

DENTAL TRIBUNE

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News in Brief

Help for migraine sufferers

According to a recent report, the National Headache Foundation in the US has designated June as National Migraine Awareness Month. According to experts, dental problems can cause 95 per cent of migraines, but fortunately due to advances in dentistry, the trouble behind migraines could be revealed by looking to the mouth for answers. "We can tell how your teeth meet within a hundredth of a second, which teeth meet first, which teeth meet hardest, whether your balance is left or right, so it's very important because all that information goes into the brain headache centre and helps produce the headache," explained Dr Gary Andreoletti, a migraine therapy practitioner, in a recent report. The Migraine Research Foundation says in the US, employees lose more than \$15 billion each year as the result of those who miss work due to headaches.

Free nursery milk

Plans to secure the future of a fair and cost effective way to offer free milk to all nursery children was set out today by Public Health Minister Anne Milton as she launched a consultation on how the scheme operates. Figures show that the Government is spending up to 92p for a pint of milk through the scheme while most consumers can pick up one up for 45p – almost half the price. The current nursery milk scheme has been running since the 1940s and the Government is committed to continuing to provide free milk for all nursery children. But analysis shows modernising the operation of the scheme could save up to £20 million each year. In its current form, the legislation covering the scheme provides for full reimbursement of the cost of the milk. While childcare providers are encouraged to seek value for money, there are cases where this is not happening. Around 1.5 million UK children under-five in 55,000 childcare settings receive free milk. The consultation will seek views on the price, access, voucher schemes, supply and claims procedures. Public Health Minister Anne Milton said: "Milk has many benefits to children's health and is important for their development – we are committed to continuing to provide free milk for all under-fives."

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News



The 'perfect' smile
Primary school children take part in NSM

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Social Media



Search yourself
Rita Zamora discusses how Facebook can represent you

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It's a small world
Mhari Coxon examines the evidence

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Feature



Giving a helping hand
The Dental Wellness Trust visits Croatia

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All smiles for Birthday Honours

BDHF Chief Executive receives award; BDA librarian also honoured

The Queen's Birthday Honours List for 2012 has been published, recognising outstanding service and achievement across the UK and once again the dental world has gained some well-deserved recognition.

Dr Nigel Carter, Chief Executive of the British Dental Health Foundation has been awarded an OBE in Queen's Birthday Honours. The award recognises Dr Carter's services to dental and oral health.

Dr Carter has been Chief Executive of the British Dental Health Foundation since 1997, and was previously Chairman and trustee. He has an association of over 35 years with the Foundation. Nigel trained as a dentist at Birmingham University, and as well as having his own practice in Birmingham. He also ran a company training dental nurses and dental technicians.

Overseeing the Foundation's work including National Smile Month and Mouth Cancer Action Month, Nigel works with health departments, representatives of major health, cancer, dental and medical organisations. Nigel is also Trustee and treasurer of the Royal Society for Public Health and takes a strong interest in Public Health, the current NHS reorganisation and the social determinants of health.

Dr Carter said: "It is a tremendous honour to have been nominated for this OBE. This award recognises not only me but also the work of British Dental Health Foundation and I am very proud of what we have achieved over the last 40 years.

"Dentistry has made great strides over the years and patients have benefitted greatly from the innovations and improvements in treatments. There is still however an important role to be done through education. Not only to improve oral health but also to help people gain a better understanding of associated diseases including mouth cancer. Our aim is to spread the word on the benefits of good oral hygiene as far as we can. We are currently planning to roll out the concept of National Smile Month to as many countries as we can."

John Siebert, President of the British Dental Health Foundation said: "We would like to congratulate Nigel on his OBE. It is very well deserved and is a testament to the hard work, time and passion that he has dedicated to the British Dental Health Foundation.


"Nigel is a great advocate for the dental health profession, and he has helped to shape and challenge the way we think about oral health in this country. Thanks to his work with the Foundation, many more people have benefitted from having better oral health and therefore less treatment."

The services of Roger Farbey, the British Dental Association's (BDA) Head of Library and Knowledge, have also been noticed, and he has been awarded with an MBE. The award was made in recognition of Roger's services to dentistry and dental information. He is expected to be presented with his award later this year.

Peter Ward, the Chief Executive of the BDA, said: "Everyone associated with the BDA is thrilled that Roger's services to dentistry have been recognised

in this way. The BDA is justifiably proud of its library and the contribution it makes to the advancement of the profession. Roger's years of dedicated service have played a major part in its successes and he can be justifiably proud of his contribution to dentistry."

Roger commented: "I am naturally delighted with this honour but also regard it as recognition of the excellent staff that help run the BDA's Library, which is undoubtedly the best dental library in Europe."

A CBE was also awarded to Professor Irene May Leigh, OBE Lately Vice Principal for Research and Head of College of Medicine, Dentistry and Nursing, University of Dundee. For services to Medicine. 



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NHS 111 delayed

According to a recent report, the government has announced a delay in the rollout of the NHS 111 number in England. The free one-stop number for patients with urgent, but not life-threatening symptoms was planned for April 2013; however, the Department of Health has said that areas can now have more time to introduce the service.


The delay has been welcomed by doctors' leaders, who had reportedly expressed "serious concerns" about the introduction of the service. Nursing leaders and the union Unison had also expressed reservations about plans for the service, and there were concerns that NHS services could be placed

under further strain if more time had not been given to introduce the service.

