dental hygienist should not be an annual event, but more frequent. Just think how often we enjoy a beauty treatment or a pleasant massage. White and well-kept teeth are part of the modern concept of body awareness, much like a trip to the fitness centre.

So, does this mean that most oral health problems can be solved through regular prophylaxis?

Dental prophylaxis is only one aspect of oral health. It seems much more important to consider dental training. For years, leading dentists and dental companies have been in favour of a change in dental education. Preventive dental therapy should hold at least the same position as restorative dentistry. Every dentist knows how little is taught in dental schools about prevention. There are long-established and financially attractive prevention concepts for the entire office staff, including Prevention-One. Today's digital solutions offer a painless and quick prophylactic therapy. The future of dentistry is digital and focused on prevention, and the dentist of the future as a preventive physician is responsible for patients' overall health.

Ueli Breitschmid

> "There are always new ways to brush teeth and gaps properly."

So you envision dentists and doctors working more closely?

Dentistry and medicine will certainly continue to move closer together, as the interaction between the oral tissue and other organs is now better understood. Slowly but surely, dentists will be recognised for their role in medicine. They are the gatekeepers of health, because the mouth represents the basis of almost all chronic diseases. In time, dentists will measure blood pressure and take saliva samples or blood samples. It will become possible to decrease the prevalence of chronic diseases, including cancer, Alzheimer's disease, cardiovascular disease and diabetes, through better oral health. At the same time, medicine of the future will be able to detect signs of gingivitis or periodontitis.

Mr Breitschmid, you focus on holistic oral health prevention rather than restoration. What concepts does Curaden offer in this regard?

We focus on optimal prophylaxis for patients and dental professionals. Individually trained oral prevention (iTOP) is our internationally well-known educational system. For this purpose, we have been working together with established dentist Dr Jiri Sedelmayer. He has revolutionised the approach to teaching, motivation and control of individual prophylaxis for long-term dental health. This approach includes regular training, the proper tools and a good dose of motivation. First, we begin with the dental professionals, who pass their new knowledge and skills directly to patients. All our iTOP seminars are supervised by independent dentists and dental hygienists who have completed the training themselves.

iTOP addresses one of the major issues in every dental practice: how to motivate and instruct patients to brush perfectly, with good outcomes. Through iTOP, we offer individual training with regular monitoring and correction of the learnt prophylaxis techniques. We use the latest technologies and modern cleaning techniques; in short, the right mechanical plaque control. Of course, the seminars are open to those dental staff with years of experience too. There are always new ways to brush teeth and gaps properly.

How long is the iTOP programme?

The iTOP programme is structured consecutively. We offer multi-day seminars for both beginners and advanced participants, as well as for prospective iTOP trainers. Our recall seminars enhance knowledge and provide additional motivation. iTOP also teaches communication strategies. Communication with the patient and with-in the team too are key to dental health. A further advantage of iTOP is the global coverage of our educational programme. Whether in Europe, Asia or North America, dental staff can benefit from the comprehensive solutions of our iTOP training.

I would like to recommend our iTOP workshop on 23 June in Basel in Switzerland to all dental hygienists. This is being held as part of the 2016 International Symposium on Dental Hygiene. We have invited top speakers from Ireland, South Africa, Canada and Switzerland to talk about their experiences with iTOP in their respective fields and how it has helped them to achieve sustainable oral health in their patients.

With iTOP for students, Curaden is targeting students and young dentists. Why does Curaden place so much importance on the early training of students?

First, students should maintain their teeth for perfect oral health; only then can they treat their patients. The dentist and patient should always have the regular care of their own teeth with good toothbrushes, toothpaste and interdental brushes in common. This allows the aspiring dentist to become familiar with how the damage to be repaired arose. Early on, we convey the principle of touch to teach—the proof is in the pudding.

How can dental professionals better apply your iTOP concept for the benefit of the patient and practice?

We offer them a financially attractive service package for the long-term dental health of their patients, called Prevention-One. Prevention-One is our innovative treatment approach to prophylaxis services. The plan includes regular dental cleaning and dental procedures, as well as our CURAPROX products. We believe strongly that Prevention-One represents the future of dentistry.

