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US election results not favoured by dentists

Seventy per cent think a McCain presidency would have been better for the profession

Daniel Zimmermann
DTI

LEIPZIG, Germany/SAN FRANCISCO, CA, USA: According to a recent survey, US dentists might be disappointed by the Democratic win in the US elections last month. Two out of three dentists surveyed in a poll by dental practice marketing resource *The Wealthy Dentist* said that former Republican nominee John McCain would be a better president for dentists. One in six favoured Obama, while the remainder said there would be no difference between the two.

Illinois Senator Barack Obama won the recent US presidential election against John McCain by 365 to 173 votes. He will take office from incumbent president George W. Bush in January next year. In a Democrat radio address in November, he announced the development of a plan that will create 2.5 million jobs by 2011—"a plan big enough to meet the challenges we face that I intend to sign soon after taking office." He has also promised to expand federally funded health care for lower income children and other groups.

Barack Obama was not dentists' first choice for US presidency, Photo: Misty Dawn.

Many poor and lower-middle-class families in the US do not receive adequate care, in part because most dentists want customers who can pay in cash or have private insurance. The lack of dental care is also not restricted to the poor and their children, recent data show. Experts on oral health say that about 100 million Americans have no access to care.

Most dentists, however, believe that a Republican would have been better for the economy. "Due to higher taxes by Obama, there will be less money to spend on dentistry," griped a Louisiana dentist. "Obama will be a disaster, raising costs for employers and decreasing patient service," agreed a New Jersey dentist. "There will be less elective cosmetic services as the economy goes downhill!"

Dentists were concerned about tax issues. "Obama is a classic Robin Hood Democrat: tax the people who work to create wealth, and redistribute it to the masses," said a Florida dentist. "The last thing I need is higher taxes," said a California periodontist. DT

Schools in India and Japan cooperate

CHENNAI, India: With increased trade talks between India and Japan, the Sri Ramachandra University (SRU) in Chennai, India, has announced the signing of a collaboration agreement with the Kyushu Dental College in Japan. The agreement includes the exchange of personnel between the two universities as well as the sharing of scientific results, a SRU press release announced.

Prof. Hosokawa, Head of the Department of Prosthodontics at Kyushu Dental College, said his department was currently conducting research in oral hygiene index profiling, bone biology, and computer-guided surgery, among others, in which the students and research scholars from SRU will be able to participate. Prof. Thyagarajan, Director Chief Advisor of Research at SRU, added that the agreement will help in launching joint research projects in vital areas. DT

AD

Bill Gates has warned rich countries to cut back spending on health aid. Here he holds a child during a visit to India in September 2000. Photo: Jeff Christensen. NEWS, page 5

More nurses for Malaysia

Malaysia has signed a MOU with 24 institutions in the country, in which these institutions agree to use Ministry of Health facilities for nursing, dental, and health sciences education programmes. Through the agreement, the ministry hopes to improve the nurse/patient ratio to 1 : 200 by 2015. DT

Bad breath linked to cancer

New research from Japan has found that the bacterium *Helicobacter pylori*, a main cause of stomach ulcers and cancer, lives in the mouths of some people who have bad breath but no signs of stomach illness. The bacterium is carried by over 90 per cent of people in the developing world. DT

Australia, NZ consider fluoridation

BARTON, Australia/WELLINGTON, New Zealand: Australia and New Zealand are considering approving the voluntary addition of fluoride to bottled water. Reports went public after Coca-Cola Amatil and the Australian Dental Association quarrelled over a print advertising campaign that was adding fuel to parents' fears about the negative effects of soft drink consumption on their children.

Food Standards Australia New Zealand has now released a report for public comment that proposes amending the *Australia New Zealand Food Standards Code*. Should the organisation approve the sale of bottled water containing added fluoride, it will be a voluntary permission allowing manufacturers to add fluoride under the conditions of the Code. DT

Malnutrition and weak oral health trouble Aussie nursing homes

Australian Associated Press

Photo: Gina Sanders

RHODES, Australia: According to a study in the *Australasian Journal of Ageing*, malnutrition is rife in Australian nursing homes, affecting half of its residents. Nursing specialists are calling for an overhaul of the nutritional care of vulnerable elderly people after survey results indicated that only 50.5 per cent of elderly people in nursing homes are well nourished. The nutritional assessment of more than 350 high-care residents in eight aged care facilities in Queensland found 43 per cent moderately and 6.5 per cent severely malnourished.

