

# DENTAL TRIBUNE

— The World's Dental Newspaper • United Kingdom Edition —

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## News in Brief

### Justin Bieber's gone dental

Teen singer Justin Beiber has cornered a previously uncharted market with the launch of his very own singing toothbrushes. The electric toothbrushes, which are to be launched on July 1st 2011 from Ashtel Dental, will come in two designs: one plays Biebers' hit tunes *Baby* and *U Smile*, while the other blasts out *Somebody To Love* and *Love Me*. Each song lasts two minutes. According to reports, there are other Bieber-themed oral care merchandise, which has been produced by the company; these include an adult toothbrush, floss and travel kit - which includes a mini hourglass timer and a tongue scraper.

### Gum disease and anaemia

A new study suggests that chronic periodontitis may cause a reduction in red blood cells and haemoglobin leading to the blood disorder anaemia. The research, published in the *Journal of Periodontology*, found that more than a third of people suffering from severe gum disease had haemoglobin levels below normal concentrations. Following a six-month course of treatment to improve their oral health, all patients had improved levels of red blood cells, haemoglobin and all other clinical measures used to assess the health of the blood. The research also suggested that women with severe gum disease had a higher risk of anaemia, compared to men. Less than three in ten men had anaemia, compared to over four in every ten women.

### Dental cost

One in five people are delaying having dental work carried out because of the cost of treatment according to the findings of the Adult Dental Survey. But the results of the survey, which was carried out in 2009 but has just been published in full, suggest even modest charges can prevent people seeking treatment and can widen dental health inequalities. The findings also confirm research by the British Dental Association (BDA) carried out earlier this year in England, which found concerns about the economic climate are leading patients to cancel dental appointments and defer treatments they need. Dr Nigel Carter, chief executive of the BDHF, said: "Dental care should not be viewed as a luxury. Looking after your oral health can reduce the risk of getting infections."

[www.dental-tribune.co.uk](http://www.dental-tribune.co.uk)

## Feature



### Giving and gaining

Amarjit Gill looks back on a visit to Chitrakoot

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## Social Media



### What's your plan?

Rita Zamora discusses social marketing on Facebook

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## Practice Management



### Doing it by the book

Jonnie James discusses employment regulations

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## Lab Feature



### Working in partnership

Dental Tribune talks to Nicola Farnfield about relationships

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# Is the 'uplift' really a pay cut for dentists?

## BDA warns that percentage increase may not be all it seems



value of DESs."

The British Dental Association (BDA) has said however that the Department of Health's announcement of a 0.5 per cent increase in contract values for general dental practitioners in England for 2011/12 is a pay cut that will negatively affect their ability to invest in patient care.

The BDA demonstrated in its evidence to the Department of Health that expenses in dental practice are increasing sharply, but the BDA has said that their warning has been disregarded.

Dentists are also being asked to implement new best practice guidance for preventing oral disease in children in support of the Government's aim of reducing levels of oral disease in younger patients. Where it is considered appropriate, parents will be offered the opportunity for their children to have fluoride varnish applied to their teeth.

John Milne, Chair of the BDA's General Dental Practice Committee, said: "The level of this uplift is simply not enough. Dentists across England are working really hard, through a period of uncertainty, to deliver high quality care to their patients.

"They are contending with a growing mountain of pointless bureaucracy and escalating

costs on top of the effects of the efficiency savings imposed last year. They need help to address those problems.

"While we support this prevention-focused activity to improve young people's oral health, the costs of providing the extra fluoride varnish to children have not been recognised by this uplift.

"The NHS rightly seeks to improve the quality of dental services and to increase the emphasis on disease prevention, but this cannot be done in an environment where not only are dentists incomes frozen, but the continued failure to reimburse expenses puts practices under severe financial pressure." **DT**

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# Call for ideas about Scope of Practice

The General Dental Council wants to hear from dental professionals as part of its review of one of its key documents – Scope of Practice.