No matter the product, whether Prevention-One or CURAPROX, we strive to be accessible to patients. In 2015, we founded the first Curaden clinic, in the heart of London. The practice offers top facilities and, of course, all the products and concepts of Curaden.

Thank you very much for the interview.

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Poor root fillings result of stress and financial pressure in dentistry

By DTI

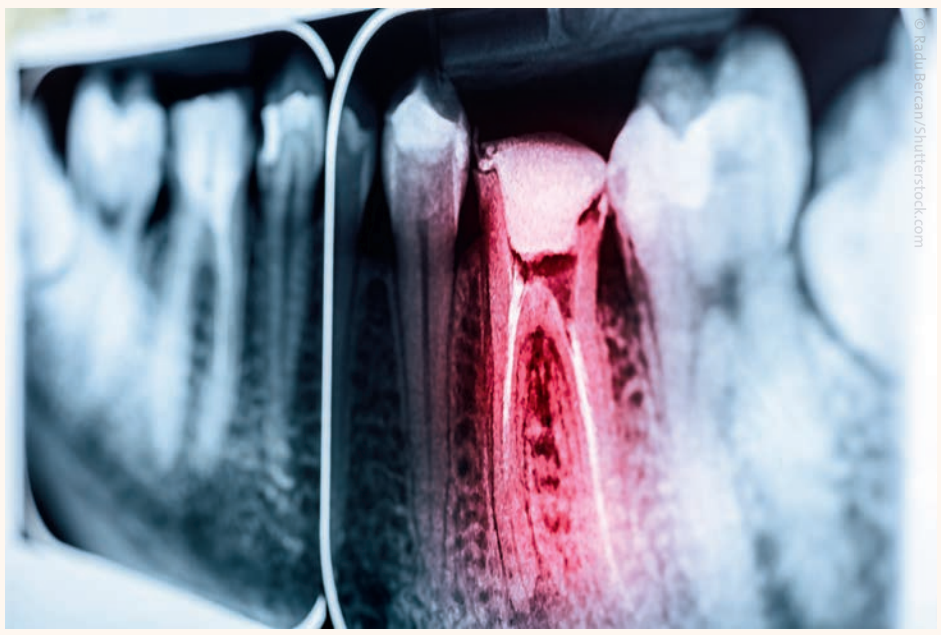
GOTHENBURG, Sweden: A new survey has linked the quality of root fillings to the level of stress dentists experience in performing the procedure and the fee charged. Some dentists reported that "good enough" was often a more realistic goal than optimal quality in light of the complexity of root fillings and insufficient time allocated owing to the associated treatment tariff, among other reasons.

According to the study, which was conducted as part of a doctoral thesis at the Sahlgrenska Academy, only half of all root fillings that are performed in the Swedish public dental service are of good quality. Moreover, more than one-third of root fillings show signs of apical periodontitis, which can lead to acute symptoms, such as pain and swelling, and may even spread and become life-threatening in some cases.

Aiming to investigate the reasons dentists accept technically poor root fillings, Lisbeth Dahlström, a senior dental officer and researcher at the Sahlgrenska Academy, conducted group interviews with 33 dentists from the Swedish public dental service.

The results showed that treatment was often associated with negative feelings, such as stress and frustration, and it was common for treatment to be performed with a sense of a loss of control owing to the perceived technical difficulty. Another cause of dentists accepting poorer root fillings was that allotted time for treatment according to the fee charged was insufficient, participants reported.

"The dentist then finds they are facing a dilemma, to 'go back' to the treatment, to optimize quality, or to offer care within the framework of the compensation and, thus, risk accepting an incomplete root filling," Dahlström explained.



A survey among Swedish dentists has established the potential for improving the quality of root fillings and thus reducing persistent inflammation associated with inadequate treatment.

