

# DENTAL TRIBUNE

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## ALIGNERS

An interview with Canadian dentist Dr Sam Daher about how to turn treatment with the appliance into a business model.

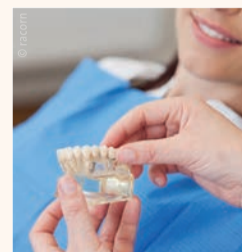
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## WALKING AMONG GIANTS

Business consultant Chris Barrow gives advice on how to market dentistry in the global connected economy.

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## IMPLANT TRIBUNE

Read the latest news and clinical developments from the field of implantology in our specialty section included in this issue.

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## New Aussie research confirms dental benefits of water fluoridation

By DTI

**SYDNEY, Australia:** Anti-fluoride groups in Australia have repeatedly asserted that water fluoridation poses potential health dangers. However, the findings of two new research reports reinforce the positive impact of fluoridated water supplies on people's dental health. In Western Australia, for example, children from non-fluoridated areas were found to be at 1.6 times the risk of having one or more decayed, missing or filled permanent teeth compared with children who drank fluoridated water.

young, with children from areas without water fluoridation having 1.5 times the risk of one or more decayed, missing or filled primary teeth.

"The bottom line is that water fluoridation works and remains our single most important public health measure to combat tooth decay," commented Western Australia Minister for Health Dr John Day on the findings.

The study, titled "Dental health outcomes of children residing in fluoridated and non-fluoridated areas of Western Australia", was conducted among 10,825 children aged 5 to 12 in 2011 and 2012. In the analysis, the researchers compared the dental health of children who presented at dental treatment centres in non-fluoridated areas of the south-west of Western Australia and in the Perth metropolitan area, where the drinking water has been fluoridated for over 40 years.

Council (NHMRC). The systematic review included three relevant reviews and 25 primary studies that reported on dental caries.

According to the researchers, the study's evidence corroborates the results of the previous NHMRC review (2007), which found that water fluoridation at levels comparable to those used in Australia reduced the incidence of caries in the primary and permanent teeth of children by approximately 35 per cent compared with non-fluoridated water. In addition, water fluoridation was found to increase the proportion of children with no dental caries by approximately 15 per cent, they wrote.

While there is evidence that community water fluoridation at appropriate levels is a safe and effective means of preventing dental caries, anti-fluoride groups have raised concerns about its efficacy and the potential health risks associated with the measure. In addition to health concerns, community water fluoridation is regarded as a violation of individual rights, as people dependent on public water supplies cannot decide either for or against it.

In Australia, the fluoride controversy is widespread and anti-fluoride initiatives have been successful in

having fluoridation of water supplies stopped in some areas of Queensland and are now targeting Western Australia. The country first introduced public water fluoridation at Beaconsfield in Tasmania

in 1953. The Australian Dental Association recommends water fluoridation across the nation without exception as a critically important step in protecting the oral health of all Australians.



Investigating the effect of water fluoridation on children's oral health, this study also found that fluoride reduced decay in the very

The findings were supported by an evidence evaluation review that was recently published by the National Health and Medical Research

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# PD forum discusses oral health benefits of sugar-free gum



By DTI

**TAIPEI, Taiwan:** Earlier this year, the results of a UK study suggested that the British health care system could save on substantial costs if chewing sugar-free gum were to be established as a regular oral health care intervention. Expanding the scope of the research to a global scale, the role of sugar-free gum in the prevention of dental caries has now been discussed at a meeting of the International Association of Paediatric Dentistry, which took place from 26 to 28 August in Taiwan.

In the past, various studies have shown that chewing gum without added sugar, particularly after consumption of food, can reduce the development of caries. For example, acids arising from plaque that cause tooth decay are

significantly removed from the mouth through the mechanism of increased salivary flow. Moreover, saliva helps to remove food debris from susceptible tooth surfaces, is effective for remineralising damaged enamel, and encourages the remineralisation of early cavities.

At the meeting, which was the organisation's first regional meeting to be held in the country, a forum of international experts again took up the discussion about the potential benefits of frequent chewing of sugar-free gum for one's oral health and the resulting economic gains for national health systems, the *China Post* has reported.

