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THE FLOSSING DEBATE

A review of recent reporting on the topic and reactions by the dental community around the globe.

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MANAGER VERSUS CLINICIAN

Practitioners' expectations of the kind of manager they want for their practice vary considerably in terms of experience and skills.

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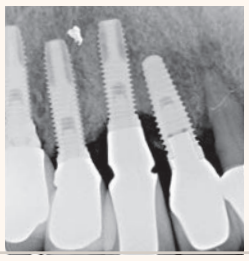

PERI-IMPLANTITIS TREATMENT

Why the diode laser is a good adjunct for improving the clinical results observed with conventional methods.

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AD

Children's oral health remains of concern

By DTI

HONG KONG: Over the past 50 years, dental public health measures and policies have been implemented by the government in Hong Kong to help improve the oral health of the population and children in particular. A historical analysis has now shown that these efforts have led to a general improvement in the oral health of schoolchildren. However, dental disease is still prevalent among children, especially preschoolers, in the country.

In order to provide a historical and epidemiological overview of the oral health of Hong Kong children, dental researchers at the University of Hong Kong reviewed all available oral health epidemiological data and information from published literature before 2014 through electronic database searches, supplemented with information obtained from government-archived oral health reports.

In 1961, water fluoridation was implemented in Hong Kong and remarkably reduced the prevalence of dental caries. The researchers found that caries experience and severity among schoolchildren and adolescents decreased significantly, from more than 90 per cent in the 1960s to approximately 50 per cent in the 1980s and 1990s and to less than 25 per cent currently. However, in the past two decades, no substantial changes in the caries status among preschool children have been observed. The caries incidence in preschool children remains similar, with a reported prevalence of 35 to 51 per cent, they stated.

In 1979, the School Dental Care Service was introduced to provide prevention and dental treatment and oral health education to primary schoolchildren in Hong Kong. The programme contributed to raising awareness of oral health among schoolchildren and overcoming many social barriers to dental care access. Education changed children's lifestyles and improved their self-care practices and use of fluoride oral health care products, which have become increasingly available in the country.

Despite these favourable results, the dental caries experience has remained unchanged for preschool children, the researchers highlighted. This might mainly be due to the fact that preschool children in Hong Kong are not routinely eligible for the school-based dental care programme.

Moreover, the researchers observed that the overall periodontal health of Hong Kong children remains unsatisfactory, although there is evidence of improvement. In addition, a decrease in the prevalence and severity of enamel defects among Hong Kong children was observed, but there has recently been a slight increase.

The researchers concluded that new policies have to be drafted on dental care protocols to ensure evidence-based standards of care and to promote regular access to dental care and preventative services, especially to improve the oral health of preschool children in HK.

The review article, titled "Oral health of Hong Kong children: A historical and epidemiological perspective", was published in the August issue of the *Hong Kong Medical Journal*.

AD

Asia Pacific region sees significant shift in attitudes towards braces

By DTI

HONG KONG/PHNOM PENH, Cambodia/SYDNEY, Australia: From the thriving fake braces business in South East Asian countries such as Thailand, Indonesia and Cambodia to Australian children being disappointed when being told they do not need braces—in the last decade, attitudes towards orthodontic treatment have seen an incredible shift in the Asia-Pacific region from being a hardship of adolescence to making a fashion statement.

Whether because of advances in technology that have made today's fixed orthodontic appliances smaller and more comfortable than ever or the vast array of colours orthodontic brackets and components are available in, dental braces are enjoying surprising popularity as a fashion craze in parts of Asia. The phenomenon of fashion braces that serve no medical purpose first appeared in Thailand in 2006. From there, the trend quickly spread to neighbouring countries Indonesia, Malaysia and, most recently, Cambodia. As reported by the Phnom Penh Post, fake braces are easily available online and through local suppliers in these countries, with material kits starting from as low as US$20 (€17,91).

After purchasing the necessary components, customers are referred to local dentists for impressions and attachment. However, even if the braces are fitted by a trained professional—which is not always the case, seeing as many dentists are simply refusing to do so, given the lack of medical purpose—the trend is a dangerous one to follow, experts caution. For example, the use of unsterilised equipment or substandard adhesives could cause infections and illness. Furthermore, fake braces expose their wearers to the same risks as that of actual fixed orthodontic appliances.