The guidance was first published in January 2009. It clearly sets out the skills and abilities that each registrant group should have, as well as

listing the additional skills registrants may develop after registration.

In the introductory section of the guidance it states that the lists will be reviewed regularly to ensure that they are still relevant to the dental team.

An online feedback exercise is being launched to find out

whether Scope of Practice has achieved its original aims and whether the lists still accurately reflect the scope of practice for all our registrant groups. Any feedback we receive will feed into the development of the formal consultation that will run later this year.

Questions the GDC is asking include:

- Whether dental professionals agree the lists accurately reflect the work that should be carried out by a particular registrant group?
  - Are there any skills that they think should be removed from these lists?
  - What barriers dental professionals have encountered when trying to increase their scope of practice?
- Dental professionals can take part at [www.gdc-uk.org](http://www.gdc-uk.org).
- The review of Scope of Practice is running alongside the review of Standards. This work will continue throughout 2011 with the aim of producing new guidance in 2012. [DT](#)

## A question of radiation

It has been reported that our exposure to radiation is seven times higher than it was in the 1980's. Much of this radiation exposure comes from CT scans, X-rays and various other forms of medical imaging, including exposure during dental check-ups.

However, with the development of new methods and practices throughout the dental industry patients are being exposed to levels of radiation.

One report quoted Erika Benavides, DDS, PhD, clinical assistant professor in the department of periodontics and oral medicine at the University of Michigan, School of Dentistry: "It's in line with, or even more advanced than other fields of medicine," Erika said.

However, the problem seems to be that dentists don't seem to be investing in all those new low-radiation methods.

Both the American Dental Association and the Food and Drug Administration have is-

sued guidelines for how often adults and children should be getting X-rays and as recent reports have highlighted, healthy adults without many risk factors only need a dental X-ray every three years.

The ADA recommends that a thyroid collar be used on everyone, but specifically on women of childbearing age, pregnant women, and children, because studies have shown that repeated dental X-rays can increase your risk for thyroid cancer. [DT](#)

## Soft drinks don't degrade orthodontic wires

According to a new study in Acta Odontologica Scandinavica, researchers have said that sugared soft drinks and juices do not appear to degrade the physical and chemical properties of nickel titanium orthodontic wires.

According to a recent report, researchers from the University of Bologna evaluated the effect of Coca Cola, orange juice, and Gatorade on the Young's modulus, hardness, surface topography, and chemical composition of nickel-titanium-based orthodontic wires.

The study concluded that there were no significant differences between the groups either in the Young's modulus or hardness after the selected soaking protocol.

"Besides some surface colour changes, the topography and the chemical composition of the wires were not affected by the immersion in any of the chosen soft drinks," they noted.

The report stated that "the researchers cut 52 specimens (20 mm in length) from the straight portion of preformed 0.019 x 0.025-inch nitinol heat-activated

# Dunmurry dentist wins business award



Lisburn Business Awards 2011 - Debbie & Philip McLorinan

Philip McLorinan (Principal Dentist & Owner) from Dunmurry Dental Practice has won Young Entrepreneur at the Lisburn City Business Awards. The Practice was also a finalist in the Business Growth category.

Philip received the award from Kerrie McIlwaine of First Trust Bank, one of the sponsors, during a gala dinner held at Lagan Valley Island Civic Centre

on 19 April.

The judges were looking for an outstanding individual who demonstrated exceptional vision and leadership in the establishment and development of an owner-led business.

The judges commented that: "Philip impressed the judges with his commitment to the on-going development for himself, his team, his business and even the industry;



Philip McLorinan

he is a motivated and determined individual with a strong track record of achieving business goals."

Philip opened Dunmurry Dental Practice in 2004 as a single surgery practice and since then has grown the business into one of the largest in Northern Ireland with six surgeries and a team of 17 staff, offering offer a wide range of dental and cosmetic treatments, providing NHS and Private healthcare. [DT](#)

## Tooth-friendly soda

An Arizona endodontist has come up with an idea for a tooth-friendly, all-natural fizzy soft drink.