According to Dr Michael Dodds, lead oral health scientist at the Wrigley Company Foundation, which supported the UK research,

the study showed that, if all 12-year-olds in the country chewed sugar-free gum three times a day, it could save the health system as much as £8.2 million (€9.7 million) annually. In the study, potential savings on dental care expenditure were estimated by considering the costs of tooth restoration and tooth extraction caused by dental decay and performed in primary care settings and under general anaesthetic.

The findings of the study, titled "Oral health promotion: The economic benefits to the NHS of increased use of sugarfree gum in the UK", were published online on 12 February in the *British Dental Journal*.

Expanding the study's approach to a global scale, Dodds introduced new research that will be published within the next several months. The results suggest that Taiwan could save up to NT\$89 million annually if every citizen habitually chewed three pieces of sugar-free gum per day, Dodds said at the meeting.

Although Wrigley, a company known for its wide range of gum brands, supported the research, the new findings are backed by previous scientific results. For example, researchers from the University of Groningen found that chewing sugar-free gum removed up to 100 million bacteria in 10 minutes, making it a useful addition to oral hygiene measures such as daily toothbrushing and flossing.

## Osteology Symposium goes Down Under

By DTI

**MELBOURNE, Australia:** The Osteology Foundation has announced that it will be holding a national symposium in Melbourne themed "Strategies for predictable regeneration—Today and tomorrow" in June next year. This will be the first time an Osteology Foundation event will take place on the Australian continent.

The scientific programme of the first Osteology Australasia Symposium will address different strategies for predictable hard- and soft-tissue regeneration with the aim of giving practitioners the relevant knowledge for their daily practice and the confidence to provide their patients with the best possible treatment.

During the two-day event, a number of distinguished national and international speakers will provide insight into the latest research in oral tissue regeneration and discuss topics based on evidence from research, study data and master clinicians' experience. Besides the lectures, participants will have the opportunity to try out the latest techniques and materials in practical workshops.

The Osteology Foundation is a non-profit organisation. It was formed as an international, independent science-based forum to promote research in oral tissue regeneration and ensure that knowledge gained from research is translated into everyday clinical practice.

Today, the foundation promotes research, education and collaboration between universities and industry in the field of oral and maxillofacial tissue regeneration. In following its motto of "Linking science with practice in regeneration", it hosts various national educational events.

Over the next 12 months, several National Osteology Symposia will be staged worldwide in various countries, including Ukraine, Spain, Japan and Russia. Every three years, the organisation holds its famous international symposium in the Côte d'Azur in Monaco.

The Australasian symposium will be held on 2 and 3 June 2017 at the Arthur Streeton Auditorium in Melbourne. More information can be found at [www.osteology-australia-nz.org](http://www.osteology-australia-nz.org).

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# DTI publishers discuss future strategies

By DTI

**BERLIN, Germany:** The Dental Tribune International (DTI) publishing group, which consists of about 30 publishers around the world, customarily meets once a year to present its latest products and introduce new partners. This year, the 12<sup>th</sup> Annual Publishers' Meeting was held from 4 to 6 September at the picturesque Greater Wannsee lake in the German capital of Berlin. Over 50 people from about 20 countries, including partners from Asia, Australia, Europe, the Middle East and the US, attended.

Over the past 13 years, the DTI publishing network has grown significantly. Today, DTI reaches over 650,000 dental professionals in 25 different languages in about 90 countries around the globe. At the meeting in Berlin, the group welcomed two new partners, from Israel and Iran, who will be publishing their respective localised versions of the *Dental Tribune* newspaper and providing updates on their particular market on local websites on [www.dental-tribune.com](http://www.dental-tribune.com).

Furthermore, the publishers were introduced to one of DTI's newest publications, the *Journal of Oral Science and Rehabilitation*, which was launched in 2015. It originated from the efforts of a large group of researchers involved in the advancement of implant dentistry. The aim of the journal is to promote rapid communication of scientific information. Released quarterly in March, June, September and December each year, it publishes original and high-quality research and clinical papers in the fields of periodontology, implant dentistry, prosthodontics and maxillofacial surgery.

The publishers had the opportunity to learn more about the DTI Communication Services offering. As the importance of content marketing is growing rapidly in all industries, including dentistry, DTI established this new division last year. The department aims to assist smaller and mid-sized companies, in particular, in communicating more effectively with their audiences through tailor-made targeted editorial support, video production, event organisation and publishing.

