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ANTIBIOTICS

A short interview with Dr Paul Sambrook, Australia, about what dental professionals can do to combat the growing issue of resistance.

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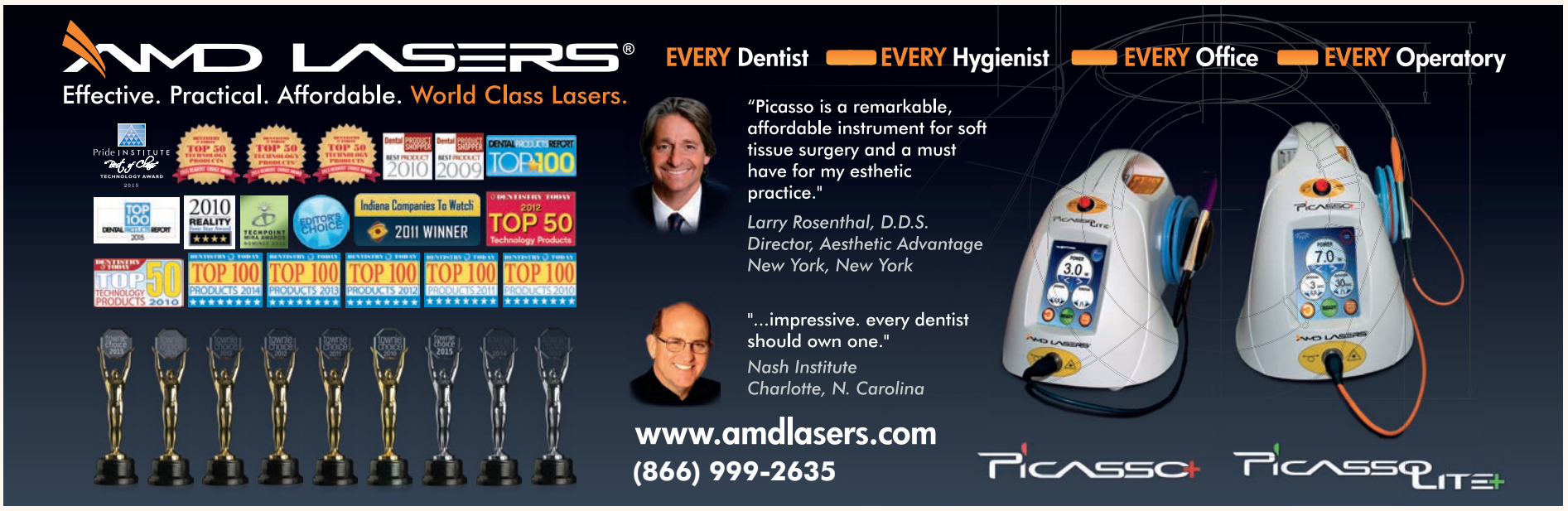
AD



First dental vaccine may help combating chronic periodontitis soon

By DTI

MELBOURNE, Australia: After researching the development of a vaccine for chronic periodontitis for the past 15 years, a team of scientists from the Oral Health CRC at the University of Melbourne has published their latest findings. trials could potentially begin on periodontitis patients in 2018.

"Periodontitis is widespread and destructive. We hold high hopes for this vaccine to improve the quality of life of millions of people," said Prof. Eric Reynolds, CEO of the Oral Health CRC.

Flow cytometry is used to measure changing levels of oral bacteria.

The results thus far show promising prospects that the vaccine may reduce the need for surgery and antibiotics for patients with severe periodontal disease. According to the researchers, clinical

Developed in collaboration with Australian biopharmaceutical company CSL Limited, the vaccine targets enzymes produced by the bacterium *Porphyromonas gingivalis*, one of the main periodontal pathogens, triggering an immune response. According to the researchers, this response produces antibodies that neutralise the pathogen's destructive toxins.

Currently, periodontitis is treated by manually removing toxic plaque that builds up between the tooth and the gingivae, which sometimes involves surgery and antibiotic regimes. Although these measures are helpful, in many cases the bacterium re-establishes itself in the dental plaque, which causes a microbiological imbalance, so the disease continues, Reynolds said.

Epidemiological surveys indicate that moderate to severe forms of periodontitis affect about one in three adults worldwide. Left untreated, the condition can result in the destruction of gingival tissue and ultimately in tooth loss.

Several studies have further linked the disease to an increased risk of various health conditions, including cardiovascular diseases, certain cancers, preterm birth and dementia. If implemented in clinical practise, an effective vaccine for chronic periodontitis could therefore help combat the global burden of these widespread diseases as well.