Residents' dental health, which is known to influence general health, was also found to be poorly recorded, with oral assessments often outdated. The situation will be the best improved with advanced staff training and a greater focus on dietary intake, the researchers suggest. "Most causes of malnutrition (in nursing homes) are modifiable and central to improving this is greater staff awareness, better assessment skills of care staff and adequate overall management of nutritional care," they write.

The study also showed that older patients and those requiring the most care were the most malnourished. The research team, lead by Queensland University of Technology, also found that only 18 per cent of the malnourished residents had been seen by a dietician, and only 29 per cent were receiving supplements.

These high percentages are probably due to responsibility for daily nutritional care, such as assistance with meals, supplements, and monitoring of food intake, falling largely onto care staff, with little intervention by management or external healthcare practitioners. The study also showed that staff awareness of the importance of nutrition on resident outcomes was inconsistent. DT

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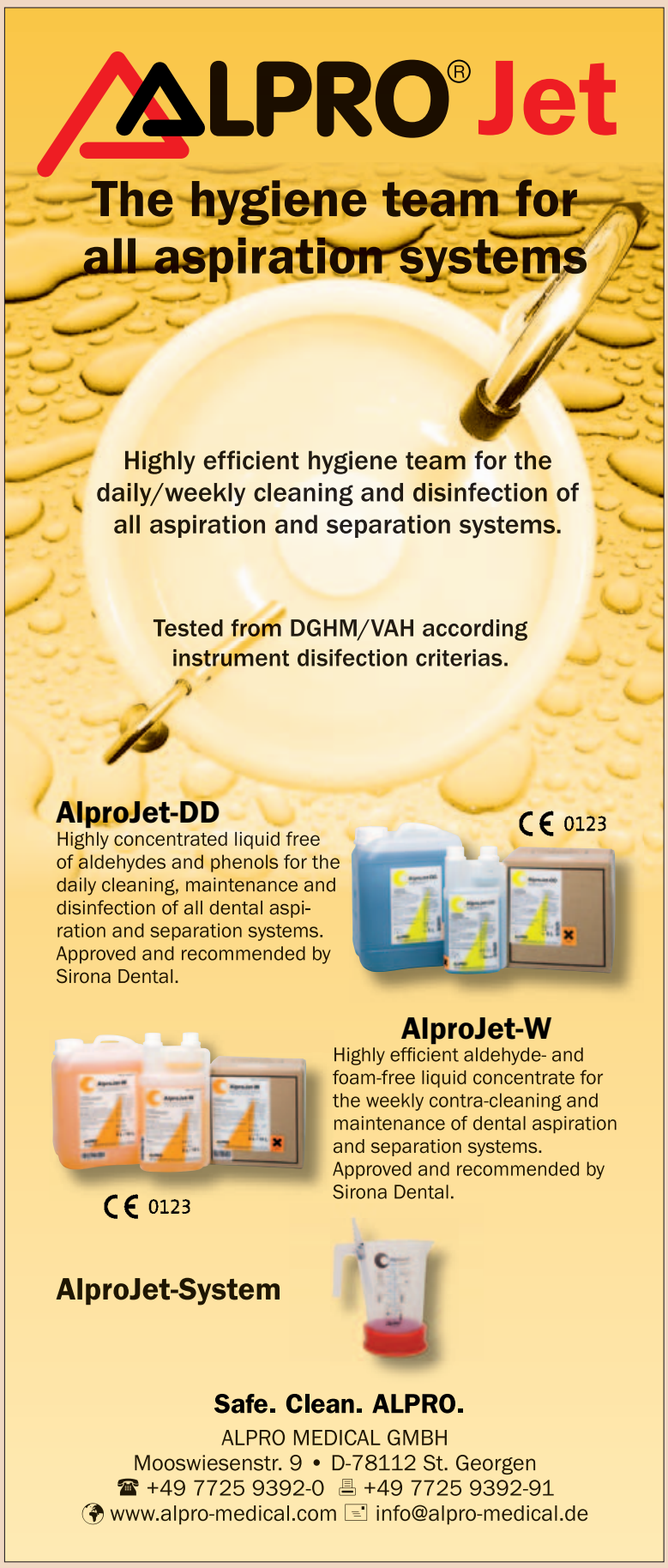