The delay will mean areas will have up to six extra months in which to introduce NHS 111 - taking the deadline to October 2013. Those areas which already have the service will continue to run it.

Commenting on the decision by the Department of Health to extend the NHS 111 rollout - Nick Chapman, NHS Direct Chief Executive, said: "NHS Direct believes that the Department of Health's decision to allow further time to plan and implement these national changes to the urgent and emergency care service is the right one. It will allow

for greater clinical engagement and ensure that the service is the best it can be for patients. The decision to allow an extension means that the period of transition from the 0845 46 47 service to the new NHS 111 service is likely to be spread over the next 15 months, rather than over the next 9 months.

"As we understand it, the next step is for local commissioners who want an extension to make an application to the Department of Health. We won't know until these applications have been made how many areas will request an extension, and what implications that may have for the 0845 service and NHS Direct staff." 

GP patient survey: dental statistics revealed

The GP Patient Survey is a quarterly survey of GP adult patients, which is managed by Ipsos MORI on behalf of the Department of Health. The main results of the latest Survey for 2009/10 Q4 were published on 17th June.

For the first time, for 2009/10 Quarter 4 (January to March), dental questions were included in the survey. About 400,000 adults were asked to complete questions about access to NHS dentistry in the previous two years. Participants in the survey were asked if they had tried to obtain an appointment with an NHS dentist and if so what was the type of appointment and had they been successful. Patients who hadn't tried to obtain an NHS dentist in the previous 2 years were asked to select one reason why they hadn't tried.

The results from the survey responses are presented here at national (England), Strategic Health Authority (SHA) and Primary Care Trust (PCT) level.

Main results:

- 147,600 completed dental question forms were received, of 400,000 that were distributed (response rate of 37 per cent). Results are available at National (England), Strategic Health Authority (SHA) and Primary Care Trust (PCT) level
- 59 per cent of adults in the survey tried to obtain an appointment with an NHS dentist in the two year period before March 2010
- 92 per cent of respondents who tried to obtain an appointment within the past two years were successful. Eight per cent were unsuccessful. These percent-

ages exclude those who didn't remember the outcome

- Respondents who have tried more recently are more successful. 95 per cent of respondents trying within the past three or six months were successful
- For 78 per cent of adults the last appointment sought was for routine dentistry; 18 per cent were seeking an urgent appointment and two per cent didn't remember the type of appointment
- 81 per cent of the most recent appointments sought were with the dental practice previously attended. In these cases the successful percentage was 95 per cent
- North East SHA had the largest percentage of the adult population seeking an NHS dental appointment in the last two years,

Dentist gets 'locked-in syndrome'

A recent report in a national newspaper has covered the story of a dentist who suffered a near fatal stroke after performing a particularly grueling tooth extraction.

According to the report, 35-year-old Andy Davies began to suffer headaches and neck pain before eventually admitting himself to hospital in Birmingham in November 2011. Doctors quickly discovered that the

dentist had torn an artery in his neck causing a bleed on his brain stem; however, the stroke was so severe he experienced 'locked-in' syndrome, a condition which left him unable to move, speak or even breathe without aid from a ventilator. According to the report his only way of communicating was through his eyelids.

Doctors at Birmingham's Queen Elizabeth hospital fought to save Mr Davies's life after the

stroke, which is believed was caused by the tooth extraction. He was then put into an induced coma to allow his body to cope with the massive trauma he had suffered.

However, the story has proven to be a miraculous one, and after some difficult months, Andy is slowly regaining strength and movement; he has even started to learn to sit and talk again. Doctors caring for him have been

Cycle Slam is huge success!



The Cycle Slam team

On St George's Day, former England rugby international and World Cup winner Lawrence Dallaglio and England cricketing legend Freddie Flintoff embarked on the cycle ride of their lives.

The Dallaglio Flintoff Cycle Slam 2012 (supported by Virgin Media) began at the ancient birthplace of the Olympic Games, Olympia in Greece, on 23rd April. The journey stretched over 22 days, and took them through Italy, across

the Swiss Alps and through France, before reaching London on 18th May.

Dr Alyn Morgan, endodontist at U Dentistry in Ilkley, joined Freddie and Lawrence for the last of the five stages of the ride. He undertook this massive challenge in order to raise donations for three fantastic charities - the Dallaglio Foundation, the AF Foundation and Virgin Unite.

A huge congratulations to Alyn and everyone else who took part in this incredible


at 66 per cent, whilst South Central SHA had the smallest, where 52 per cent sought an NHS appointment

- Success in getting an appointment North East SHA had the largest percentage, with 95 per cent, compared to South Central SHA with the smallest (90 per cent).

Adults who have not tried to get an NHS appointment in the last two years:

- 41 per cent of respondents did not try to get an appointment with an NHS dentist in the last two years
- The most frequent reason for not trying for an NHS dental ap-

pointment in the previous two years was 'I stayed with my dentist when they moved from NHS to private' which was mentioned by 21 per cent of adults. The next reason 'I didn't think I could get an NHS dental appointment' was 18 per cent of responses.

Further breakdown of these figures can be found in the summary tables below, and also a copy of the dental questions used in the Survey. 


The Survey's results can be found on the GP Patient Survey website. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_116964

amazed at his recovery. He is currently being cared for at rehabilitation centre called Moseley Hall, in Birmingham, although his funding is due to run out in the next few months.