According to Dr Hok Sim Kor, Vice Dean of the Faculty of Dentistry at Phnom Penh International University, wearers with poor oral hygiene run the risk of demineralisation of the teeth, tooth decay or periodontal disease. Moreover, just like actual fixed orthodontic appliances, fashion braces may move well-aligned teeth into the wrong position without regular adjustment or check-ups.

Aussie kids excited about fixed orthodontic appliances

Further to the south, in Australia, braces may not be considered a fashion statement yet; however, attitudes towards orthodontic treatment have shifted similarly over the past several years. A recent study conducted by the Australian Society of Orthodontists has found that seven in ten children responded with happiness or excitement upon hearing that they needed treatment with fixed orthodontic appliances. Moreover, nine in ten of the specialist orthodontists surveyed said that they had witnessed a child become visibly upset when told he or she did not need such treatment.

According to society spokesperson and practising orthodontist Dr David Mastroianni, these findings reflect patients' shifting opinions in Australia. "The industry has observed a shift in attitudes towards braces and orthodontic treatment first hand. We now have children coming in for consultations, not because they've been referred by their dentist, but because the child wants braces," he remarked. "With advances in technology, braces today are not only small and comfortable, but offer coloured or glow-in-the-dark options. Teens across the country are embracing their orthodontic treatment to personalise their look."

> "...braces are enjoying surprising popularity as a fashion craze..."

However, regardless of how children feel about fixed orthodontic appliances, it is the role of the orthodontist to determine whether such treatment is the appropriate course of action for the individual, Mastroianni emphasised. "There's no denying that braces can be one of the best things you can do for your child and no one's questioning the benefits, but it's our responsibility, as specialist orthodontists, to distinguish the 'need' from the 'want' to determine the best course of action, if any, required."

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W&H introduces next Implantmed generation

By DTI

BUERMOOS, Austria: In addition to its tried-and-tested functions, the new generation of Implantmed offers its users a unique system for assessing the stability of an implant, customisable features that can be retrofitted if required, as well as a high-tech, intuitive user interface and an even more powerful motor.

Even difficult procedures can be performed with less effort, and great precision, thanks to a motor torque of 6.2 Ncm and a speed of 200 to 40,000 rpm. The new device also has the shortest surgical motor on the market. The ergonomically shaped and perfectly balanced combination of motor and W&H contra-angle handpiece allows the user to work for extended periods without fatigue affecting the hands. In addition, the five new straight and contra-angle surgical handpieces with LED+ now fully illuminate the surgical site regardless of the motor speed. The high-quality stainless steel with its scratch-resistant coating mean that the surgical straight and contra-angle handpieces have a particularly long service life and are very sturdy.

The optional W&H Osstell ISQ (Implant Stability Quotient) module for the new Implantmed makes assessing the success of the treatment safer and more reliable. The stability value measured by the device helps improve the success rate and is a form of quality assurance, according to W&H. The module is an optional extra and can also be easily retrofitted to the new Implantmed, the company also said.

When the documentation function is enabled, all implant insertion values, such as defined device parameters, the implant insertion curve, the Osstell ISQ measurement and basic data such as the documentation ID and tooth position, can be saved to a USB stick. Furthermore, the new Implantmed's user interface helps the dental practice team to streamline the treatment steps as they are simpler, take less time and are more efficient. Important information for a particular step of the procedure is clearly visible on a large touch screen.

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Shower of awards for AMD LASERS

Now in its eighth year, the Cellerant "Best of Class" Technology Award (formerly the Pride "Best of Class" Technology Award) continues to lead the profession's evolving conversation about dental technology through its recognition of and education around excellence in dental innovation. AMD LASERS, a global leader in dental lasers and the associated education, announced recent accolades again as the number one choice of dentists with its Picasso Plus, Picasso Lite Plus and LiteTouch dental lasers. The last has also received the internationally recognised Red Dot Award in Product Design.

This most recent award adds to a growing list of industry honours earned by AMD LASERS, including Dentaltown's Townie Choice, Orthotown's Townie Choice, *Dentistry Today*'s Top 100 Products and *Dental Products Report*'s Top 100. In addition, AMD LASERS and its Picasso and LiteTouch dental lasers have been recognised by non-dental associations for innovation, design, technology and company growth.

"To be honored as 'Best of Class' is a sign that a product has revolutionized, simplified or advanced its category in a distinctive way. Our foundation for success in bringing attention to these products remains simple: technology leadership in dentistry, as well as an unbiased, rigorous and transparent selection process which is not for profit," remarked "Best of Class" founder Dr Lou Shuman.