Rising Southeast Asia mobility calls for better coordinated HIV efforts

JAKARTA, Philippines: A new country-by-country assessment of HIV and mobility in the ten member countries of the Association of Southeast Asian Nations (ASEAN) in 2007 and 2008 has revealed that despite their contributions to national economies, migrants have little or no right to legal or social protection and generally have little access to HIV and AIDS health services and information.

Although comprehensive data on HIV prevalence among migrants in Southeast Asia is not available, the report *HIV/AIDS and Mobility in South-East Asia* indicates that risk behaviour and HIV-infection rates are considerably higher among migrants than in the general population. In Thailand, for instance, registered migrants have access to health services with subsidised medical costs, but antiretroviral (ARV) treatment is not included. Subsidised ARV treatment is not available to migrants in any ASEAN destination country. While mandatory HIV testing in health examinations is required by most ASEAN destination countries, except Thailand, such testing breaches migrant rights, including confidentiality and consent, the report states. If migrants are found to be HIV-positive through routine testing, they are repatriated in some countries.

Countries of origin, especially Cambodia, Indonesia, Laos, the Philippines, and Vietnam have recently developed pre-departure training on HIV prevention for outbound, documented migrant workers. Many of these training sessions, however, have proved to be ineffective because they are too brief and offered too late in the moving process, according to the report.

The ASEAN report is the first such publication to include information on current migration patterns in conjunction with HIV statistics across the region. According to Dr Surin Pitsuwan, Secretary General of ASEAN, "this assessment provides information that will be useful for policy makers, health givers and clinicians in ensuring that migrant workers and mobile populations are provided with high-quality prevention and treatment services." DT

Dentaid supports nurses in Cambodia

SALISBURY, UK: Twenty-four basic sets of dental equipment and portable chairs are helping newly qualified dental nurses set up mobile health clinics in Cambodia, the UK-based organisation Dentaid has announced. The nurses will be trained to provide extractions, scaling, anaesthetic, and simple Atraumatic Restorative Treatment (ART), which is ideal for taking into health centres in rural communities in the country who may not have electricity or running water. They can also identify conditions, such as oral cancer, and refer patients on for further treatment.

Dentaid has received funding of £14,400 (US$21,455) for this project from Dr Neil Sikka of Barbican Dental Care in London. It is hoped that this will be the start of a long-standing relationship with the training school, as there will be nurses graduating each year who require equipment to take out into the community, Dentaid officials told *Dental Tribune*. The Cambodian Ministry of Health supports the continued training, as the nurses are considered an essential and valuable asset for these rural areas where dentists are almost non-existent.

According to figures from the World Health Organisation, Cambodia had a total of 320 dental nurses in 2005. DT

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Dear reader,

Daniel Zimmermann
DTI

Recently, a report by the US National Intelligence Council made it into headlines around the world, forecasting that the current financial crisis on Wall Street is just the first phase of a global economic reordering, with the United States in decline and countries like China and India competing for more influence in a multipolar world. Global wealth was also seen as shifting from the developed West to the energy-rich Gulf States and Russia, as well as to Asia, a rising centre of manufacturing and service industries.

With a new presidential agenda in the United States, it might be hard to predict what is going to happen in the years to come. Maybe Barack Obama will become a great president who will help markets to re-establish and sustain America's post-cold war role. Perhaps he will be hindered by the political and financial constraints that the politics of his predecessor leaves behind. More predictably, whatever the outcome of his politics, he won't have much to play with on the international field.