According to the report, Andy qualified at Birmingham University in 2002 and was the first dyslexic to qualify as a UK dentist. Since then he has worked for the NHS in general dental practice in Birmingham where he met his wife Emma.

Emma, a teacher was quoted

saying in the report: "We were told that if Andy survived he would be left with 'Locked in Syndrome' which would leave him unable to communicate or move with no prospect of any independent life. We were told to prepare for the worst and that people didn't recover from such situations."

She added: "No one is quite sure what caused the stroke although Andy thinks the trigger was the tooth extraction which may have damaged the artery and caused it to split later." 

Editorial comment

I would like to add my personal congratulations to everyone who has received recognition in this year's Queen's Birthday Honours. Even bigger congratulations for Dr Nigel Carter, Roger Farbey and Prof Irene May Leigh, members of the dental fraternity who have been recognised for their services.

One of the projects I have been involved in lately is very social media based and I came across some interesting statistics about social media usage. I won't bore you with all 75 of them (view them at <http://bit.ly/L6VpWC>) but I thought some of them would

interest you:

- There are 38 million European LinkedIn users
- Of all the UK LinkedIn users 65 per cent are male; 28 per cent of UK LinkedIn users earn £98,000 pa or more
- There are 1.1m subject-specific groups
- There are more than 900 million global Facebook users
- Each person has an average of

- 130 friends
- Thirty billion pieces of content shared each month
- There are four billion mobile phones globally (more than people that have access to clean water)
- Fifty per cent of all local searches are performed on a mobile device
- Eleven Twitter accounts are created every second; 175 million tweets a day are sent
- Sixty-nine per cent of people follow someone because they were recommended by friends

Just those few facts make for interesting reading for the dental practice looking to engage with potential and current patients via social media; as well as those who find LinkedIn invaluable for networking with peers and colleagues. [DT](#)

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Oral care and cancer

A study carried out in Sweden has suggested that poor oral hygiene is associated with increased cancer mortality. The study, *The association of dental plaque with cancer mortality in Sweden. A longitudinal study*, was carried out to find out whether the amount of dental plaque was associated with premature death from cancer.

For the study, 1,390 randomly selected healthy young Swedes were followed up from 1985 to 2009. According to the authors, all subjects underwent oral clinical examination and answered a questionnaire assessing background variables, such as socio-economic status and smoking. Causes of death were recorded from national statistics and classified according to the WHO *International Classification of Diseases*. The results showed that: *Of the 1390 participants, 4.2 per cent had died during the follow-up. Women had died at a mean age of 61.0 (±2.6 SD) years and men at the age of 60.2 (±2.9 SD) years. The amount of dental plaque between those who had died versus survived was statistically significant (p<0.001). In multiple logistic regression analysis, dental plaque appeared to be a significant independent predictor associated with 1.79 times the OR of death (p<0.05). Age increased the risk with an OR of 1.98 (p<0.05) and gender (men) with an OR of 1.91 (p<0.05). The malignancies were more widely scattered in men, while breast cancer was the most frequent cause of death in women.*

The study concluded that poor oral hygiene, as reflected in the amount of dental plaque, was associated with increased cancer mortality. For the article on the BMJ website, visit <http://bit.ly/KvrzMa> [DT](#)

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New recommendations on public health funding published

Recommendations on how to distribute funding for local authorities to spend on public health has been published by an independent group of experts - the Advisory Committee on Resource Allocation (ACRA).

For the first time, from 2013, public health funding will be ring fenced and protected with local authorities taking the lead for improving health. This will help to drive up local efforts to maintain and improve the public's health and wellbeing.

The Department of Health has committed to ensure that

no local authority will lose out under the new grants for 2013-14. So local areas will either receive equivalent funding or be better off under the new funding arrangements.

Alongside the recommendations, the Department is also publishing more information on:

- A health premium incentive that will target areas with the worst health outcomes and most need, rewarding local authorities if they improve the health of the local population

- further information on the ring-fenced public health grant

conditions, including proposals for local authority reporting on public health spend

The introduction of the first public health outcomes framework will incentivise local authorities to drive progress in improving the public health of their population.

Secretary of State for Health Andrew Lansley said: "This is the first Government to ring-fence public health funding. The next step is to ensure that funding gets to where it is needed most and can have the greatest impact.

"We are committed to all areas of the country seeing a real terms increase in public health spending, above what PCTs were spending locally. Today's announcement confirms this.

"Every area of the country is different and has contrasting needs. The interim recommendations published by the independent Advisory Committee on Resource Allocation today provide a solid basis for local authorities to begin planning for next year."

Under the plans for the health premium incentive, local authorities will be reward-

ed for the progress they make. Disadvantaged areas will see a greater incentive if they make progress, recognising that they face the greatest challenges.

The Secretary of State asked ACRA to develop a formula for the distribution of public health funding to local authorities across England to help support their new responsibilities.

The Department will now actively engage with health professionals, local authorities and public health leaders for their feedback before publishing the final formula later in the year. [DT](#)

Dental practice teaches children how to get that 'perfect' smile



Pupils from Walkington Preschool and Walkington Primary School

IN SUPPORT of National Smile Month a team from Perfect 32, an NHS and private dental practice in Beverley,

visited children at Walkington Preschool and Walkington Primary School to teach them the best way to keep their

teeth for life.