Dr Marty Jablow, another panellist, said: "One of the things I appreciate most about being part of the 'Best of Class' process is that it represents more than just a thought exercise on what technology should do or what seems cool. We are all dentists still active in clinical practice and when we decide that a product should be honoured, it is because we see the value it brings to dentists and patients in a real-world context, and that matters to the dental professionals who use lists such as this one in their research and purchasing decisions."

"We are truly honored to have our products recognized year after year as the best," remarked Alan Miller, Founder and CEO of AMD LASERS, expressing the company's appreciation of the awards. "I always have believed that people want products designed with passion that is beautiful both functionally and esthetically. Worldwide dentists and patients love Picasso and LiteTouch dental lasers. I am so proud of the entire AMD LASERS' team of professionals in giving our customers the client-oriented culture of kindness and respect they deserve."

"This recognition is very special as it solidifies Picasso dental lasers' leadership position. I am so proud of our products and the amazing people at AMD LASERS and grateful of the dentists who have supported us every step of the way. We take pride in providing great products, comprehensive education and world-class customer service that dentists can feel good endorsing to their peers," he added.

"As other dental laser companies come and go and others try to launch or re-launch their lasers, AMD LASERS' Picasso dental lasers continue to set the benchmark in quality, value, and reliability," Miller further said. "Picasso dental lasers are number one for a reason. We combine world-class dental lasers with our world-class service. The cool culture at AMD LASERS keeps dentists coming back year after year. They want the confidence in making the right dental laser purchase and this means AMD LASERS. We are thankful to the dental community for supporting us year after year. Picasso dental lasers may have won the award, but the true winners are the doctors and patients."

◂ Page 03 W&H

The Implantmed can be customised for up to six users, making it ideal for improved efficiency in group practices. The redesigned coolant pump also helps make the surgical device especially easy to operate and prep times are even faster. The irrigation tubing can be inserted very easily, quickly and above all safely even under sterile conditions with the new design.

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Amalgam phase-out discussed at London meeting

By DTI

LONDON, UK: Limiting the use of amalgam in dentistry is a task that needs a combined effort by various actors in and outside of the health care sector, the organisers of a meeting of 50 senior oral leaders in London have agreed. However, by phasing down the material, the profession will have a rare opportunity for more prevention-focused oral health care in the future, they said.

"I was very impressed by the commitment of the major dental community stakeholder to a measurable, equitable and sustainable phase-down of dental amalgam use, as well as the recognition that 'dentistry can't do this alone'. This will need the engagement of other actors such as other health professions, the industry and most importantly civil society," commented Julian Fisher, resource person for the United Nations Environment Programme Global Mercury Partnership Area on Waste Management.

At the meeting, senior oral health leaders from around the globe came together to discuss pathways for reducing the use of amalgam not only in the UK but also on an international level. The conference took place in mid-July at King's College London Dental Institute in cooperation with Newcastle University's School of Dental Sciences and the University of Leeds's School of Dentistry. In addition to presentations on phase-down case studies, such as the UNEP–WHO East Africa project, the multi-day event provided an overview of minimally invasive dentistry programmes. A particular focus was on improved and newly developed materials and the impact the transition to these materials could have on the dental profession in the long run.

"The complexity of something seemingly as simple as changing a material is remarkable," said the Dental Institute's Executive Dean, Prof. Dianne Rekow. "Indeed, this 'simple' change has ripple effects that change the philosophy and practice of dentistry, as well as the economies of health care."

"One of the most impressive features of the symposium was the willingness of the participants to explore the implications and interdependencies of the ripples and assertively work toward finding ways to improve both the environment and health," she stated further.

Various initiatives have been implemented worldwide since representatives of over 190 countries signed the Minamata Convention on Mercury in Japan three years ago, which agreed on a mercury ban in a variety of products, as well as a phase-out of amalgam. While its use in developing countries is declining, the mercury-containing restorative remains the material of choice in developing countries around the world.

Over 50 dental stakeholders attended the meeting in London.

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The flossing debate and what to make of it

By DTI

LONDON, UK/LEIPZIG, Germany: Last month, a story by the Associated Press (AP) claiming that the benefits of flossing have never been properly researched went viral. The resulting extensive media reports have taken one message from this: flossing is overrated. Is it really that simple though? This article attempts to summarise recent reporting on the topic and reactions by the dental community around the globe.