In dentistry, we are already experiencing these developments and we are not just talking about China's steady rise to a dental laboratory superpower. In most Asian countries, the majority of dentists are not only internationally educated, but also eager to stay up-to-date with the latest technical developments in the field. They also have state-of-the-art equipment at their disposal. Nowadays you will probably find more dental practices with the latest equipment and more treatment options in Singapore or Shanghai than you will in a practice in New York, Sydney, or Auckland. In addition, local manufacturers, especially those from China, are constantly gaining more market shares, not only in their domestic markets, but also internationally.

A *Wall Street Journal* article recently said that more and more insurers and employers in the United States are offering their clients and staff medical or dental treatment in countries abroad (see Medical tourism: A new option for patients in the US, *Dental Tribune Asia Pacific*, 9(2008):8). This shows that, even in the West, people are increasingly considering the Asian continent a rising superpower, in general, and particularly, in dental health care. Asian dentists should be aware of this. They could soon be on the forefront of shaping the future of the profession. DT

Daniel Zimmermann
Group Editor
Dental Tribune International

"It's about time"

US presidential elections: Change is in the air

Janet Kopenhaver
USA

By now, everyone knows that our 44th President will be Sen. Barack Obama (D-IL). Having won a projected 365 electoral votes (270 are needed to actually win), the Senator can also boast that he received over 50 per cent of the popular vote (about 52.6 per cent). He is the first Democrat to have done so since Jimmy Carter was elected in 1976.

The President-Elect overpowered his opponent Sen. John McCain (R-AZ) in several key states, including Ohio, Florida, Virginia, and Pennsylvania. The Democrat easily won most of the Northeast, the Rust Belt, the West Coast, and the Mid-Atlantic States, which normally back Democrats.

President-Elect Obama has already listed his top priorities to tackle upon taking office. They include an economic recovery package that would include middle-class tax relief, followed by energy issues. Third on the list is health-care reform; fourth is tax restructuring; and fifth, education. With the recent announcement of his economic team, Obama is already beginning work on his first priority.

In the Senate, Democrats also scored well, but did not reach the magic number of 60 seats required to control the Senate agenda entirely. However, they did pick up seven seats (Alaska, Colorado, New Hampshire, New Mexico, North Carolina, Oregon, and Virginia). Two elections are still pending (Minnesota and Georgia). This leaves the breakdown at 56 Democrats, 40 Republicans, and 2 Independents (who usually side with the Democrats). So the Democrats basically hold 58 seats. It is not anticipated that they will win both the pending Senate seats, but they do have a good chance of picking up at least one.

"One of the first pieces of legislation is an expansion of the State Children's Health Insurance Program."

In the House of Representatives, it is anticipated that the Democrats will pick up at least 20 seats. This will result in 255 Democrats and 174 Republicans in the House for the 111th Congress. Six elections are still pending a decision.

Overall, there will be more than 60 freshmen in the new Congress. Interestingly, of the Democrats, more than one-fifth will be considered moderate. Therefore, in order to move initiatives quickly through both congressional chambers, Democratic leaders are going to need the support of the moderates, which could result in major legislative reform issues being more towards the centre than the left on the political spectrum. This would be especially true with respect to any major health-care reform package.

Obviously, the challenges confronting the new president and Congress are huge. Democratic leaders therefore might focus on some smaller victories during their first 100 days. It is widely predicted that one of the first pieces of legislation that might be passed in January/February is an expansion of the State Children's Health Insurance Program (SCHIP). This would likely include more funding, as well as an expansion of the programme, to allow families with higher income levels to be eligible. Also high on the list is a reversal of President Bush's Executive Order imposing strict limitations on stem cell research.