The drink, which is called Kurij, is currently undergoing the final touches by Dr Tung Bui and a student from the University of Arizona, Alex Deo.

According to reports, the prototype they have created is

a citrusy drink that uses only natural sweeteners, including xylitol, which studies have shown fights caries, and it also reportedly has zero calories.

With recent feedback being positive, Dr Bui told reporters that he hopes to sell the new drink in local grocery stores and dental offices, especially those that have lately taken to offering refreshments. [DT](#)

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## Editorial comment

Well here we are! No sooner do we get a hugely successful Clinical Innovations Conference under our belts then we have BDA to contend with! This week will see more than 3,000 dental professionals descend on Manchester's Central Convention Complex to hear leading speakers on a variety of topics, ranging

### Mum's gum disease treatment safe for baby

According to a new study published in the Official Journal of the American Academy of Paediatrics, pregnant women can safely be treated for gum infections without having to worry about their baby's health.

There has been widespread concern among dentists that treating the problem could cause bacteria to get into the mothers' bloodstream, which in turn could harm the babies' development.

Gum disease is a particular problem during pregnancy because hormonal changes appear to make a pregnant woman more susceptible to developing it; however, the standard antibiotic-based therapy is not recommended because it stains the baby's teeth.

What's more, dentists have shied away from aggressive teeth-cleaning, which is also effective, out of fears they'd help the bacteria get into the bloodstream. In principle, that could harm the brain development of the foetus.

However, according to the new study these fears are baseless.

Michalowicz, a dentist at the University of Minnesota School of Dentistry in Minneapolis, and his colleagues tested more than 400 two-year-olds, who'd been born to mothers with gum disease.

Half the mothers had been treated with aggressive teeth-cleaning during pregnancy, while the rest had not.

The researchers found that the children did just as well on language, motor and mental tests regardless of whether their mothers had been treated. **DT**

from clinical to political and everything in between.

The big news is of course the appearance at the event of the Secretary of State for Health, the Rt Hon Andrew Lansley CBE, who will be delivering a speech and is also scheduled to participate in a question and answer session after his address.

With the monumental reforms going on in the healthcare sector, and the changes more specifically happening in the dental sector, this really is a great chance to grill the Minister over his thoughts about dentistry and its place in the wider NHS. I'm looking forward to it...

The BDA event is also the perfect place to sign up for our upcoming specialist titles coming to the UK: Implants, Roots and Cosmetic Dentistry. For a special price of just £50, these three titles can be sent to your practice, keeping everyone up to date with the latest in implants, endodontics and cosmetic techniques. For more information call 020 7400 8969 or come see us on Stand A21. **DT**

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: [lisa@dentaltribuneuk.com](mailto:lisa@dentaltribuneuk.com)

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# Scientists declare CUS an autoimmune disease

**D**TI: Patients that suffer from a very rare condition affecting the oral mucosa may soon get relief from new research conducted in the US. In a recent study, scientists from the Tufts University near Boston claim to have found evidence that the so-called Chronic Ulcerative Stomatitis (CUS), characterised by recurring painful ulcers, is mainly caused by an autoimmune response of the body that

destroys the binding of cells inside the surface tissue layer of the mouth.

According to the scientist, only a dozen cases of CUS have been reported worldwide since the condition was first clinically identified in 1989 but more patients could be affected due to the extensive testing procedure and low awareness among dental clinicians. They said although pri-

or it was known that affected patients had specific autoantibodies, researchers were not able to determine how much these actually contributed to the condition. With help of the new findings, CUS could now be classified as an autoimmune disease in order to allow better management of the symptoms.

Due to its unique resistance to standard medication

like corticosteroids, successful treatment of CUS has been achieved only in some cases through hydroxychloroquine, a prescription drug primarily used to prevent malaria as well as to treat rheumatoid arthritis or lupus. By better understanding the mechanisms linking the autoimmune response to ulcerative sores, new treatment approaches could be developed to manage the condition, the scientists said.