The results of the study were published in the *NPJ Vaccines* journal on 1 December in an article, titled "A therapeutic *Porphyromonas gingivalis* gingipain vaccine induces neutralising IgG1 antibodies that protect against experimental periodontitis".

AD

Barriers to cleft lip and palate surgery persist in Vietnam

By DTI

LOS ANGELES, USA: Charitable organisations perform more than 80 per cent of cleft lip and cleft palate surgeries in Vietnam, a new study by US researchers has found. According to the scientists, this reflects the complex and persistent barriers to surgical care in low- to middle-income countries (LMICs) and shows that charitable missions remain a critical source of access to surgical care for these states.

Cleft lip and palate are the most common craniofacial birth defects, occurring in between one in 500 to one in 2,500 infants worldwide. "The defect not only results in physical obstacles to feeding and language development, but patients are often subjected to significant social stigma," the researchers stated.

They surveyed approximately 450 Vietnamese families seeking cleft lip and/or palate repair surgery for their affected child. Some of the children had already undergone surgery for their condition previously (54 per cent) and 46 per cent of them were seeking surgical care for the first time. The families were seen at four medical missions sponsored by the international charity Operation Smile. Parents were asked in-depth questions about their perceptions of the barriers to surgical and medical care for their child's condition.

Facing structural, financial and cultural barriers to cleft lip and palate surgery, patients in LMICs rely on charitable care outside the centralised health care system, the study report pointed out. "As a result, surgical treatment of cleft lip and palate is delayed beyond the standard optimal window compared to more developed countries," the researchers wrote. At the time of initial cleft surgery, the children's average age was 3.25 years. By comparison, in developed countries, the recommended age for cleft lip and palate repair surgery is between 3 and 18 months of age.

For their child affected by cleft lip and/or palate, more than 80 per cent of Vietnamese families surveyed in a study sought surgical care in a charitable mission—although 73 per cent of them had health insurance.

Nearly three-quarters of the families had health insurance coverage. Nevertheless, 83 per cent had their surgery performed by a charitable organisation outside of the national health care system. While most parents had a local hospital that was more accessible than the charitable mission was, many said that they could not obtain cleft treatment there, mainly owing to cost. About 40 per cent stated that, without the charitable mission, they would not have had access to any surgical or medical treatment for their child's condition.

> "...patients are often subjected to significant social stigma..."

The survey found a wide range of structural, financial and cultural barriers to cleft care. Structural barriers included lack of trained medical staff, equipment and medicine. Financial barriers were identified as not only the cost of the surgery, but also the cost of travel to obtain care. Cultural barriers included family members' opinions and permission, as well as lack of trust in the medical system and staff.

According to the researchers, these barriers need to be better understood in order to design more effective programmes for both missions-based and locally sustainable surgical care in LMICs. On the basis of their findings, they proposed a new surgical LMIC model that accounts for the unique barriers and specific challenges to accessing surgery in resource-poor countries—especially for conditions that require multiple operations, such as cleft lip and palate.

Improving access to surgical care has become a major global health priority, the researchers said. However, the current knowledge gap on providing surgery in LMICs—including the need for specialised facilities, physicians and follow-up care—has only begun to be studied. Thus, even in countries with near-universal health insurance, charitable missions remain a critical source of access to surgical care, they concluded.

The study, titled "Barriers to reconstructive surgery in low- and middle-income countries: A cross-sectional study of 453 cleft lip and cleft palate patients in Vietnam", was conducted by scientists from the University of Southern California in Los Angeles. It was published in the November issue of *Plastic and Reconstructive Surgery*, the journal of the American Society of Plastic Surgeons.

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"Antibiotic resistance is a serious health issue"

By Brendan Day, DTI

The use of antibiotics is essential in modern medical treatments, yet frequent misuse has reduced their effectiveness. This year's World Antibiotic Awareness Week (WAAW), held from 14 to 20 November, sought to increase public understanding of the issue. *Dental Tribune* spoke with Dr Paul Sambrook, Chairman of the Dental Therapeutics Committee of the Australian Dental Association (ADA), about WAAW's purpose and what dental professionals can do to combat antimicrobial resistance.

***Dental Tribune:* What is the primary goal of WAAW?**

Dr Paul Sambrook: The aim of the WAAW is to increase awareness of global antibiotic resistance and to encourage best practices among the general public, prescribers and policymakers to avoid the further emergence and spread of antibiotic resistance.

How widespread of a problem is misuse or overuse of antibiotics in Australia?