Although the word 'change' has been used far too often during this election process, it does seem obvious that there will be change coming from Washington, DC. The President-Elect is diametrically opposed to many of the policies of the current president, and he will seek to make his mark early on in his Administration by signing into law his own priorities. DT

Contact Info

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Successful implant treatments

Dr Stephen Salt
United Kingdom

Although Implant Studies go back 40 years, implants are a relatively recent development in dentistry and have only really been commercially available for the past ten to fifteen years. Many dentists practising today completed their initial training before implants began to feature in general practice. Nevertheless, it's important in the context of overall public oral health as well as for the individual patient that this treatment option is available when it represents the optimum response for tooth replacement.

There are a number of training routes open to dentists seeking to expand their knowledge and skills in implant dentistry. A formal, university-based training course is the ideal but spaces are limited, and working practitioners may be deterred by financial and time constraints. I personally found that formal training suited my purpose better than the other courses available.

For those whose responsibilities preclude full-time study, part-time courses offer a viable alternative and include mentoring programmes, where a fellow professional with the appropriate experience offers guidance throughout the training process and during the novice's first cases. Dentists can also approach implant suppliers, such as BioHorizons, whose representatives will attend their practice and deliver training in the safe and effective clinical application of their products and protocols.

The most valuable time is spent planning the proposed implant treatment. My own experience has shown me the value of always allowing adequate time for careful planning of every case prior to starting treatment. As with most practical skills, experience is vital, thus intending implant practitioners should expose themselves to as much implant dentistry as possible, starting with simple cases before progressing to more complex surgery. Doing this rapidly improves both technique and confidence.

For those considering a career as an implant specialist, the best advice is to undertake a dedicated, institution-based training course; for GDPs merely wishing to add a new dimension to their existing practice, the part-time option is likely to prove a more cost-effective and practical introduction. Whatever the choice, all dentists today have a responsibility to acquire sufficient knowledge of implants to offer informed advice to their patients, and to be able to refer them to the appropriate specialist should they lack the training to perform the treatment themselves. DT

Gates urges rich countries not to cut health aid

Reuters

NEW DELHI, India: Microsoft founder Bill Gates is worried the global financial crisis could last two to three years, and might drive rich countries to cut back on spending on health aid for the developing world. Echoing comments made last week by UN chief Ban Ki-Moon, the billionaire philanthropist said the world's poorest people will suffer the most during the economic slowdown and a 'strong voice' was needed to keep them a global priority.

"We certainly are concerned that some of the rich world governments could either reduce their increase or even cut back the amount they spend on these issues," Gates said in India's capital. "We have to admit that getting that generosity gets even more challenging when there's tough economic times."

Gates said he expected the United States to undergo a period of "economic contraction" for two to three years, as a result of a meltdown in the housing market and heavy consumer debt. Gates was optimistic about the newly elected American president Barack Obama's efforts to tackle global health issues, saying Obama has "shown a lot of interest" and would "drive improvements in those areas."

Gates was on a visit to India on behalf of his charitable foundation to tackle health issues, focusing on polio eradication and fighting HIV/AIDS. Meeting with Indian health officials and polio experts, Gates said he was confident polio could be successfully eradicated, with India leading the way. Gates called for increased government spending on health and urged Indian health officials to consider using innovative approaches, such as injection vaccines, to tackle the crippling disease. While a lot more expensive and trickier to administer, the injected IPV vaccine could be used in addition to oral vaccines to stop the spread of polio in high-risk areas.

Oral vaccines have not proven to be as effective in India as elsewhere, a problem which some researchers suspect is down to poor sanitation and a higher presence of other diseases that stop the vaccine working properly.

A world effort to beat polio has succeeded in slashing the number of cases by 99 per cent over the past two decades, but the disease is still endemic in India, Pakistan, Afghanistan, and Nigeria. The Bill and Melinda Gates Foundation has contributed more than US$17 billion in grants since it began in 1994, and has given hundreds of millions of dollars in a global campaign to eradicate polio. DT

The Philippines aims for the improvement of oral health in schoolchildren

LEIPZIG, Germany: The Filipino government has recently launched a new programme to promote better oral health in the country's public schools. The initiative is part of the Arroyo Administration's Health Education Reform Order that aims to integrate preventive health measures in the education curriculum. It will be supported by companies, such as Colgate-Palmolive, which has agreed to donate more than P70 million (US$1.4 million) worth of toothpaste, toothbrushes, and oral health education materials to first grade students.