So far, CUS has been found primarily in middle-aged Caucasian woman. It can only be diagnosed by surgical biopsy using immunofluorescence microscopic examination in an outside lab. In normal clinical settings it can be taken for oral erosive lichen planus, another more common chronic condition affecting mucosal surfaces and also considered to be an autoimmune disease. [DTI](#)

## Dentistry in a decade

**T**he BDTA is looking for 3rd and 4th year BDS clinical students to write an article for publication in the dental press, online and potentially the wider media.

The article will be entitled 'Dentistry in a Decade' and will be based on the findings from the recent Adult Dental Health Survey (ADHS). Students wishing to take part will specifically need to consider the requirements of the over 45 age group in the next decade and the skills and services that this group will need.

The entries will be judged by a panel of professionals from dentistry in August and the

writer of the winning entry will be awarded £500.

The winning article will be published in Dental Update and will also appear online on a new website being developed by the BDTA to host articles for health writers/journalists to access and use when writing articles. Other articles submitted are also likely to feature on the website, with the winning entry.

Tony Reed, Executive Director at the BDTA comments, "We are keen to promote the benefits of visiting the dentist to the wider public and feel that a series of high quality articles based on statistical information

is a credible way of communicating the message. We plan to include the winning article together with other entries on a new website which health writers for the national and local press will access when they are carrying out their research for dental related articles. We look forward to receiving the entries."

Articles should be no more than 1500 words in length and the deadline for submissions is 15 July 2011.

For further information and to read the full brief and terms and conditions for the article visit [www.bdtta.org.uk/dentistryinadecade](http://www.bdtta.org.uk/dentistryinadecade). [DTI](#)

## Bruxism week raises £500 for Help4Heroes

**B**ruXism Awareness Week looks set to becoming an annual autumn event with 24 – 30 October now confirmed for 2011 by the organisers S4S.

The inaugural 2010 event raised hundreds of pounds for Help 4 Heroes and helped focus on the high number of service personnel affected by bruxism - which is a common symptom of Post-Traumatic Stress Disorder (PTSD).

However, bruxism is not confined to people suffering from PTSD. It is estimated that more than half the UK population is affected by the condition and many of those are unaware that help and treatment is available.

Dentists are discovering more and more patients with bruxism and the results can have debilitating consequences.

S4S, the specialist dental splint laboratory behind Bruxism Awareness Week believe that although millions of people suffer from bruxism, it is commonly undiagnosed with patients presenting to their GP's only when the effects have become severe.

By raising awareness among patients and dental practitioners, it is hoped that support and treatment can be offered before the effects cause long-term damage.

S4S's own research suggests that as many as 85 per cent of dental patients suffer from Bruxism. Since bruxism is commonly exacerbated by stress, S4S believes that the current economic climate and worries about employment and finances will lead to an increase in bruxism.

For more information call 0114 250 0176 or visit [www.s4s-dental.com](http://www.s4s-dental.com) [DTI](#)



## Temp registration consultation

**T**he General Dental Council (GDC) has released details of draft plans to change guidelines about the temporary registration of dentists. An online consultation on the issue is now open and closes on 22 July 2011.

Temporary registration allows dentists who are not eligible for full registration with the GDC to practise dentistry in the UK in supervised posts for training, teaching or research purposes

only and for a limited period.

The proposed guidelines include:

- clarifying the purpose of temporary registration based on the GDC's role of public protection and upholding professional standards;
- making information about temporary registrants more widely available to the public;
- limiting the temporary registrant to working in a maximum of three hospitals in any one post;

- setting out more fully the responsibilities of the temporary registrants and their supervising consultants;
- describing in detail the arrangements in place to assure the quality of both posts and registrants, and the process of monitoring these;
- strengthening the GDC's stance when it comes to English Language testing;
- extending the GDC's options when dealing with complaints about a temporary registrants' fitness to practise in order to ensure public protection.