Dentists prescribe less than 3 per cent of all antibiotics prescribed in Australia. However, information from NPS MedicineWise states that Australia has one of the highest prescription rates globally, with around 29 million prescriptions issued each year—more than one per person on average.

Antibiotic resistance is a serious health issue already present in our community. Without antibiotics, infections that were once easily treated may once again kill.

If we do not address antibiotic resistance, by 2050 up to ten million people may die every year from untreatable infections.

How did the ADA encourage involvement during WAAW?

The continuing theme of "Antibiotics: Handle with care" for this year's WAAW is highly relevant for dentistry. People with dental problems sometimes think that popping a painkiller or seeing their doctor for antibiotics is the best response rather than having a proper examination by their dentist.

The ADA has been doing its part to address the problem of antibiotic resistance by advising members through informational articles in its regular publications and website. ADA members have access to a highly experienced clinical pharmacist, Dr Geraldine Moses, from whom they can seek expert advice on prescribing. We also provide members with a copy of the dental and oral therapeutic guidelines, which provide reliable and independent therapeutic information to assist in making the best decisions for patients in a dental setting.

How can dental professionals help minimise the risk of increasing antimicrobial resistance?

The first response to dental problems must always be accurate assessment by a dentist who can deal with the cause, not just the symptoms. That is our message to patients.

We urge dental professionals to use the opportunity to educate their patients about how to address dental problems they have pre- and post-treatment and where antibiotics do or do not fit in their particular case.

To ensure that dental professionals are prescribing antibiotics in line with best practice, ADA members can use services such as PharmaAdvice and the afore-mentioned therapeutic guidelines.

Thank you very much for the interview.

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Foreign studies show e-cigarettes harmful to oral health

By DTI

ROCHESTER, USA/QUEBEC CITY, Canada: In the Western world, electronic cigarettes continue to grow in popularity among young adults and current and former smokers because they are often perceived as a healthier alternative to conventional cigarettes. However, two recent studies conducted by scientists in the US and Canada have found that regular exposure to e-cigarette vapours causes damage to the gingival tissue, which may lead to infection, inflammation and periodontal disease.

Both studies investigated the effect of e-cigarettes on oral health on cellular and molecular levels through *in vitro* experiments. The team of Prof. Mahmoud Rouabhia from the Faculty of Dentistry at Université Laval in Quebec City exposed gingival epithelial cells to e-cigarette vapour, finding that a large number of these cells died within a few days. "Mouth epithelium is the body's first line of defense against microbial infection," Rouabhia explained. "This epithelium protects us against several microorganisms living in our mouths."

To simulate what happens in a person's mouth while inhaling, the Canadian researchers placed human epithelial cells into a small chamber containing a saliva-like liquid. E-cigarette vapor was pumped into the chamber at a rate of two 5-second "inhalations" per minute for 15 minutes a day. Observations under the microscope showed that the percentage of dead or dying cells, which is about 2 per cent in unexposed cell cultures, rose to 18, 40 and 53 per cent after one, two and three days of exposure to e-cigarette vapour, respectively.

"Contrary to what one might think, e-cigarette vapour isn't just water," Rouabhia stated. "Although it doesn't contain tar compounds like regular cigarette smoke, it exposes mouth tissues and the respiratory tract to compounds produced by heating the vegetable glycerine, propylene glycol, and nicotine aromas in e-cigarette liquid."

The cumulative effects of this cell damage have not yet been documented, but they are worrying, according to Rouabhia. "Damage to the defensive barrier in the mouth can increase the risk of infection, inflammation, and gum disease. Over the longer term, it may also increase the risk of cancer. This is what we will be investigating in the future," he concluded.

Researchers at the University of Rochester Medical Center in the US came to similar conclusions. Dr Irfan Rahman, Professor of Environmental Medicine at the university's School of Medicine and Dentistry, and his colleagues exposed cell cultures of human gingival epithelial cells and periodontal ligament fibroblasts to e-cigarette vapours. "We showed that when the vapours from an e-cigarette are burned, it causes cells to release inflammatory proteins, which in turn aggravate stress within cells, resulting in damage that could lead to various oral diseases," he explained.

Most e-cigarettes feature a battery, a heating device and a cartridge to hold liquid, which typically contains nicotine, flavourings and other chemicals. The US researchers found that the flavouring chemicals negatively affect gingival cells too. "We learned that the flavourings—some more than others—made the damage to the cells even worse," said study author Fawad Javed, a postdoctoral resident at Eastman Institute for Oral Health, part of the university's medical centre.