National Smile Month 2012 ran until June 20th and was led by The British Dental Health Foundation. This year's focus was on the vital importance of looking after your mouth in order to keep both your mouth and body healthy. Brushing your teeth for two minutes twice a day, drinking and eating less sugary snacks and visiting your dentist regularly are simple measures that can be taken to maintain overall health. Significant scientific evidence has proven the systemic links between the mouth and the body, with research clearly linking gum disease to heart disease, diabetes, strokes, pneumonia and premature and low birth weight babies. Millions of school days are also lost every year because children are suffering with oral health issues.

As well as offering educational

advice in a fun way to 40 reception children with visuals and games, including a 'good food, bad food' interactive quiz and a 'Smile for the Camera' station, the team also had plenty of balloons, stickers and dental goodies to give away. The afternoon ended with a full school assembly with 264 children in attendance to listen to the National Smile Month message.

Practice manager, Nicki Rowland, said: "This is the fourth year that we have visited children to promote good dental health and we always have great fun despite the serious message we are relaying to the children."

"This year the children dressed up in clinical clothing and masks to look like dentists and had their photographs taken with the campaigns smile-on-a stick logo, which was very funny. We also got very messy learning good brush-

ing techniques using bright blue disclosing tablets and at one point the floor was covered in clinical gloves that the children had blown up and decorated as The Queen!"

Huw Tevenan (age five) said: "We played a game and gave good food to the tooth fairy. I now know how to check if my tooth brush is worn out. I really enjoyed the afternoon."

Dr Nigel Carter, chief executive of the Foundation, said: "We are delighted that Perfect 32 has joined the many dental practices, schools, health professionals and community groups promoting good oral healthcare under the umbrella of our National Smile Month campaign.

"A good oral healthcare routine can help guard against all sorts of oral and general health conditions from bad breath and decay to gum disease, which has been linked to a number of more serious health conditions such as diabetes, heart disease and strokes." [DT](#)

"Dentists must resist PCT bullying"

Dentists across England must resist the bullying tactics of Primary Care Trust dental commissioning staff, British Dental Association (BDA) General Dental Practice Committee (GDPC) Chair Dr John Milne has urged.

Speaking at the 2012 Conference of Local Dental Committees (LDCs), Dr Milne told delegates that he was appalled

at suggestions that some PCTs were challenging perfectly acceptable treatment patterns in an attempt to claw back money, using a veiled threat that practitioners might be referred to the General Dental Council (GDC) as a stick with which to beat them.

Dentists who find they face such threats, Dr Milne added, must report the situation to the BDA so that this unneces-

sarily aggressive stance can be resisted.

Dr Milne also, though, reiterated the responsibility that all dentists have to practise professionally and ethically, warning that the small numbers of practitioners who make inappropriate claims are creating problems for the vast majority of the profession that does the right thing.

Dr Milne said: "We have heard from practitioners working in a number of primary care trust areas that commissioning staff are adopting an unreasonable, bullying stance towards dentists with the motive of clawing back money. That is unfair, unhelpful and unacceptable.

"Dentists must not be cowed by such practices. The small number of inappropri-

ate treatment claims that are submitted by practitioners absolutely must be tackled, but they must not be used as an excuse to persecute practitioners who are working professionally, ethically and appropriately.

"GDPC will not accept such actions by PCTs and I urge dentists to inform the BDA if this happens to them." [DT](#)

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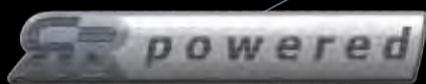
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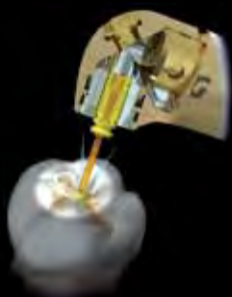
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A real fundraising drive

In December 2005, 13-year-old Robbie Anderson set up a Trust to improve the quality of life for young people spending long periods of time on the children's cancer ward, where he too was a patient.

As explained on The Robbie Anderson Cancer Trust website: "Robbie knew his cancer was terminal, but even that knowledge didn't deter him. Facing his second (and last) Christmas in hospital, he set about fundraising for a large plasma TV screen for his ward. He wanted the children on the oncology ward to be able to do what everyone else was doing - playing games and watching Christmas films with their families, something many of us can take for granted. On December 24th it was fixed to the wall in the Day Room. Sadly, ten weeks later, Robbie passed away."

Cancer is a battle that must be fought on all fronts - the psychological fight is in many ways as important as the physical care and Robbie's time in hospital was made so much worse by the lack of any facilities for his age group.

"The focus was on much younger children, down to infant-sized tables and chairs in the Day Room and not much else but Disney DVDs to watch. While his life hung in the balance he was placed in either a room with Mr Men mobiles hanging from the ceiling or in a crowded six bedded ward decorated with cartoon characters. The old fashioned TV's on tables battled for space with life-saving blood products and chemotherapy machinery. There was absolutely no privacy for parents or their children; this, coupled with the sense of being in a nursery situation, Robbie found hard to bear."

It was then that Robbie decided to set up a trust to improve the quality of life for young people fighting cancer.

His Trust, which continues to support the Children's Oncology Ward at Leicester Royal Infirmary, aims to work towards providing a facility where all children are treated in age-appropriate surroundings, with a particular focus on teenagers. The proposed unit will cost £1.4 million to build but will be a centre of excellence with clearly defined

spaces for each age group.