GDC Chair of Registration Committee Elizabeth Davenport says: "While our proposed changes will directly affect a small number of temporary registrants, they will have a wider impact. We would particularly like to encourage those who work alongside, supervise or employ temporary registrants to take part in our consultation. We want to make sure our plans will work not only to protect patients but to ensure high standards of dentistry are maintained."

The online questionnaire can be found at [www.gdc-uk.org](http://www.gdc-uk.org).



The proposed guidelines clarify the role of temporary registrants

## Complimentary seminars at Showcase 2011

**T**he BDTA has announced that there will be complimentary feature lectures and seminars available to visitors at this year's BDTA Dental Showcase. Following the success of last year's sessions, a similar programme of informative and helpful lectures and seminars will take place across the three-day event.

The lectures will take place before the exhibition opens each day and are designed to inform visitors of the latest dental innovations and how these can be adopted. Research has shown that people attend Showcase in order to find out about what's new in dentistry and to broaden their

knowledge, and so these lectures give attendees the perfect opportunity to do so.

The one-hour seminars will take place during the exhibition opening times each day and will cover regulatory issues.

The lectures and seminars will be offered free of charge, and the time spent attending will count as verifiable CPD.

BDTA Dental Showcase 2011 takes place between 20-22 October 2011 at the NEC, Birmingham. To secure your free of charge entry to the show, register for your ticket at [www.dentalshowcase.com](http://www.dentalshowcase.com). [DTI](#)



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# Pupils defy dental checks

A recent report has revealed that thousands of primary school children in Scotland are missing out on routine dental checks.

The blame has been handed to parents who are failing to give permission for the examinations and also to those pupils who refuse to open their mouths for the dentist; as a result, targets to inspect the teeth of all five and 11-year-olds are being missed.

Even though experts have stated that rates of tooth decay among young people are at their lowest levels ever, the report has shown that four health boards, including Greater Glasgow and Clyde and Lanarkshire, are behind the rest of the country with regards to their dental health.

Andrew Lamb, national

director for professional body the British Dental Association in Scotland, said a gulf had opened between the dental health of children from affluent families and those from poorer homes and this was why some regions were lagging behind.

An action plan for improving oral health in Scotland was published in 2005 and the new report, published by the NHS, tracks progress against its goals. According to the report across Scotland nearly 64 per cent of 11-year-olds are decay free, beating the 60 per cent goal.

One report stated that the Childsmile campaign, which introduced daily tooth brushing to nursery schools across the country and primary schools in the most deprived

areas, is thought to have contributed significantly to this success.

However, there according to reports there still remains a problem with gaining access to an NHS dentist in Scotland. This was a serious problem in some regions in the past, and although this has improved since the dental action plan was introduced, NHS Grampian, where there has long been a shortage of NHS provision, and NHS Dumfries and Galloway, are still failing to hit the target ratio of one dentist per 1,750 people.

One report stated that incentives to attract dentists to barren spots have been offered during the last five years and Mr Lamb said they had worked in many places. **DT**

# Taking the fear out of local anaesthesia

Researchers at the University of Uberaba in Brazil have come up with a simple solution to solving needle anxieties in children: The Angelus Alligator disposable syringe cover.

Hiding needles from children is often a difficult thing to achieve, and if not done well can lead to stressful and often unsuccessful experience. However, the effectiveness of the Angelus Alligator was presented during a poster session at the recent International Association for Dental Research (IADR) meeting in San Diego along with some accompanying clinical data.

One report stated that according to Maria Angélica Hueb de Menezes Oliveira, DDS, a professor in the department of pediatric dentistry at the university's dental

school, the only thing a child will see prior to receiving local anaesthesia is a cartoon-looking device made of flexible rubber that fits over the needle and syringe, hiding them from young patients' eyes.