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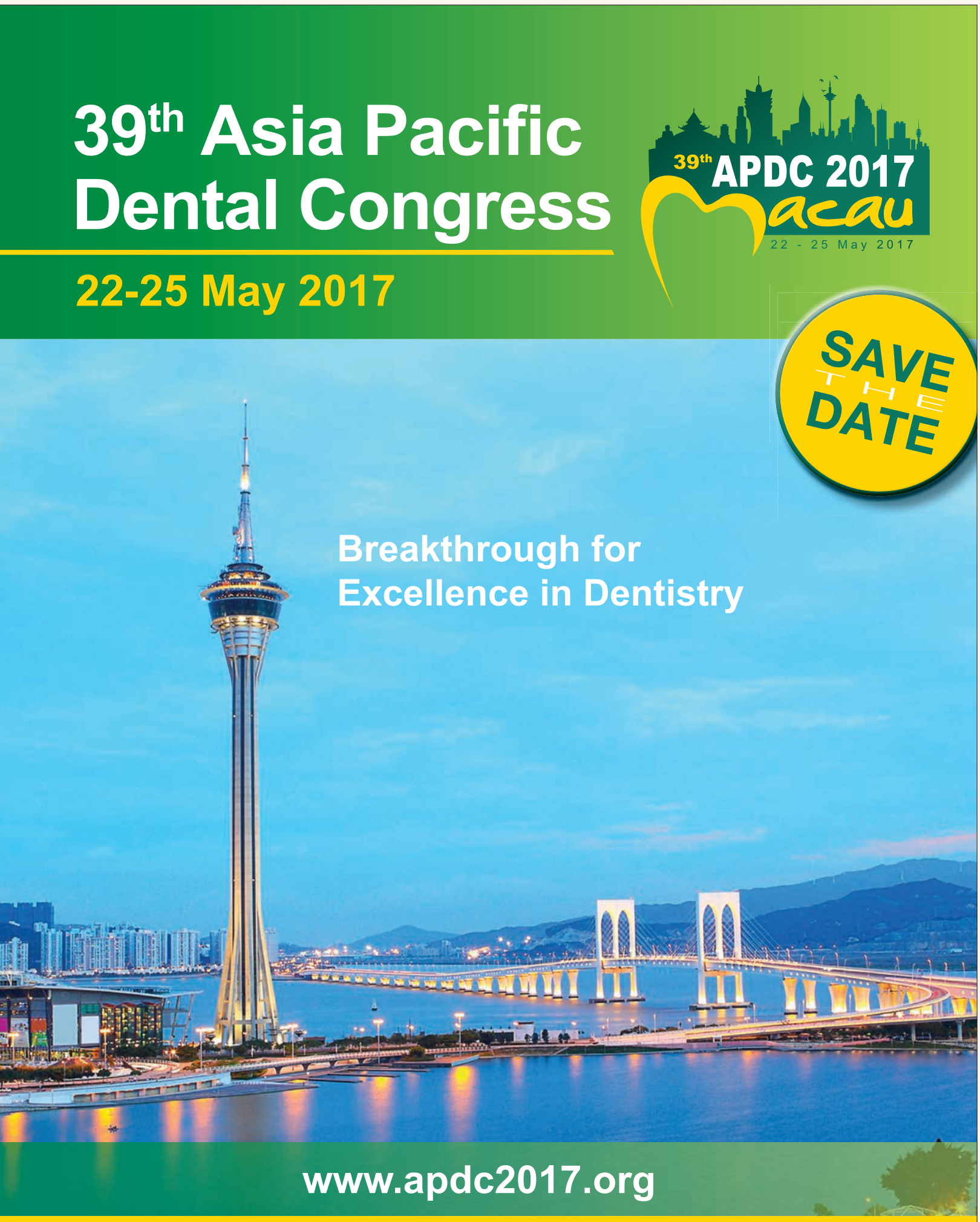

W&H and Planmeca approach the Indian market together

By DTI

BANGALORE, India: European dental manufacturers W&H Dentalwerk and Planmeca have joined forces on the dental market in India. Comprising a shared office centre in Bangalore and a specialised customer service network, the collaboration between the two companies is aimed at exploiting synergies in offering a comprehensive and unique product portfolio to dental professionals in the country.

According to the companies, Bangalore was chosen in order to create a strong base for sustainable growth in the high-potential Indian market. Equipped with a state-of-the-art showroom and facilities for local customer support and service, the office centre, which began operating in November, will be an important contact point for Indian customers.

"With the local presence of our sales and service team we can establish a direct link to the Indian customers. This is an important basis to build up a good reputation and create confidence of our Indian users with the W&H and Planmeca products we sell," said Raghavan Radhakrishnan, General Manager of W&H India and Planmeca India.