A major topic covered at the meeting was the International Dental Show (IDS), the most important trade fair in the dental industry.

In collaboration with its German licensee OEMUS MEDIA, DTI will  
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More than 30 publishers from around the globe joined this year's Annual Publishers' Meeting in Berlin.

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# Restorative dentistry has become a two-class system

An interview with Prof. John Nicolson, UK

Materials scientist Prof. John Nicholson from London has conducted extensive research on glass ionomer cements and related materials over the last 30 years. In a presentation he recently gave at the FDI Annual World Dental Congress in Poznan in Poland he discussed whether modern dental materials can meet the world's oral health needs, among other things. *Dental Tribune* spoke with him about the shortcomings of modern dental materials, restorative dentistry becoming a two-class system, and atraumatic restorative treatment.



Prof. John Nicolson, UK

**Dental Tribune:** In your presentation, you argued that most modern dental materials are characterised by cosmetic rather than functional aspects. Where do they lack most in your opinion?

**Prof. John Nicholson:** They lack ease of use. This applies espe-

cially to composite resins. Being non-adhesive, composites have to be employed in association with bonding agents. The function of bonding agents is to alter the nature of the freshly cut tooth surface from hydrophilic to hydrophobic, and this requires careful deployment of sensitive materials in accordance with manufacturer's instructions. Having created a surface for bonding, the composite itself must be placed. This typically requires placement in increments, with sufficient application of the curing lamp to ensure depth of cure.

All of this manipulation is difficult and requires a high level of skill on the part of the dentist. Done correctly, it works well and the resulting repair is durable and aesthetic. However, it is too complicated to be the basis of tooth

repair in poorer countries, owing to the high numbers of patients, unreliable electricity supplies and fewer skilled dentists.

**Most technologies seem to become cheaper over time, except dental materials. What are the reasons for this reverse trend?**

In dentistry, we have emphasised appearance over performance, a feature that is not so much of a problem in countries with large numbers of dentists able to replace worn-out restorations, that is in richer communities in the developed world. The dental market therefore does not favour cheaper solutions, or simpler ones.

**With state-of-the-art dental materials only affordable in rich countries and a select few in poor countries, has modern restorative dentistry become a two-class system?**

It has indeed, and that two-class system applies in richer countries too, where poorer individuals are less likely to be able to afford the best-looking repair materials. Specifically, this means

amalgam repairs rather than composites.

**Atraumatic restorative treatment was originally developed to provide a cost-effective treatment for patients in the world's poorest countries. What have been the experiences with the technique so far, and can it offer an alternative for a population with no access to modern dental materials?**

Reports over the last few years have shown it to be very successful. A variety of patient groups, including children, young adults and even older patients, are benefiting from what is effectively minimal intervention, low-cost dental treatment. Furthermore, the performance of the glass ionomer repair materials in the atraumatic restorative treatment technique is proving to be better than what might be expected on the basis of *in vitro* studies of the materials' properties.

**Amalgam is still widely used, particularly in poorer countries. Are we prepared for amalgam-free dentistry, and what should be done to ensure there are proper alter-**

**natives after the phase-down has been completed?**

I think we need to maintain the use of glass ionomers and perhaps see how these materials can be improved for this large and important group of patients. We also need to recognise that acquiring a proper understanding of the clinical performance of any material is a time-consuming process and that it can take years to obtain a full picture of how materials really behave in patients.

**Should there be greater emphasis on the issue of dental materials in oral health campaigns and agendas around the world?**

Yes, there should. We know that caries is the most widespread disease in humans, so we can safely assume that damage to teeth is equally widespread. Consequently, in my opinion, we should emphasise the role of appropriate repair materials just as much as we currently emphasise preventative steps.

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

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be publishing a new issue of its well-established today newspaper on each of the six days, providing comprehensive coverage of the previous day's events. For the first time, the two publishers will be setting up a lecture forum at their

booth—known as the Media Lounge, a restaurant and meeting area at which leaders in dentistry conventionally gather during IDS. At the forum, which will seat up to 200 participants, DTI will be holding Dental Tribune Study Club lectures and press conferences through DTI Communication Services.