Regarding quality, the dentists interviewed reported uncertainty as to what constitutes reasonably acceptable quality. According to Dahlström, they often stated that "good enough" was a more realistic goal than optimal quality. However, despite the difficulties experienced, the survey also showed that the dentists wanted to provide good treatment and that they were very concerned about their patients, the researcher said.

In order to improve the quality of root fillings, Dahlström suggested measures such as increased opportunity for continuing education, time for discussion and exchange of experiences at the workplace, as well as investment in equipment that enhances treatment, shortens the time needed and improves visibility.

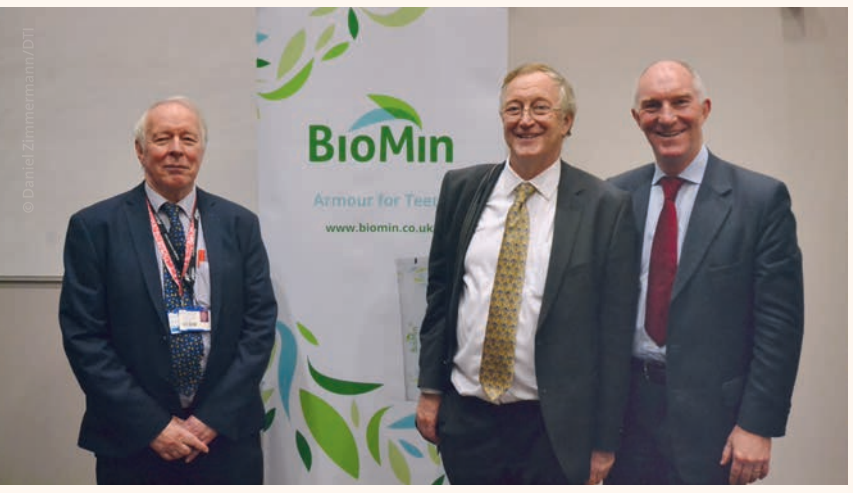
Each year, approximately 250,000 root fillings are done in Sweden and it has been estimated that there are at least 2.5 million root-filled teeth affected by periapical periodontitis.

Dahlström defended her thesis, titled "On root-filling quality in general dental practice", on 4 March.

Promising oral health care tech launched

By DTI

LONDON, UK: With the BioMin calcium fluoro-phosphosilicate, dental researchers from Queen Mary University of London have developed a material that has the potential to significantly reduce dental decay and solve tooth sensitivity when used as an ingredient in common oral hygiene brands. On Wednesday, the first commercial product was presented to the public in the form of a remineralising toothpaste during a press launch at the Royal London Hospital Dental Institute.



From left to right: BioMin clinical advisor and QMUL senior lecturer Dr David Gillam posing with Prof. Robert Hill and Richard Whatley.

The BioMinF will only be available to dental professionals in the UK through wholesalers for the time being, BioMin Technologies CEO Richard Whatley said. A launch in high-street stores, however, is anticipated for the end of this year. For users who do not want to brush with a fluoride toothpaste, a fluoride-free version is currently in development. Whatley further added that his company is in talks about licensing the product for use in other dental products, including polishing pastes, varnishes and restorative dental materials.

"Our aim is for the BioMin brand to become synonymous with the treatment of tooth sensitivity in the eyes of both the dental professional and the general public," he said.

In 2013, the promising invention received the Armourers and Brasiers' Venture Prize, an annual award given to breakthrough innovations in materials science from the UK. A bioactive glass, it has been developed to adhere to tooth structure through a special polymer, from where it slowly dissolves ions that form fluorapatite, a mineral also found in shark teeth, over an 8–12-hour period to make teeth more resistant to acids from food.

According to BioMin founder and Queen Mary Director of Research Prof. Robert Hill, the process has been proven to be more effective than the use of fluorides in conventional toothpastes or professional prophylaxis materials, which are washed away and lose their effect more quickly.

In addition, the fluorapatite formed from brushing with BioMinF toothpaste has shown to effectively reduce dentine hypersensitivity by sealing open dentinal tubules in in vitro studies at Queen Mary.

The team now intends to conduct long-term studies on the effects of the material over the course of the next two years.