And this is where you, the reader, come in. In July, Robbie's parents and members of the dental profession will be setting off on an epic journey to the exotic principality of Monte Carlo to raise funds and awareness of the needs of children and young adults suffering with cancer. The trip, however, will also be carrying out one of Robbie's wishes, which was to go to Monte Carlo and place a bet on the number

eight ball on a roulette table! All the participants are self-funding the drive and all money raised will go towards the funding the £1.4 million age appropriate cancer facility at Leicester Royal Infirmary.

Donations and sponsorship are desperately needed for the age appropriate cancer facility to become a reality. The Robbie Anderson Cancer Trust is proud to be supporting University Hospitals Leicester in their campaign

to provide a unit in Leicester that will make a significant difference to the lives of all young people fighting cancer.

For those of you wishing to make a donation to this well worthwhile fund, please visit <http://www.robbyanderson.org.uk/index.php/donations-contact-us>. You can also find out more information at <http://www.robbyanderson.org.uk/index.php>. **DT**



Police sign the campaign car during last year's charity drive

OK to limit pre-dental procedure antibiotics

The incidence of infective endocarditis among dental patients in Olmsted County, Minn. did not increase after new guidelines called for giving preventive antibiotics before dental procedures only to those at greatest risk of complications, according to independent research published in *Circulation*, an American Heart Association journal.

Infective endocarditis is a bacterial infection of the heart lining, heart valve or blood vessel. Although rare, it can occur when bacteria enter the bloodstream through breaks in the gums during invasive dental procedures or oral surgery. It can cause death if untreated. A common group of bacteria that cause this infection is viridans group streptococci (VGS).

Patients with a heart weakened by certain congenital defects and acquired conditions, including those with prosthetic heart valves, can be more susceptible to the infection. People with normal heart valves develop the

infection less often.

In 2007, the American Heart Association changed its guidelines, recommending patients take antibiotics before invasive dental procedures only if they are at risk of complications from infective endocarditis. This includes patients with artificial heart valves, transplanted hearts with abnormal heart valve function, previous infective endocarditis and people born with specific heart defects.

Before 2007, antibiotics were given to many more people, including those with many types of congenital heart defect or acquired cardiac condition. Antibiotics also were given for a wider range of procedures, including operations involving the mouth, throat, gastrointestinal, genital or urinary tract.

In the first US study examining VGS-related infective endocarditis rates after the guidelines changed, investigators found a slight decline in the number of patients diagnosed.

To compare infective endocarditis rates, researchers analysed local hospital discharge records in the Rochester Epidemiology Project and national rates using the Nationwide Inpatient Sample. Olmsted County was used because of its unique medical records-linkage system that encompasses all residents of the county.

From Jan 1, 1999 to Dec 31, 2010, 22 patients in Olmsted County, Minn., were diagnosed with the heart infection. These patients represent two to three of every 100,000 people in the United States before updated guidelines, and one of every 100,000 after the updated guidelines.

The percentage of Olmsted county dentists following the new association guidelines represented the percentage of dentists using them nationally, researchers said.

Among other limitation, the lack of diversity in Olmsted means these results may not hold true for non-Caucasian populations. **DT**

New Smile Director for Oral B

Dr Uchenna Okoye (*pictured*) has been appointed as the new Smile Director for Oral-B. Her role will involve raising awareness of oral health issues in the consumer media. She will also act as a technical expert to field queries from journalists.

Commenting on her appointment Uchenna explained, "A large amount of the work I do could be prevented through good oral hygiene. As professionals we all strive to give our patients the advice and tools they need to look after their teeth between appointments. This message, however, needs to be reinforced through consumer media."

With up to 50 per cent of the population not regularly visiting a dentist Oral-B spokeswoman Jane Kidson explained: "It is essential that we extend the reach of our message beyond the prac-

Uchenna's profile will help us give oral hygiene and dentistry the same prominence within the consumer press as other healthcare issues such as diet, nutrition and skincare". **DT**



GDC response to ‘Bridge the Gap’

Comment regarding Bridge the Gap news piece, printed in Issue 14 2012.

Following a news piece by Bridge the Gap, regarding the Genral Dental Council (GDC) monitoring standards, a member of the GDC has written to Dental Tribune with their response:

I am writing in response to in article that appeared in the

May 28 – June 3 2012 edition of Dental Tribune, entitled GDC “failing to monitor standards breaches”.

I would like to take this opportunity to correct some of the misconceptions I feel readers will have been given by this piece and I hope you will publish this letter in the next possible issue of the magazine.

The General Dental Council does in fact know why dentists

are being struck off our registers. This information is made publicly available on our website and in past annual reports. In addition we are currently further improving our systems to help aid us in our understanding of the types of complaints we receive.

We supplied the Dental Law Partnership, the group of solicitors behind the ‘Bridge the Gap’ campaign, with a wealth of information when they

made their Freedom of Information request. Unfortunatley they took one sentence from a letter answering a very specific set of data out of context.

They asked for information about the classification of hearings results by a specific part of our ‘Standards for dental professionals’. We do not record our information in this way but that does not mean we do not analyse data we hold.

Anyone wishing to find out more information about our Fitness to Practice processes should log on to www.gdc-uk.org.