Moreover, the publishers were informed about DDS WORLD, a website that was recently launched by DTI and promises to become the most comprehensive resource in dentistry. It is a full-service digital marketplace for products, news, e-learning and practice management, and targeted at vendors,

dentists, dental technicians and patients alike.

Owing to its comprehensive approach, DDS WORLD has the potential to become the most important platform in dentistry and will thus help DTI secure its position in the market, as the importance of

online marketplaces is growing in all industries.

DTI further announced the relaunch of its website, [www.dental-tribune.com](http://www.dental-tribune.com), which is scheduled to go live with a completely new design and layout in spring next year.

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# I-Max 3D from Owandy helps clinician to take leap into 3-D imaging

By DTI

**CROISSY-BEAUBOURG, France:** Every dentist can now make the leap into the 3-D era with the I-MAX 3D from Owandy Radiology. A realistic diagnostic option for almost everyone, the new device is the result of unrivalled technological and manufacturing expertise, and like the I-Max before it remains the most comprehensive, compact and lightweight model on the market, according to the French manufacturer.

With a weight of just 66 kilograms and an exclusive "Easy to Install" system, this panoramic unit comes fully assembled, requiring just one technician to install it in situ. As with every intraoral gener-

ator, the I-Max 3D can be easily mounted to a wall. According to the company, the I-Max 3D offers outstanding performance and excellent image quality to lower purchase, delivery and installation costs. With its sleek, sophisticated and slender design, the I-Max proves to be an attractive and valuable asset for every clinic.

Equipped with a 3D Cone Beam sensor, the I-Max 3D enables clinicians to carry out high definition (87 µm) examinations, making the diagnostic process easier. Through its ALI-S (Automatic Layers Integration System), the unit directly and automatically selects the best sections in order to display a perfect, high definition image without any form of oper-

ator involvement. The multi-FoV system supports examinations in 9 x 9 cm (full mouth) and 9 x 5 cm (full arch) formats for implantology, with a 5 x 5 cm option for endodontic diagnostics. The I-Max 3D also offers a wide range of 3-D programmes for more in-depth examinations. The combination of an ultra-sensitive sensor with an extremely short exposure time helps to considerably reduce X-ray dose emissions.

Making the unit more than just another 3-D imaging device, the I-Max 3D also comes with a range of ingenious programmes to help clinicians to optimise their day to day practice needs as well as to scan models and impressions for implant surgery that's both safe



and convenient. The combination of the I-Max 3D and QuickVision 3D software allows to create surgical guides that are ready to print, without any assistance. QuickVision 3D further simulates implant positioning and let operators import STL files from their laboratory or dental impressions camera. The functionalities of the QuickVision 3D software (such as

oblique MPR mode), together with its compact 5 x 5 cm format, make it possible to view images in line with patients' teeth, particularly in endodontics.

For dentists who are not sure about taking the leap into 3-D imaging, Owandy Radiology offers a number of tutorial videos on its YouTube channel.

## A solution for polishing all-ceramics

By DTI

**SINGAPORE:** For clinicians frustrated with polishing zirconia restorations, Shofu offers a unique colour co-ordinated, three-step diamond impregnated polishing system. The ZilMaster is the solution to the smoothest surface finish and high gloss polish on all modern metal-free ceramics such as zirconia or lithium disilicate, the company said.

Designed with an excellent balance of diamond particle size, distribution and a resilient silicone binder, ZilMaster polishes eliminate even the finest scratches while smoothening hard Zirconia surfaces to obtain a lustrous polish that lasts.



According to SHOFU, ZilMaster is available in a variety of shapes and shanks for both extra (HP) and intra-oral (CA) application.

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# “In the not-so-distant-future, half of all treatments will be done with aligners”

An interview with Dr Sam Daher, Canada

Vancouver orthodontist Dr Sam Daher is one of the world's leading experts in clear aligner treatment. Having performed more than 4,000 treatments with Invisalign, he currently runs two practices entirely specialised in this treatment modality in addition to his other four clinics. At the recent British Orthodontic Conference (BOC) in Brighton in the UK, where he presented a paper on open-bite treatment with clear aligners, *Dental Tribune* had the opportunity to speak with him about the benefits of digital technology, the future of clear aligners in general and his business model.