Christian school in the Philippines, Photo: Michael Woodruff.

The Philippines is one of the Third World countries with the most alarming child dental problems. According to the Department of Education's recent *National Oral Health Survey* of six- and twelve-year-old public schoolchildren, over 95 per cent of first-graders and nearly 80 per cent of sixth grade students in public schools suffer from tooth decay. The Department's Health and Nutrition Center has blamed the problem on poor eating habits and a lack of proper oral care education.

"The survey results illustrate how little regard we give to oral hygiene," Education Secretary Jesli A. Lapus told the newspaper the *Philippine Daily Inquirer*. "The problem of tooth decay is severely affecting our pupils' performance in school. They cannot focus on learning."

"Intensive education is one sure way of addressing common problems in oral health," he added.

Lapus also appealed to the country's dental professionals to support the programme. Noting that Filipinos only visited a dentist as a last resort, he said, "As dental professionals, you can change that perception." He described the programme as a "creative way to encourage student participation in a worthy project that addresses two important concerns of our time—oral health and environmental protection." DT

Study claims Australia low on dental workers

BRUCE, Australia: Australia will be facing a shortfall of dental workers, a new report by the Australian Institute of Health and Welfare (AIHW) states. Although the number of graduates from local universities is expected to double in the next six years, the report says between 800 and 900 more dental professionals will be needed to serve the expected number of visits in 2020. Previous studies have predicted a shortfall of 1,500 by 2010.

Commenting on the lack of workers, the Australian Dental Association (ADA) said that the ageing population will put pressure on both public and private dental operators. Baby boomers grew up before the education programmes that saw an increase in dental health, and more tooth problems are expected to develop as they get older.

ADA president Dr John Matthews told the Australian Broadcasting Corporation while the expansion of regional training centres has been a good thing, the Government must not be complacent. "Dentistry is a very highly sought after course, it's a favoured course," he said. "Mostly the people who get the second-highest [university entrance] scores tend to do dentistry so there's no shortage of people wanting to study dentistry."

Dr Matthews also warned if dental services were to come under Medicare, the resultant demand would probably be too great for the public sector's current resources. In March the Government announced it would take high-cost dental services out of the scope of Medicare, but this move was blocked in September by the Coalition in Australia. DT

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New health information system in the UAE

An online information network will connect health facilities in Dubai (picture) and other Emirates until 2011, Photo: haider.

DUBAI, United Arab Emirates: With the implementation of Wareed, the new health information system for the United Arab Emirates, hospitals and clinics in the country will be connected via an online network by 2011 to improve medical care and ensure patient safety, a Ministry of Health official told *Dental Tribune* in November.

The network aims to exchange and access to medical and health information between patients and doctors as well as healthcare peers across the country. Patients can be treated in the most effective way by having access to their treatment results, updates and follow ups. They can also easily be transferred from one hospital to another within the UAE, even outside of the country thanks to specific agreements between the hospitals. The new system promises to avoid losing data, saving time and money, decreasing the waiting time for medical appointments but most importantly as the ability to provide international medical second opinion.

Although Wareed has a lot of advantages, it has some drawbacks. The main concerns are how to run the system in most efficient way and ensure patient safety while going through the process of implementing the customer centric data system. At the 3rd annual Healthcare Expansion Congress Mid-East, organised by naseba, e-health application in the region, the importance of information at the point of care, patient safety and cancer management were the hottest issues discussed.

Patient safety is and should continue to be the most important consideration for delivering patient care while implementing the new system. A certain element of risk from human errors always remains but we should certainly be able to address avoidable and often costly mistakes, noted Raj Singh, healthcare solutions consultant EMEA, Hitachi Data Systems. "The reliability of IT health information systems coupled with advances in technologies such as RFID and Finger Vein Biometrics can help improve patient safety quite significantly. The most important consideration for improving patient safety still relies, however, on the healthcare providers who need to ensure they build out the best care practices with correct patient identification throughout their healthcare workflows and processes," he added.