"Our experience with children who were undergoing treatment at the Children's Clinic School of Dentistry revealed that the patients were more cooperative due to less stress and fear, as they did not even realize that they were having an injection, she told reporters. "So the patient-professional relationship was more harmonious during the appointment"

According to reports Dr Hueb originally came up with the idea during a conversation with her brother Fernando, who is also a dentist and a professor at the University of Uberaba. **DT**

# Tyrannosaurus toothache

A study that was conducted at the University of Toronto, Mississauga, has revealed an infection in a jaw of ancient fossil.

The reptile, that lived 275 million years ago in what is now Oklahoma, has started giving paleontologists a glimpse of the oldest known toothache.

Throughout the study, which has been led by Professor Robert Reisz, the chair of the Department of Biology at the University of TorontoMississauga, scientists have found evidence of bone damage due to oral infection in Paleozoic reptiles as they adapted to living on land.

Their findings, published online in the journal *Naturwissenschaften - The Nature of Science*, predate the previous record for oral and dental disease in a terrestrial vertebrate by nearly 200 million years.

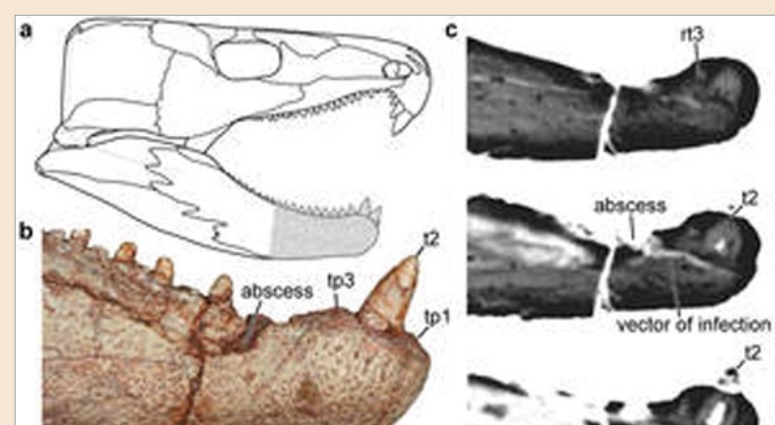
After investigating several well-preserved jaws of the 275-million-year-old terrestrial reptile *Labidosaurus hamatus*, who originated in North America, one of the specimens stood out due to its missing teeth and

what appeared to be bone erosion of the jaw. After subjecting the fossil to a CT scan the researchers found evidence of an infection, which had resulted in bone destruction of the jaw, tooth loss and an internal loss of bone tissue.

As the reptiles adapted to life on land many of them evolved to have special cranial and dental developments so they could feed more efficiently to feed on both animals and plants. Some changes meant that animals no longer replaced their teeth as they became strongly attached to the jaw. This was clearly advantageous to some early reptiles, allowing them to chew their food and therefore improve nutrient absorption.

However, according to one report, Reisz and his colleagues suggest that as this reptile lost the ability to replace teeth, the likelihood of infections of the jaw, resulting from damage to the teeth, increased substantially.

This is because prolonged exposure of the dental pulp cavity of heavily worn or damaged teeth to oral bacteria was much greater than in other animals that quickly replaced their teeth. **DT**



Fossil of *Labidosaurus hamatus* suggests toothache

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## Syneron Dental Lasers signs clinical research agreement

Syneron Dental Lasers has signed a clinical research agreement with the Medical University of Vienna under the leadership of Professor Dr Andreas Moritz, one of the world's top researchers who has been involved in the teaching and the development of laser dentistry for more than 15 years. Syneron Dental Lasers hopes the clinical research agreement will be a strong and solid framework for academic and scientific cooperation, which will drive the advancement of laser dentistry research forward.

Professor Moritz is the head professor of Professional Dental Training at the Bernhard Gottlieb University Department of Dentistry at the Medical University of Vienna and is the current President of the International Society for Oral Laser Applications (SOLA).