In addition to the institutional sector, particular focus will be directed towards the private sector, as the demand for innovative, high-tech solutions for efficient patient care is currently growing in India. "This is a terrific new dawn for Planmeca in India," commented Planmeca Vice President of Sales Jouko Nykänen. "We are extremely excited about the country's growing dental market and will utilise this new kind of grassroots partnership and partner support model to provide increasingly better customer experiences in India," he added.

Commenting on the cooperation, W&H Managing Director Peter Malata remarked: "The collaboration with Planmeca, also a family-run enterprise with advanced technology, allows for synergies of two strong brands. The purpose of establishing a subsidiary in India is to be able to learn first-hand the needs of dentistry in India. The sharing of office space and infrastructure by Planmeca and W&H will allow us to offer perfect solutions for dental clinics in India. This is what we strive for."

Raghavan Radhakrishnan, General Manager of the office centre in Bangalore, (left) and W&H Managing Director Peter Malata.

GC celebrates 95th anniversary at fourth International Dental Symposium

By DTI

TOKYO, Japan: On 12 and 13 November, Japanese dental manufacturer GC Corporation hosted the fourth International Dental Symposium in Tokyo to commemorate the 95th anniversary of the company's establishment and the 60th anniversary of the GC Membership Society. The two-day event, which included scientific sessions for dentists, dental technicians and dental hygienists, as well as hands-on courses, was attended by 6,951 participants.

Held under the theme "Advanced technology and knowledge will change the dental practice—Dentistry that supports and improves people's lives", the symposium comprised 23 sessions, which were presented by 85 prominent researchers and clinicians from various fields of dentistry. The scientific programme was complemented by four international sessions with lectures by 14 distinguished speakers, including Dr Javier Tapia Guadix (Spain), Dr Gianfranco Politano (Italy), Dr David Garcia Baeza (Spain), Dr Sreenivas Koka (US), Prof. Bart Van Meerbeek (Belgium) and Prof. Mark A. Latta (US).

At the opening ceremony, FDI World Dental Federation President Dr Patrick Hescot, Prof. Jukka H. Meurman, President of the International Association for Dental Research (IADR), and immediate past President of the IADR Prof. Marc Heft delivered congratulatory speeches.

In conjunction with the scientific programme, a dental show was held on an underground level of the Tokyo International Forum. Featuring product experience booths and various seminars, the show was crowded with visitors throughout the weekend.

At the event, the company presented the GC Membership Society's fourth International Dental Symposium Lab Work Award, a contest for dental technicians.

Next year, GC will once again celebrate both anniversaries with the MI World Symposium, which is to be held in Tokyo at the JP Tower Hall and Conference centre on 5 February 2017. The focus of the event will be future applications of MI Paste Plus, the company's water-based, sugar-free dental topical crème containing RECALDENT and fluoride, in clinical dentistry.

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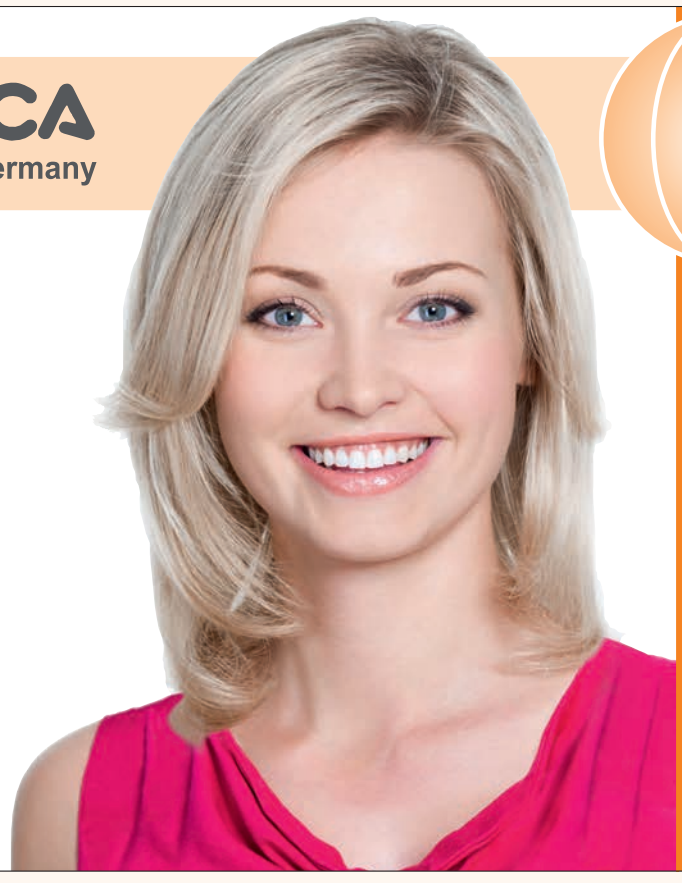