Your sincerely,

*Neil Marshall,
Director of Regulation,
General Dental Council*

“Bleaching does not damage enamel surface”

According to a recent study, *The effects of home-use and in-office bleaching treatments on calcium and phosphorus concentrations in tooth enamel; An in vivo study*, bleaching gels do not alter calcium and phosphorus concentrations on the enamel surface.

Researchers from São Leopoldo Mandic Institute and Research Center in Brazil conducted the study to determine the effects of dental bleaching. They examined the changes in calcium and phosphorus concentrations in enamel after the

use of home-use and in-office bleaching treatments inside the mouth.

To carry out the study the researchers applied four bleaching agents (10 per cent and 20 per cent carbamide peroxide [both recommended for home use], 38 per cent and 35 per cent hydrogen peroxide [both applied in the dental office]) to the enamel of 80 participants, who were divided into four groups of 20.

The authors evaluated the subjects teeth both before and after the treatments by collect-

ing enamel microbiopsy specimens from incisors before (baseline), during (seven, 14 and 21 days) and after (seven and 14 days) the bleaching treatments. They analysed calcium and phosphorus concentrations by using a spectrophotometer. According to a recent report, the evaluation was done using enamel microbiopsies, which is a method of collecting samples from enamel without causing any injuries to the dental structure.

The samples were then individually analysed by us-

ing the Friedman test and the Kruskal-Wallis test, followed by the Dunn test (= .05). The authors noted that there were no statistical differences between the evaluation results, regardless of which bleaching gel was used, for determining the concentration of either calcium or phosphorus.

The authors concluded that home-use and in-office bleaching gels did not alter the concentrations of calcium and phosphorus concentrations on the enamel surface in vivo.

The study has been pub-

lished in the current *Journal of the American Dental Association* (June 2012, Vol. 143:6, pp. 580-586) and can be found by visiting <http://bit.ly/Kbwu1c>



Gap in missing teeth market filled by implants

Consumer interest in dental implants has doubled in the last year according to the latest data from WhatClinic.com, a worldwide search engine for medical clinics and services. More than 150,000 people from the UK used the website to research local private dental clinics in the last month, and 2,500 of these were interested in dental implants, up 105 per cent from the same period last year. (27 April – 27 May 2012 vs 29 April – 29 May 2011)

Increasing consumer awareness and more affordable prices are driving demand for the procedure which has traditionally been seen as the preserve of the rich and famous. Of the 555 UK clinics listing dental implant prices on WhatClinic.com, 13 per cent now quote between £1,000 and £1,500 and seven per cent quote between £500 and £1,000 for the procedure. The average price quoted however, is still £1,860, just £10 less than it was a year ago.

The permanent solution to missing teeth is proving popular all over the UK too, with WhatClinic.com registering dental implant enquiries in more than 350 towns and cities in the last year. Clinics in the West Midlands (7.8 per cent) and London (6.1 per cent) are the most popular on the site but there is also strong interest in Scotland’s Lanarkshire (4.6 per cent) and Midlothian (4.0 per cent), and in Somerset (4.0 per cent) too.

With an estimated 27 million British adults missing at least one tooth (57 per cent of the adult population), implant dentists have a considerable market to service. Even though implants are available on the NHS, they are only provided in cases which are deemed medically necessary, leaving private treatment the only option for most patients interested in the procedure.

Caelen King, CEO of What-

Clinic.com said, “It is clear that dental implants are increasingly popular with UK consumers who see the procedure as a permanent solution to replacing lost teeth. The benefits of the procedure, such as an enhanced ability to chew food, protecting remaining teeth and improving self-esteem are making them a hit with consumers all over the UK.”

TV star shows off “Rolls Royce teeth”

Comedian Crissy Rock is proudly showing off her new set of “Rolls Royce teeth” after enduring years of agony and embarrassment.

Crissy, who is also one of the stars of the hit TV show *Benidorm*, saw her teeth destroyed after she took chemotherapy-based drugs for vulval cancer in 2005.

Her teeth crumbled causing her to have all of them removed and she went on to have dentures fitted while living in Spain during the filming

of *Benidorm*.

She said: “I spent £10,000 having dentures fitted with a Spanish dentist, but the result was devastating. When I saw my teeth I cried. They looked like something out of a joke shop. It was a real botch job that left me looking like Hannibal Lecter.”

Crissy resolved to get her teeth looked at again after appearing on ITV’s *I’m a Celebrity...Get Me Out Of Here* last year during which she had to remove her dentures as she prepared to jump out of

a helicopter.

Now, after four months of treatment with denturist Barrie Semp, of The Smile Centre in Manchester, Crissy is proudly showing off what she has dubbed the “Rolls Royce of teeth” which cost £20,000 to fit.

Crissy said: “My teeth have been individually handmade and tweaked to look a bit worn and slightly crooked to appear more natural. Even the gum looks real.

“For years I couldn’t bite

into an apple and had to check restaurant menus for things I could eat. These new teeth are rock solid and I can eat whatever I want. They have given me my dignity back as well as a nicer smile.

“They have already made a huge difference, not just to my mouth but to my life.”

Barrie Semp said: “The problem with Crissy’s teeth was that she had them fitted abroad and there was no after-care. Also the dentistry work she had done was very poor and had completely failed. It

was a total mess.