The Medical University of Vienna's School of Dentistry is one of the world's top six academic institutions to offer Laser Dentistry program in the Bernhard Gottlieb University. The School of Dentistry, under the leadership of Professor Moritz, has recently undergone major renovation,

with a brand new research centre that includes state-of-the-art auditoriums and laboratory equipment.

"We have been carrying out researches with a number of laser systems, and we are extremely pleased to be able to study the LiteTouch™ and the Laser-in-Handpiece™ as it is essentially different and unique Er: YAG dental laser technology" said Professor Andreas Moritz. "As a laser dentistry veteran clinician and a researcher, the cooperation with Syneron Dental Lasers is instrumental to our academic research and will assist us in achieving the goals we have set to educate and combine the latest technology with laser dentistry research so that in the very near future practitioners and patients alike can immediately benefit from the innovations in this field."

"Syneron Dental Lasers is pleased to have Professor Andreas Moritz on board," said Ira Prigat, Syneron Dental's President. "This collaboration with Professor Moritz - who is one of the world's key opinion leaders in the field of laser dentistry - will support the construction of powerful

research cooperation and an education network, as well as the company's position as a technological leader. Together with Professor Moritz, we will achieve our mutual goal to further develop the education and training of current and future practitioners - who stand to hugely benefit from evidence-based laser dentistry research and clinical findings. This combined synergy between a company with superior technology and an excellent clinician with superior academic research abilities will provide the best foundation for innovative research, outstanding clinical training and successful laser dentistry practices."

"Following a recent similar collaboration that was signed with the University of Barcelona's Master program, we are confident that this collaboration with Prof Moritz will enrich and empower Syneron Dental's contribution to laser dentistry research and will promote increasing laser usage in day-to-day dentistry."

"We look forward to having many more laser dentistry researchers and clinicians from across the globe join our team." DT

## Dentists more scary than snakes and spiders

It's not good news for dentists as the latest piece of research by the British Dental Health Foundation suggests that visiting the dentist makes people more nervous than snakes or spiders. The research echoes last month's Adult Dental Health Survey, which revealed half of adults - especially women - were classified as having moderate to extreme dental anxiety.

The BDHF asked 1,004 people - in the lead up to National Smile Month 2011 - what made them most nervous from a list including heights, flying, injections, doctors, snakes, spiders, going to hospital and visiting the dentist. Over one in five people rated vis-

iting their dentist as the thing that made them most nervous - more than any other category. Overall, statistically, heights topped the poll of biggest fears, closely followed by visiting the dentist and going to the hospital. Snakes were rated fourth and spiders came fifth.

In comparison to doctors, dentists also struggled. The BDHF discovered that nearly 10 times as many people (22 per cent) were made most nervous by their dentists, compared to their doctor (two per cent). The Adult Dental Health Survey points to two dental treatments in particular as the main cause of these nerves: three out of ten (30 per cent) adults said that

having a tooth drilled would make them very or extremely anxious. A similar number (28 per cent) of people reported equivalent levels of anxiety about having a local anaesthetic injection.

Dr Nigel Carter, Chief Executive of the British Dental Health Foundation, said: "Everyone in the profession knows that dental anxiety is a major barrier for many people to visit their dentist. What may prove concerning is just how poorly the profession rates in comparison to doctors. The comparison with snakes and spiders may appear frivolous, but it does suggest we still have a lot of work to do to build public confidence."

"The issue of anxiety affects everyone in the profession. Collectively we need to work together and we hope that the whole profession will get behind this year's National Smile Month campaign which starts on the 15 May 2011. The campaign offers the best opportunity for everyone to reach millions of people whose nerves and anxiety are directly affecting their oral health." DT



Visiting the dentist is seen as more scary than spiders

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# “Just put your feet up!”

**Tony Jacobs shares some of the many topics that have been raised on dental forum GDPUK.com**

Advice was sought on the forum as to the best way to sell a practice. Various agents were discussed, valuations and marketing the practice

oneself were all compared, and there were some good ideas as well as the usual moans about the method colleagues had chosen in the past.