Saudi Arabia is the first country in the Middle East region, to have implemented the eICU programme, patented by VISICU, which combines early warning software and remote monitoring to connect off-site critical care physicians and nurses to ICU patients at all times. The eICU Program provides an alternative way to deliver high-quality critical care when specialist resources are limited. The eICU vision is to have centralised intensivist physicians & critical care nurses—round-the-clock in an eICU Center—to help bedside teams watch over their sickest patients and to prioritise and guide interventions.

The evidence is growing that eICU Programs are having a proven impact on saving lives, reducing complications as well as the length of patient stays, especially in the countries where people have limited and unequal resources in healthcare services.

Mohammed Abd Al Abi, the head of Radiology from the Ministry of Health mentioned that the system of e-health facilitate will enable both patients and doctors across the country to make quick and well-informed decisions as well as ensuring the quality of treatment. At this point, training the staff on the new implementations, upgrading and maintaining the data base are vital factors for the sustainable safety of patients. DT

Patients with cleft lips or palates require continuing multidisciplinary care

CHAPEL HILL, NC, USA: A greater number of specialised or centralised care options may be needed for adults with cleft lips or palates because these patients continue to face health and psychological problems that often require the assistance of more than one specialist, a new study has revealed. These patients include those continuing their care from childhood and others seeking new advice or intervention, according to authors Cher Bing Chuo, Yvonne Searle, Alison Jeremy, Bruce M. Richard, Ian Sharp, and Rona Slator. Their article, The Continuing Multidisciplinary Needs of Adult Patients with Cleft Lip and/or Palate, appeared in the October 2008 issue of *The Cleft Palate–Craniofacial Journal*, published by the American Cleft Palate–Craniofacial Association.

"Some adult patients of all ages and all cleft types continue to have problems related to their cleft lip and/or palate and want intervention for those problems," according to the authors. The most common problem is persistent nasal deformity. Other issues include problems related to hearing, speech, teeth, and social life, plus concerns about social skills and social withdrawal.

The study examined patients who have been treated at adult multidisciplinary cleft clinics in the West Midlands in the UK since June 2000. The researchers reviewed the number and nature of the patients' problems and the types of treatment they required in 2004. A total of 145 patients were seen in the adult cleft clinic. Of those, 55 patients attended as part of their continuing care. Ninety were newly referred as adults to the cleft service. Patients ranged in age from 15 to 70 years and, on average, had three clinical problems each.

"Intervention for the patients reviewed in this study included varied types of surgery, dental rehabilitation, psychological assessment and support, and speech assessment and therapy," the authors said. The variety of interventions indicates that "the problems of adults with cleft lip and/or palate may be changing," according to the authors.

"Our study supports the need for a specialist multidisciplinary cleft clinic to provide continuing care for patients who have a history of cleft lip and/or palate," they added. DT

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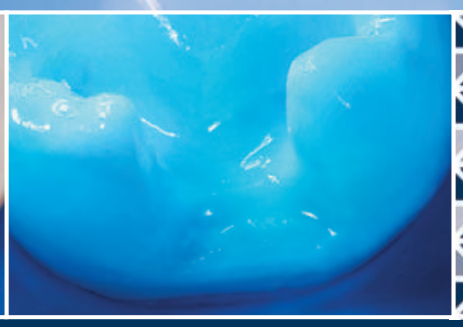

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Men drive cosmetic trends in the UK

Penny Palmer
DT United Kingdom

LONDON, UK: According to the British Academy of Cosmetic Dentistry (BACD), more and more men are opting for cosmetic dental treatment. Men, who used to account for 28 per cent of all veneers, now account for nearly a third of all procedures. Similarly, men used to account for less than a fifth of all orthodontics. They now represent almost a quarter, with 400 cases this year.