**Dental Tribune:** Dr Daher, this is the first time you have spoken at the BOC. How was your presentation received?

**Dr Sam Daher:** I have never been to the BOC, but I have spoken in London many times before. I can recall my first talk to a UK audience a couple of years ago. Back then, the interest in Invisalign was not what it is today, perhaps owing to a lack of faith in the system. Today, far more experience has been gleaned and we have seen much better results with it, so there is generally more interest from specialists. The attendance of my lecture here in Brighton was amazing. There is clearly much interest and far greater acceptance than before. Also, the questions posed were far more genuine.

**Your presentation here in Brighton focused on open-bite treatment with clear aligners. Could you summarise some of your key points for our readers?**

One of the main advantages of clear aligners is that with them we can control the vertical dimension. One of the worst things we can do in open-bite treatment is to allow the posterior teeth to push through. With clear aligners, we do not only prevent the posterior teeth from extruding, but actually intrude them a little, when needed, allowing us to control the vertical dimension and close the anterior open bite at a much faster rate than with any other fixed appliance as a matter of fact. Thus, what I aim for is to intrude the posterior teeth when there is already an anterior open bite. With both an anterior and posterior open bite, we create a mandible that simply autorotates and that will help close the anterior open bite.

**ClinCheck and digital scanning have advanced clear aligner treatment. What impact have they had on digital technology in the field?**

I have been using scanners for six years and have not taken one conventional impression since

then. The first thing one notices when one starts using scanners is that aligners adapt so much better to the teeth because the scan is far more accurate. Second, it allows for an improved patient experience. Using polyvinyl siloxane material is always a hassle and a discomfort for the patient if the material gets into the mouth. Using scanners saves a great deal of time and is more comfortable for the patient.

Furthermore, with ClinCheck, which provides 3-D treatment planning, I am able to plan different approaches and then decide for myself. If I am still not certain, I can show the patient what each treatment outcome will look like and

then let him or her decide. This way, it becomes an educational tool that can enhance patient compliance.

**Aligner treatment is not without its critics. Is there any justification for this, in your opinion?**

The aligner market has actually advanced quite a bit and this development is based on science, technology and experience. Aligners are custom made and that alone should be enough to elicit a positive response to aligners. What

**What was obvious here in Brighton is that orthodontics is at a crossroads. What role will clear aligners play in the future, in your opinion?**

I believe—and I said that already five years ago—that in ten to 20 years, a much larger portion of

our patients will be treated with aligners as opposed to fixed braces. Braces have allowed us to understand the biomechanics very well and aligners just take that same knowledge and apply it to invisible aligners.

The future role of clear aligners is also determined by patients asking for this treatment. Dentists not yet using aligners have had to learn this treatment modality and quickly. Thus, its role is definitely

defined by a combination of technology improving quite nicely and patients requesting it as an aesthetic treatment modality, for example. I am sure that in the not-so-distant future half of all treatments will be done with aligners.

I personally like about this treatment modality is that the aligners do not apply a great deal of force, maybe 10, 20 or 30 grams. Research has shown that this is the optimal amount of force; strong forces are not actually needed. Also, the clinical achievement is really in the hands of the orthodontist. There is very little downside to this as far as I am concerned.

**Where would you personally like to see aligner treatment heading in the future?**

I think aligner suppliers need to provide auxiliaries as part of their systems too. At present, we

“The aligner market has actually advanced quite a bit and this development is based on science, technology and experience.”

There are certain shortfalls. For example, patient compliance and sometimes teeth do not move as one intended, but that happens with fixed braces too.

obtain aligners from one company, but have to go elsewhere to obtain the elastics and mini-screws etc. In a few years, companies will hopefully offer a comprehensive package to allow dentists to plan much ahead of time.

Another area where clinicians could benefit is being able to use different materials for the start and the end of treatment—just like in conventional orthodontic treatment where we use NiTi at the start of treatment and stainless steel at the end. However, there is a great deal of improvement in this regard already.

**You run two practices entirely focused on aligner treatment. What advice would you give a clinician who would like to switch to that business model?**

It is important to first acquire the necessary clinical skills and become really comfortable using aligners. Treatment with aligners is not necessarily difficult, but it is a bit different, so it is necessary to become acquainted with it. The way to attain confidence is to treat enough patients—my guess is 1,000 or so. Once the clinician has become comfortable working with aligners, he or she can start thinking about switching.

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



Dr Sam Daher



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