The on-going saga of CRB checks for staff, (need them or not?) was another topic. This subject seems to be never fully resolved, but one posted on the

GDPUK forum had an email from Cynthia Bower, the chief executive of CQC and she said these were not mandatory but subject to risk assessment, this being individual


to each practice.

There was news of future IT in dentistry - you can draw the inference that future contracts will involve detailed recording of the dentistry carried out, as well as all the datasets for QoFs and practice owners will have to invest in the latest software [and no doubt hardware] or there will be no chance of a contract. It seems this investment will be borne by the practice owners, not by reimbursement by the NHS or the DoH.

A number of hygienists on the forum have also had several threads to raise their collective blood pressure; they have been discussing these matters amongst themselves and with dentists. Direct access is one of the buzzwords, with the prospect in sight of hygienists being able to see patients without need for a referral from a dentist to carry out treatment. One unanswered question is what is the training hygienists have for diagnosis?

On another level, an informative clinical topic has been regarding host/immune response and low saliva buffering; we all have patients who claim to have an excellent diet, but saliva analysis and high caries experience belie this. A dental nurse wrote about her own son, aged five, who had this scenario with a good diet and he was diagnosed with coeliac disease. This leads to different saliva composition plus reduced Vitamin B, which in turn, leads to more mouth ulcers plus more caries due to the reduced buffering. There may be many syndromes which change the biochemistry of the mouth, and thus we need to learn more, research more, and think of differing reasons for high caries rate.

This topic was linked to a discussion about a Minimal Intervention Dentistry course, and colleagues discussed methods of caries removal, differing results with differing burs, and then materials used to seal the lesions. These techniques are taught in dental schools now, and there were anecdotal stories of young associates being sacked for insufficient caries removal by principals' who believed all caries must be removed. Interesting times.

One colleague wrote about saying something stupid to a patient and this brought in a raft of witty replies - an elderly gentleman who had lost both legs was helped into the dental chair, the dentist felt stupid when he smiled at the patient and said: "just put your feet up!" 

## About the author

**Tony Jacobs**, 54, is a GDP in Manchester, in practice with partner Steve Lazarus at 406 Dental. Tony founded GDPUK in 1997, and the website now has over 11,500 unique visitors each month, who make 50,000 visits and create over 2 million pages on the site every month. Tony is certain GDPUK.com is the liveliest and most topical UK dental website.

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# Giving and Gaining?

Immediate Past President of the BDA Amarjit Gill looks back at an eye-opening visit to the Indian town of Chitrakoot to see the work going on at the dental clinic of the Chitrakoot Project charity



Depleted Cannabis

That great American philosopher and boxer Mohammed Ali said “Service to others is the rent you pay for your room here on earth”.

In the middle of February a party of 50 Brits travelled to India to take part in a joint meeting between the Indian Dental Association, the Faculty of General Dental Practitioners (UK) and the British Dental Association. After the meeting, 20 people went to Chitrakoot, a small town of about 35,000 people situated on the Mandakini River, a tributary of the Ganges lying approximately 500 miles south east of Delhi.

It is on the border between Madhya Pradesh and Uttar



Feeding the Holy men

Pradesh, two of the poorest and most deprived areas of rural India. It is reached from Delhi by air to Khajuraho and then by a four-hour road journey, or by a train journey of 14 hours.

Chitrakoot is best known as a major historic religious cen-



Women at work

town. There are 500 surrounding villages with a total population of more than a million, all struggling with extreme poverty and an almost total absence of health care. The Chitrakoot Project charity aims to address a major aspect of the health problems in the area

*‘The purpose of our visit was to see the dental clinic which is providing much-needed dental care to the community*

tre of the Hindu faith and as a centre for pilot studies in self-reliance, based at the Deendayal Research Institute in the

and understands that an unhealthy individual is unable to

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