The top five procedures for men in 2007

White fillings (back teeth)	12,252
Crowns–Inlays–Onlays	11,088
Veneers	4,568
White fillings (front teeth)	3,856
Whitening	1,764

Source: British Academy of Cosmetic Dentistry

Bridges are another procedure that has become more popular with men, who used to account for 42 per cent and now are edging ever closer to women at 46 per cent. Overall, orthodontics (which includes both visible 'train track' as well as invisible and removable braces) has boomed in popularity, with the number of cases more than tripling since 2006.

Women are still the big spenders on cosmetic dentistry, accounting for 61 per cent of all procedures. Women also still account for the majority of whitening procedures.

According to Dr James Goolnik, dentist and BACD board member, "These results show that men have become more accepting of cosmetic treatments in general—reflecting the importance we now place on a healthy smile. The advent of new procedures, such as the removable adult braces and more realistic-looking veneers, which require much less drilling, also means people are less likely to choose invasive and irreversible treatments."

Dr David Bloom, dentist and president of the BACD, added, "This audit has highlighted some very exciting trends, such as an impressive increase in the number of orthodontic cases. This could well be a backlash against the dramatic smile 'overhauls' popularised in makeover shows but may also herald a more subtle, and indeed cost-effective, approach to cosmetic dentistry by the industry as a whole. It's also interesting to note the overwhelming preference for less invasive treatments, such as onlays, which are porcelain fillings to cover part of the tooth, over crowns, which involve drilling to achieve full coverage." DT

Oral bacteria bring in the taste

From news reports

Scientists in Switzerland have reported that bacteria in the human mouth play a role in creating the distinctive flavours of certain foods. They have found that these bacteria actually produce odours from odourless components of food, allowing people to savour fruits and vegetables fully.

In the study, published in the recent issue of the *Journal of Agricultural and Food Chemistry*, author Christian Starkenmann and colleagues have argued that some fruits and vegetables release characteristic odours only after being swallowed. In order to prove this, sensory tests were performed on 30 panellists, to evaluate the odour intensity of odourless sulphur compounds and the volatile sulphur compounds—known as thiols—that are released from the odourless compounds, which are found naturally in grapes, onions, and bell peppers. Participants instantly perceived the aroma of the thiols, but took 20 to 30 seconds to perceive the sent of the odourless sulphur compounds.

While scientists have previously reported that volatile compounds produced from precursor odourless compounds found in certain foods are responsible for this 'retroaromatic' effect, the details of this transformation were not fully understood. The authors conclude that it is the mouth bacteria's ability to free thiols that helps modulate long-lasting flavours. DT

Stem cells from monkey teeth stimulate growth of brain cells

ATLANTA, GA, USA: Researchers at the Yerkes National Primate Research Center, Emory University, USA, have discovered dental pulp stem cells can stimulate growth and generation of several types of neural cells. Findings from this study suggest dental pulp stem cells show promise for use in cell therapy and regenerative medicine, particularly therapies associated with the central nervous system.

Photo: iconex

Dental stem cells are part of adult stem cells, one of the two major divisions of stem cell research. Adult stem cells have the ability to form many different types of cells, promising great therapeutic potential, especially for diseases such as Huntington's and Parkinson's diseases. Already, dental pulp stem cells have been used for regeneration of dental and craniofacial cells.

Yerkes researcher Anthony Chan, DVM, PhD, and his team of researchers placed dental pulp stem cells from the tooth of a rhesus macaque into the hippocampal areas of mice. The dental pulp stem cells stimulated growth of new neural cells, and many of the new neural cells formed neurons. "By showing dental pulp stem cells are capable of growing cells that produce fat, cartilage and bone, our study demonstrates the specific therapeutic potential of dental pulp stem cells and the broader potential for adult stem cells," said Chan.

Because dental pulp stem cells can be isolated from anyone at any age during a visit to the dentist, Chan is interested in the possibility of dental pulp stem cell banking. "Being able to use your own stem cells for therapy would greatly decrease the risk of cell rejection that we now experience in transplant medicine," said Chan.

Chan and his research team next plan to determine if dental pulp stem cells from monkeys with Huntington's disease can enhance brain cell development in the same way dental pulp stem cells from healthy monkeys do. DT

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