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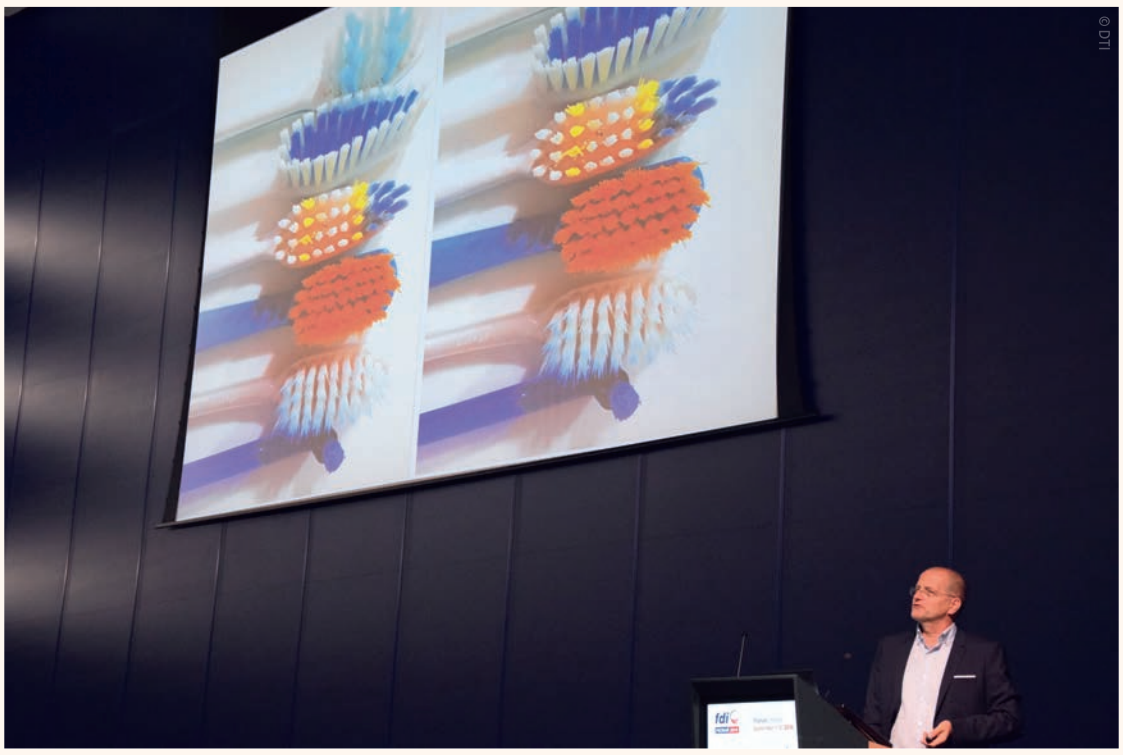
Proving effective oral instructions in a clinical setting

Despite advances in good oral health care, many patients and dental professionals remain uncertain about oral physiopathology and the concept of disruption of interdental biofilm. Although patients may have bought more oral care products and become more interested in their dental hygiene, many still do not know how to use them correctly. A previous article published in *Dental Tribune Asia-Pacific 11/2016* introduced to the outstanding research done by Prof. Denis Bourgeois, Dean of the University of Lyon's dental faculty in France. In his presentation at the FDI Annual World Dental Congress in Poznań in Poland, he presented scientific evidence that interdental brushes, in particular CURAPROX CPS interdental brushes, are efficient tools to interrupt the interdental biofilm. However, questions remain about the level of individual training that the dental staff should provide for their patients.

Naturally, dental professionals agree that, despite clinical evidence that supports the importance of interdental biofilm management, effective daily cleaning of interdental spaces remains a challenge among their patients. Removal of interproximal plaque is considered important for the maintenance of gingival health, prevention of periodontal diseases and the reduction of caries, as well as the prevention of systemic diseases. However, dentistry still argues whether today's interdental cleaning tools are sufficient to interrupt biofilm development. Professionals debate on which tools to use and how to use them correctly, as uncertainty has remained about how to maintain clean interdental spaces.