"There's no solid evidence that flossing actually works"—this statement by his son's orthodontist gave US reporter Jeff Donn the impetus that started the entire debate. Investigating this issue further, the AP national writer found out that since 1979 the US federal government has recommended flossing, first in a surgeon general's report and later in the *Dietary Guidelines for Americans* issued every five years. "A combined approach of reducing the amount of time sugars and starches are in the mouth, drinking fluoridated water, and brushing and flossing teeth, is the most effective way to reduce dental caries," the 2010 guidelines state.

Because these national recommendations must be based on scientific evidence under the law, Donn asked the US departments of Health and Human Services and Agriculture for their evidence under the Freedom of Information Act. In their response to the AP, the government acknowledged that the effectiveness of flossing had never been sufficiently researched. The flossing recommendations were consequently excluded from the 2015–2020 dietary guidelines. However, the same applies to the advice to drink fluoridated water and brush one's teeth, which were both removed from the latest guidelines—yet nobody has concluded from this that toothbrushing is a negligible part of oral hygiene.

To be objective, existing research about the effects of flossing is weak, of low quality or has a moderate to large potential for bias (having been conducted mainly on behalf of companies that manufacture floss), several review studies have found. As one of the many dental professionals commenting on this fact, Dr Wayne Aldredge, President of the American Academy of Periodontology, acknowledged the weak scientific evidence and the brief duration of many studies. However, he still urged his patients to continue to floss in order to help avoid periodontal disease. "It's like building a house and not painting two sides of it," he explained in an interview. "Ultimately those two sides are going to rot away quicker."

Just like Aldredge, dentists and dental associations around the globe have issued statements—for the most part vigorously defending flossing as an effective way to help remove plaque and food build-up between the teeth and thereby lower the risk of developing gingivitis, periodontitis and tooth decay. For example, the American Dental Association (ADA) stated that "a lack of strong evidence doesn't equate to a lack of effectiveness". Moreover, the ADA stressed that the Department of Health and Human Services reaffirmed the importance of flossing in a statement to the ADA on 4 August, stating that "professional cleaning, tooth brushing, and cleaning between teeth (flossing and the use of other tools such as interdental brushes) have been shown to disrupt and remove plaque".

The German Dental Association stated that flossing remains an important means of cleaning interdental spaces, especially the narrow spaces of the anterior teeth. According to the organisation, current studies have neither demonstrated nor disproved the effectiveness of flossing. Nevertheless, patients should not conclude that less thorough dental care is advised.

Dr Øyvind Asmyhr, head of the Norwegian Dental Association, acknowledged in his statement: "There is much we do in medicine and dentistry that is not evidence-based, but that does not mean it does not work. All sense and clinical experience suggests that daily brushing combined with flossing helps to reduce the amount of biofilm (bacteria coating) on all tooth surfaces, which prevents the development of caries, gum problems and bad breath." Moreover, Asmyhr remarked that until research conducted over longer periods proves the contrary, the dental association will continue to recommend flossing and sees no reason for people to change their oral health routine.

Commenting on the debate as well, the British Society of Periodontology emphasised that the evidence supports the use of small interdental brushes for cleaning between the teeth, where there is space to do so, in preference to flossing. In addition, the organisation referred to the official recommendation to patients agreed on during the 11th European Workshop in Periodontology on the prevention of periodontal disease in 2015: "Daily cleaning between your teeth using special interdental brushes is essential for treating and preventing gum disease. Floss is of little value unless the spaces between your teeth are too tight for the interdental brushes to fit without hurting or causing harm."

Taking all these opinions into account, what is it that patients and dentists can take away from the current discussion? Regardless of deficient study designs, inconclusive results or media sensationalism that picked up on only a tiny part of the underlying facts, there are at least two statements regarding flossing that can be acknowledged universally: First, flossing can cause harm if performed incorrectly. For example, careless flossing can damage the gingivae, teeth and dental work. Moreover, there is evidence that floss can dislodge bacteria that may invade the bloodstream and cause dangerous infections, which is especially of concern in people with a weak immune system. Second, common sense suggests that common oral problems such as caries and inflammation in the interdental spaces can be avoided solely by removing debris between the teeth, which makes flossing beneficial for one's oral health regardless.

Maybe the entire debate is best summarised with the words of Dr Tim Iafolla from the US National Institutes of Health, who said that, if the highest standards of science were applied in keeping with the flossing reviews of the past decade, then it would be appropriate to drop the flossing guidelines. However, he continued: "It's low risk, low cost. We know there's a possibility that it works, so we feel comfortable telling people to go ahead and do it."