“Each new tooth has been handcrafted with faint cracks and blemishes where necessary to make them look very real. The gum work is also hand-stained to blend in with the patient’s gum colour, so it looks as if the patient’s natural teeth are growing from the natural gum.

“Crissy can eat anything she likes now and can even jump out of a helicopter without having to take her teeth out.” **DT**

Gum disease associated with women’s hormones

Women, keep those toothbrushes and dental floss handy. A comprehensive review of women’s health studies by Charlene Krejci, associate clinical professor at the Case Western Reserve University School of Dental Medicine, has shown a link between women’s health issues and gum disease.

Across the ages, hormonal changes take place during puberty, menstruation, pregnancy and menopause. Krejci found female hormones that fluctuate throughout women’s lives can change conditions in the mouth that allow bacteria to grow, enter the blood, and exacerbate

certain health issues like bone loss, fetal death and pre-term births.

Her overview of the literature was reported in the article, “Women’s Health: Periodontitis and its Relation to Hormonal Changes, Adverse Pregnancy Outcomes and Osteoporosis” in the May issue of *Oral Health and Preventive Dentistry*.

The Case Western Reserve University periodontist reviewed 61 journal articles with nearly 100 studies for a collective answer on whether hormones have a relationship to gum disease and specific women’s health issues like preterm

labor, bone loss, and the side effect of hormonal replacement therapy.

“There’s definitely a gender-specific connection between women’s hormones, gum disease, and specific health issues impacting women,” Krejci said.

“Although women tend to take better care of their oral health than men, the main message is women need to be even more vigilant about maintaining healthy teeth and gums to prevent or lessen the severity of some of women-specific health issues,” Krejci said.

In addition to the brush-

ing and flossing daily regimen, Krejci recommends visiting the dentist at least every six months, and more if there are any gum problems found or women suffer from bone loss or are pregnant.

She added that it is widely known that hormones cause some women gum problems during pregnancy. Women already susceptible to gum disease before being pregnant, she advises, need to make sure that these oral problems are treated.

Although women were once discouraged from seeing the dentist while pregnant, she said that scaling and planing of the

roots of teeth to eliminate some gum disease is now recommended during pregnancy for women. Severe gum disease requiring surgery is still generally postponed until after the baby’s birth.

Gum disease begins with the build-up of bacterial plaque on the teeth and under the gums. Untreated it can cause irritation and inflammation during which harmful and toxic byproducts are released. These toxins erode the bone that anchors teeth and cause breaks and bleeding in the gums.

Collaborating with Krejci on the study was Nabil Bissada, professor and chair of the Department of Periodontology at Case Western Reserve University School of Dental Medicine. **DT**

Source: <http://www.case.edu/>

B2A appear on BBC News

Bridge2Aid were delighted with some great coverage on BBC Breakfast news, when Founder and Clinical Director of B2A Ian Wilson was interviewed regarding the launch of their pilot project in Rwanda. Also featured, was one of their volunteer’s Clare Roberts, who was preparing to leave on a DVP trip; she is currently in Tanzania.

Over the years Bridge2Aid has developed its expertise in treating and training people in deprived rural areas of Tanzania and now the charity is about to start work in Rwanda, a country that has only 11 qualified dentists; the dentist per patient ratio is only one dentist per 800,000 people.

Volunteer British dentists

have spent several years working through B2A helping people with severe toothache and dental problems in Tanzania and the dentists are about to embark on another journey into a part of Africa where many residents have never seen a dentist.

One volunteer is Clare Roberts, who was interviewed for the coverage on BBC.

Speaking of the future trip, she said: “Primarily it’s the lack of equipment and the actual environment you’ll be working in - it’s very basic.

“You have to make do with no running water or electricity. And the patients themselves are going to be very different.

“There’s a language bar-

rier and they may not be used to receiving dental treatment, so there’s all sorts of things that make it a big challenge.”

Unlike dental practices in the UK, the dental surgeries in Africa have little up-to-date or high-tech dental equipment and appliances, but that doesn’t deter the volunteers, who make it their mission to help train local health workers who can carry on treatment once the volunteers have returned home.

B2A hope that this will create a long-term, sustainable dental healthcare system.

Ian Wilson, the founder and clinical director of Bridge2Aid explained the reasons behind the charity during the BBC interview: “If you’re in pain, you can’t

function. So if you’re a subsistence farmer in rural Tanzania, you can’t work properly, you can’t therefore generate that small, less than a-dollar-a-day income to survive as a family, to put your kids through school.

“So there’s a social impact in terms of people being able to function and there’s an economic impact. That can really have a significant effect on a village community.”

Bridge2Aid plan to work with the Rwandan government, as well as two charities which already have a track record in the small central African state: Umubano, which is run by volunteers from the UK’s Conservative Party, and Survivors Fund.

The BBC interview can be found at <http://bbc.in/Lubpyz> and the original BBC interview can be found at <http://bbc.in/Me6Nh0> **DT**



Expand your “cosmetic” dentistry

Dr Oliver Harman discusses the innovative MSc in Restorative and Aesthetic Dentistry



Dr Oliver Harman

In the dental industry today, there are many interpretations of the term “cosmetic dentistry”. Some practitioners would define it as a branch of dentistry that focuses solely on the appearance of the smile, as opposed to the health of the teeth. However these are not two mutually exclusive entities.