As Bourgeois concluded in his presentation, the majority of studies have reported a positive significant difference in the plaque index when using an interdental brush compared with floss. In general, interdental brushes were found to be more effective in removing plaque compared with brushing alone or the combined use of toothbrushing and dental floss.



According to Prof. Denis Bourgeois, toothbrushing alone is not enough to prevent interdental plaque. Individually trained oral prophylaxis is key to success.

Establishing the accessibility and widths of the interdental spaces should therefore be part of the routine examination of all patients. Its goal is to identify the distribution of interdental brush accessibility site by site and to choose the largest diameter that can pass between the teeth without causing discomfort or trauma. An interdental brush that is sized correctly for each interdental space is easy to handle and atraumatic, yet effective.

Prof. Denis Bourgeois spoke about the role of interdental biofilm management in his presentation in Poland.

Individual instruction important for good interdental health

One major problem with interdental cleaning has always been patient ability and motivation. "Interdental cleaning does not readily become an established part of daily oral hygiene," said Bourgeois throughout his presentation. Damage to the interdental papilla and abrasive trauma to the dental surface result from a lack of motivation and training. Furthermore, bleeding may stop patients from using interdental brushes even though bleeding will stop after several uses if an interdental brush of the correct diameter is used. Oral and periodontal diseases are not only due to sugar consumption or heredity, but result from a lack of proper dental hygiene.

"The reason for oral and periodontal diseases is not a lack of antiseptics, a lack of fluoride or a lack of massage of the gingivae. Antiseptics continue to be used, but mouthwash does not stop bleeding. Only the right technique of cleaning interdentally, repetition of this technique and regular training can reduce the risk of bleeding and oral bacteria," said Bourgeois. "From a clinical point of view, the oral prophylactic goal of achieving thorough cleaning with minimal damage, due to the misuse of interdental brushes, is important. It is necessary to emphasise individual instruction and selection of oral hygiene means with a view to attaining a high level of cleanliness with little or no harm to either soft or hard tissue."

Oral prophylaxis should therefore be taught individually and not in lectures. By correcting and repeating the right cleaning technique, prevention of oral and systemic disease can be achieved. Currently, Bourgeois offers prophylaxis training courses for dental students. In these, they are taught the correct use of oral hygiene tools such as interdental brushes, cleaning techniques, and the importance of motivation and repetition. As observed by the course presenter, 95 per cent of the dental students continue to use interdental brushes after two years of completing the training. "Interdental cleaning needs to become an established part of daily oral hygiene for the reduction of interproximal plaque, the control of gingivitis and improvement of patient motivation. If you use a toothbrush twice a day, you have to use interdental brushes once a day. If not, you will risk your health," Bourgeois said.

A probe as key to successful interdental cleaning

As an effective and predictable tool to objectively measure the size of the interdental spaces, interdental probes are now increasingly used by some dental hygienists to help choose the right access diameter defined by the thickness of the wire core. A study by Bourgeois et al., titled "A colorimetric interdental probe as a standard method to evaluate interdental efficiency of interdental brush," emphasised the need for choosing the right diameter so that the interdental brush can easily fit the interdental space. Apart from the individual anatomy, interproximal spaces can change with age, periodontal health or dental treatment. While under-sizing of the interdental brush will affect its efficiency, oversizing might influence acceptability, comfort and could cause gingival trauma.

Essentially, Bourgeois and his colleagues suggested that the use of a colorimetric probe and interdental brushes is more beneficial to both the patient and the practitioner than merely choosing interdental brushes based on the reference technique of trial and error alone. By using the IAP CURAPROX calibrating colorimetric probe, a conical professional instrument with a rounded tip, dental professionals were able to measure the interdental space and choose the most suitable interdental brush for their patients. The study found that the brushes chosen had a diameter larger than that indicated by the probe in 23.54 per cent of cases and a diameter smaller than the probe value in 33.41 per cent of cases. According to the study, the colorimetric interdental probe can be considered as a newly developed in-clinic professional procedure that will make interdental cleaning easier and more predictable and help improve patient motivation.

By measuring the interproximal space correctly, Bourgeois and his team concluded that the latest generation of interdental brushes was able to access 94 per cent of interdental spaces. Over 80 per cent of the sites required a small-diameter interdental brush (0.6 to 0.7 mm) of the Curaprox CPS Prime Series, and differences occurred between anterior and posterior sites. Participants were able to use the interdental brush easily following instructions. As a result, most interdental sites can be cleaned using interdental brushes, but accessibility of interdental spaces would need to be established in the dental practice with the use of the CURAPROX IAP Probe. More information can be found at *www.curaprox.com*.