IPS e.max Smile Award finalists

By DTI

SCHAAN, Liechtenstein: A panel of experts has chosen the nine finalists for Ivoclar Vivadent's IPS e.max Smile Award 2016. The winners will be announced at the award ceremony on 10 June in Madrid in Spain, on the eve of Ivoclar's third International Expert Symposium. Held for the first time this year, the competition recognises extraordinary aesthetic and dental restoration cases that use the company's all-ceramic system.

For the award, hundreds of teams, each consisting of a dentist and dental technician, submitted their case presentations, accompanied by written and photographic documentation, Ivoclar stated. "Choosing the winners was rather difficult, as all the cases showed beautiful parts and details," said Gonzalo Zubiri, a member of the international panel of experts who evaluated the submissions.

"It was fun and very interesting to see the different workflows and concepts behind the cases," fellow panel member Oliver Brix remarked.

As aesthetic perception varies between continents and regions, the experts chose nine finalists for the three competition areas:

Asia Pacific: Dr Jineel Ham and HaSeong Yoo (Korea), Dr Baijun Sun and Benhui Du (China), and Dr Tetsuya Uchiyama and Michiro Manaka (Japan).

Europe, the Middle East and Africa: Dr Anna Giorgadze and Ilias Psarris (Greece), Prof. Petra Gierthmühlen and Udo Plaster (Germany), and Dr Ferran Llansana and Juan Sampol Reus (Spain).

North America and Latin America: Dr Gabriela Pappaterra and Libardo García Tolosa (Colombia), Lucio Armando Quevado Hernández and Ramon Sanchez Hernández (Mexico), and Dr Luis Sanchez and Alic Alen (US).

The finalists' projects will be presented and the first, second and third place winners announced at the awards ceremony in Madrid on 10 June. In addition, the winning cases will be introduced to the broader public through social media, at trade shows and other events, and in professional journals, the company said.

More information can be found at *www.ipsemax.com*.

Career opportunities and work–life balance in dentistry

By Dr Christine Bellmann

Dentistry is among the most rewarding professions and has a much broader scope of practice than ever before. Young dental professionals who have finished their studies and received their diplomas will have to individually decide on their career pathways. This choice is both exciting and difficult, as there are numerous options and opportunities to consider.

The transition from dental student to young working dental professional requires extensive adjustment. At university, students are told how to work, what to learn and what goals they need to fulfil. During practical work on patients, they are supervised by experienced dentists.

As a working professional, it is now up to each individual to assess patients on his or her own and to judge their needs and treat them accordingly. It is not just dental skills that are put to the test, however, as there are also other important skills that a working professional will need to have. These may be skills that are not taught at dental school, such as communicating with the patient, co-workers and assistants, as well as financial aspects and legal issues in the dental clinic. Acting correctly and appropriately is a substantial challenge, and may be overwhelming for some individuals. Being aware of those requirements is the first step to a successful transition.

Every graduate dental student has to decide where and how to embark on their professional careers. The majority of young dental professionals lay the foundation of their careers in private or public dental clinics, but some also remain at university to engage in research or teaching careers. Whichever way is chosen at this stage, it does not need to be the final decision. Paths can be changed and new ones explored, but the decision should be thought through, as the initial years in any profession form and influence one's future career path.

Working in a dental office outside of university provides multiple options and opportunities. Dental practices come in every size and shape. There are small clinics and very large practices. Some have a specialisation or orientation; others are general dentistry practices. Each model has, for every individual, certain advantages and disadvantages, depending on one's expectations and goals. A larger clinic, with more dentists, usually gives everyone more flexibility in relation to working hours and vacation planning, as well as in case of illness. Smaller teams can have the advantage of being forced to take more responsibility, from which great knowledge can be gained in living the concept of "learning by doing".

Working in a clinic that has a certain specialisation will help a young graduate if he or she wishes to specialise in the same field, as knowledge can be gained during the daily workflow and, in combination with a postgraduate course, it can make the perfect choice. Choosing the right clinic can be challenging and sometimes the best choice is to go with one's intuition.

AD

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