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Manager versus clinician

How to manage expectations of the management role and turn it into success

By Lina Craven, UK

Practitioners' expectations of the kind of manager they want for their practice vary considerably in terms of experience and skills. How guilty are you of promoting a nurse or receptionist to a management role without determining the skills gap and providing the necessary training? It is a common scenario in our industry.

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Practitioners have a responsibility to their teams and to the financial success of their practices to appoint someone who either has the necessary skills or has the capacity to learn them in the appropriate time frame. How realistic are your expectations and how can you ensure your management role results in success?

Creating and managing realistic expectations

Expectations are difficult to control and impossible to turn off. According to Brazos Consulting, "Expectations are deeper and broader than 'requirements'. Expectation is your vision of a future state or action, usually unstated but which is critical to your success." By learning to identify and influence what you expect, and by ensuring it is clearly communicated, understood and agreed with your manager, you can dramatically improve the quality, impact and effectiveness of your business.

Expectations are created by many different circumstances. It may be something you said or the way that you said it, something you or someone else did, or an expectation of your prospective manager based on his or her previous experience. The vital point here is that expectations, whether right or wrong, rational or otherwise, are not developed in a vacuum. You should consider instances when you were let down by your manager and ask yourself how that expectation was derived. Was it based on an agreement with your manager after a discussion or was it based on something you said or thought in passing? In retrospect, you may wonder how realistic that expectation was and why you thought your manager was in the strongest possible position to fulfil it.

In my experience, the following scenarios are typical of how unrealistic expectations are created:

- The practitioner is busy and needs someone to take charge. He or she chooses the "best of the bunch", hoping he or she will learn on the job.
- The new manager has his or her expectations of the job and these are often unrealistic.
- No detailed job description or objectives are ever provided. No on-the-job or any other type of training is provided; the practitioner simply assumes the manager will learn as he or she goes along.

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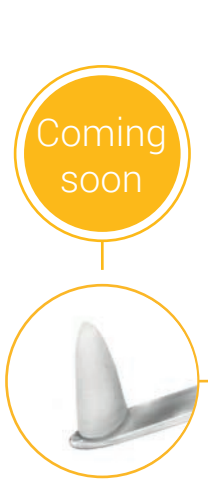

Putty-like consistency

Merely illustrative image.

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and take action. Knowing what action to take for the best is probably the most difficult thing to assess.

The following are tips on getting started: Vocalise your vision, agree that your vision is realistic and share it with your team. Create a job description with and a training plan for your manager, as well as identify skills gaps and create smart objectives with and for her or him. Also agree and schedule regular one-to-one meetings and plan to assess and review with your manager. Most importantly, however, keep communicating.

Drive your success

Expectations always exist, even if we do not know what they are and despite them often being unrealistic. Managers have expectations of their roles and their employers have expectations of the person given responsibility for managing the practice. The problem is that mismatched expectations can lead to misunderstanding, frayed nerves and ruffled feathers. More seriously, they often lead to flawed systems, failed projects and a drain on resources.

There is nothing wrong with having expectations; the trick is to communicate them and to agree how they might be satisfied over time and with the right support. Managed expectations drive your success.

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- The manager is excited about the new position. For some, the empowerment, the title and the kudos mean a great deal; for others, the challenge and the task at hand mean more. When reality hits, so does the realisation that the original motivating factors are no longer as important.
- Both practitioner and manager are reticent to discuss what is not working and often brush the issues under the carpet until it is too late.
- Resentment grows and what is at stake—the patients, the practice and the staff—outweighs the actual issue, which is poorly managed expectations.

Of course, there are many practices managed by very capable staff members. However, for all the well-functioning practitioner–manager relationships, there are more people in these roles who prefer not to talk about the problems inherent within and who are only too glad for someone else to address the issues.

One of my aims is to facilitate management teams to assess where they are at present, to plan for appropriate change and to implement that change. The outcome is that a weight is lifted from your shoulders and focus moves to a united partnership working towards the success of the practice. In order to move forward, however, you must recognise where you are now.

An alternative approach

The first step towards achieving a successful management partnership is to honestly appraise your current situation. If anything I have said so far has touched a nerve, if frustration exists between you and the manager, or if you simply think things could be better, then acknowledge the fact

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