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Nothing compares to ROOTS

By DTI

ROOTS SUMMITs have been held since the late 1990s. Over the past two decades, Stephen Jones, Drs. David E. Jaramillo and Freddy Belliard have been part of the meeting that regularly attracts endodontists from all over the world. At the 2016 event, which was organized in close collaboration with Dental Tribune International, the publisher sat down with the three endodontic experts to learn more about the mission of the ROOTS community.

From left: Scientific chairman Dr. David E. Jaramillo, co-chairman Dr. Freddy Belliard and co-chairman Stephen Jones at the 2016 ROOTS SUMMIT in Dubai.

Dental Tribune International: How did each of you become involved in the ROOTS SUMMIT?

Stephen Jones: Late in 1999, I received a promotion in endodontic product management as a sales representative at SybronEndo. However, I had no knowledge of rotary instruments. When I was researching for information on the Internet, I came across the ROOTS group. I became a fan right away, because it brought my knowledge of the procedures up to speed very quickly. I soon noticed that there is nothing comparable to the ROOTS community, especially with regards to an open discussion among specialists from many different areas.

Almost 20 international companies exhibited their latest endodontic products.

Dr. Freddy Belliard: In 1999, I had just graduated from my endodontic Masters' program in Mexico City and I was looking for an endodontic forum on the Internet. Although it was only a small group at the time, this unique forum, to which a couple of friends from the Dominican Republic drew my attention, convinced me right away.

Dr. David E. Jaramillo: It started several years ago when Freddy invited me to participate in this community. I have been a very active member ever since.

What has changed since then?

Belliard: In the early phases of ROOTS, not many people had full-time Internet access. After we decided to take the community to Facebook in 2012—a move that some people resisted at first—the group became much bigger, however, it became easier to communicate thanks to the high quantity of visual information.

Jones: In addition to an exponential increase in memberships from about 1,000 to 23,000 as of today, the move to Facebook improved the tone of the discussions, because people had the opportunity to see each other's faces and literally communicate at eye level.

Jaramillo: The technology that is available to endodontist has developed rapidly from the time of the first meetings to today. Over the whole period, participants have always been eager to learn more about the latest developments and the ROOTS SUMMIT has always recognized new treatment options and techniques in its program, which has always combined scientific evidence with clinical tips for dental practices.

What are the main characteristics of the group?

Jones: The ROOTS community is a group of individuals who have a sincere and passionate interest in the profession of endodontics and are constantly searching for knowledge and the improvement of the practice for better outcomes. Moreover, the ROOTS SUMMIT is completely independent. Although a number of companies have supported our meetings, there is no commercial or political influence from any manufacturer or society whatsoever. ROOTS is purely about learning endodontics—a practitioners' forum for practitioners. The content we provide is only shaped by members of the group itself and is not guided from any external party.

Belliard: Even though it might sound a little bit like a cliché, for me, ROOTS is a family. The over 23,000 members engage at different levels, with some who are very active in sharing their cases while others are just observing. However, it is a unique platform for education among specialists.

Jaramillo: ROOTS people are very enthusiastic and aim to improve their own, and the skills of others, in endodontics for the benefit of the patient. One of its unique features is its international diversity. Despite this, almost everybody knows each other. That distinguishes it from other endodontic meetings.

Has the 2016 ROOTS SUMMIT met your expectations?

Jones: We chose Dubai specifically for the fact that daily, there are more than 200 direct flights from various cities around the globe to this location. The number of countries that we achieved to draw this year is overwhelming. Hundreds of participants, including some of the key opinion leaders of the endodontic profession, from over 45 countries registered for the event. Thus, this year's meeting has completely met our expectations.

Belliard: It met our expectations not only in the quantity and quality of people who came, but also from the organizational point of view. Dental Tribune International was a massive help in managing the logistics and promotions related to the meeting. Without its organizational team we would not have drawn such a variety of people.

Jaramillo: With regards to the scientific program of this year's program, we received very positive feedback from the participants, which shows that we picked the right speakers to take the audience through the different topics, step-by-step.

When will the next ROOTS SUMMIT take place?

Jones: Although we haven't agreed on a definite date yet, the next meeting will be held in 2018 in Germany's capital, Berlin.

Thank you very much for the interview.

From left: Carlos Aznar Portoles, Roberto Cristescu, Nicola Grande, Ana Arias, David E. Jaramillo, Freddy Belliard, Ahmed Abdel Rahman Hashem, Stephen Jones, Gary Glassman, Sergio Rosler, Gianluca Plotino, Piotr Wujec, Walter Vargas Obando, Imran Cassim and Bojidar Kafelov.

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