In an attempt to reconcile “aesthetics” with “cosmetics”, many practitioners are now enrolling in educational courses to help develop their knowledge and understanding within the area of “cosmetic” dentistry. In today’s society, there is a high demand for aesthetically pleasing smiles amongst the general public. As this demand increases, it is important that clinicians enhance their skills within this field, and produce the results expected by patients.

Distance learning

Smile-on is currently working with the University of Manchester to provide the innovative MSc in Restorative and Aesthetic Dentistry. The distance-learning course is designed to enhance clinicians’ existing knowledge and skills, providing a combination of both instructor-led units and self-paced eLearning modules. The aim of the MSc is to develop practitioners’ confidence and ability to offer the highest standard of aesthetic restorative dentistry to their patients.

Contact info

For more information about the online MSc in Restorative and Aesthetic Dentistry go to www.smile-on.com/msc, email info@smile-on.com or call 020 7400 8989 Smile-on: inspiring better care. For more information about the online MSc in Restorative and Aesthetic Dentistry go to www.smile-on.com/msc, email info@smile-on.com or call 020 7400 8989

Dr Oliver Harman from The Harman Dental Clinic in Royal Tunbridge Wells, is one of the two dentists in the UK to pass the BACD Fellowship Examination, and began the MSc course at the beginning of the year.

“I have just completed the introduction to the Smile-on MSc course, and have so far found it to be an excellent grounding in 21st century dentistry,” he says. “For someone who has been practising for 29 years it has been extremely useful, and it gives a really good overall picture. Technology has developed dramatically in the past few years, and the course offers a very up-to-date and progressive set of lectures, at the cutting-edge of the dental industry.”

Positive approach

When discussing what features of the course he found most beneficial, Dr Harman is finding the eLearning approach to be very positive. “I definitely prefer the webinars live, as I feel it adds something to the lecture. Generally the format works very well and is a realistic method of learning for busy dental professionals. The online aspect provides the fantastic privilege of allowing me to continue working while studying.

This is particularly relevant to dental professionals fairly advanced in their careers, as it is more challenging to attend traditional courses regularly with great commitments to their families and practices. The online format allows for more mature clinicians to revisit mainstream education and training without making too many sacrifices.

“The speakers are also very good, and include some of the leading names in the field. I like that the lecturers aren’t limited to Manchester University, enabling the presentations to provide brilliant exposure to a wider faculty than you would normally have access to.”

When talking about why he wanted to take the MSc in Restorative and Aesthetic Dentistry, Dr Harman is very passionate about the controversies surrounding the concept of “cosmetic dentistry”

“Within the dental industry at the moment, there are some

very conflicting views about what the term ‘cosmetic dentistry’ covers. Unfortunately, I think many practitioners have formed their opinions based on some of the pretty terrible examples of so-called ‘cosmetic’ work in the past.

“As far as I’m concerned, ‘cosmetic dentistry’ is not a separate entity in practice. In all my work I aim to complete treatments giving my patients a beautifully crafted smile, which functions properly, looks great, is painless and lasts a lifetime. It’s not necessarily ‘cosmetic’, it’s just good dentistry.

“The MSc in Restorative and Aesthetic Dentistry enhances my mainstream knowledge of modern techniques, providing an updated platform for my work. I put a lot of emphasis on keeping up with new advances within the

field worldwide, but I think it is very important to have an understanding of the progress within the UK.

Bridge the gap

“Along with a few colleagues, I wish to help bridge the gap between the widespread views of ‘cosmetic’ dentistry. Though I have just begun the course, I think it will be a tremendous help to knowing and fully understanding the literature and evidence-base behind the work I do – an invaluable benefit both in practice and for the clinical case studies and articles I frequently write.

“With so many contradictory ideas of ‘cosmetic dentistry’ within the dental community, it is no wonder the general public don’t really understand the term. In order for patients to know what we mean, we need to define the term ourselves first. We need to ensure

what we’re teaching, learning and trying to achieve is the same for everyone – hospital workers, general practitioners and members of the public.”

Solid framework

The MSc course from Smile-on and the University of Manchester is split into seven units, incorporating webinars, lectures, residential sessions and a dissertation to end. The online resources can be accessed repeatedly, at a convenient time to the practitioner, and from a familiar environment. Including access to advice and guidance from some of the experts at the forefront of aesthetic dentistry, the course provides a solid framework for dental professionals to develop and improve the standard of service they offer their patients.

The World’s First Online MSc in Restorative & Aesthetic Dentistry



Master of Science in Restorative & Aesthetic Dentistry

‘The Best of Everything’

Two of the UK’s most respected education and academic organisations have joined forces to provide an innovative, technology driven MSc in Restorative and Aesthetic Dentistry. Smile-on, the UK’s pre-eminent healthcare education provider and the University of Manchester, one of the top twenty-five universities in the world, have had the prescience to collaborate in providing students with the best of everything – lecturers, online technology, live sessions and support.



Convenience

The majority of the learning resources on this programme will be online. The masters will combine interactive distance learning, webinars, live learning and print.



Ownership

The programme is designed to encourage the student to take responsibility for his/her own learning. The emphasis is on a self-directed learning approach.



Community

Students will be able to communicate with a diverse multi-ethnic global community of peers, with who they will also share residential get-togethers in fantastic settings around the world.



Opportunity

This innovative programme establishes the academic and clinical parameters and standards for restorative and aesthetic dentistry. Students will leave with a world recognised MSc.

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