DENTAL TRIBUNE

The World's Dental Newspaper • Pakistan Edition

PUBLISHED IN PAKISTAN | www.dental-tribune.com.pk | NOVEMBER, 2018 - Issue No. 06 Vol.5

An exlusive interview with Dr Asif Niaz Arain

INTERVIEW ►Page 4

1st Convocation University of Health Sciences

CONVOCATION ►Page 6

Implants should only be inserted when periodontal ...

CLINICAL IMPLANTOLOGY ►Page 8

Mercury-free healthcare initiative

DT Pakistan Report

ISLAMABAD - Realising that exposure to mercury is injurious to health, the federal government is planning to embark on a countrywide initiative to free health facilities from equipment and products made of the silvery toxic metal.

Under the Mercury-Free Healthcare Programme being developed by the Ministry of National Health Services, Regulations and Coordination in consultation with stakeholders, all mercury-containing medical devices will be phased out by 2020 with their safe alternatives coming in. The initiative is being taken to protect people from the devastating health consequences that can arise from mercury use.

Currently, mercury is used in dental amalgam (fillings), thermometers, blood pressure devices, fixatives, preservatives, lab chemicals, cleaners and other medical products, though the World Health Organisation identifies it as one of the top 10 chemicals, which can endanger and harm health.

According to the UN agency, which coordinates international health activities and helps governments in improving health services, mercury can have significant harmful effects on the nervous, digestive and immune system and on lungs and kidneys, and its excess exposure can even be fatal. It is known to be extremely harmful to the foetus, and even if exposed at low doses in the womb, the developing baby can experience

Continued on Page 15

Request for increase in health budget tabled to PM

DT Pakistan Report

ISLAMABAD - While pledging transformational changes in the health sector, particularly in public sector hospitals where patients are generally denied appropriate attention, treatment and respect, Minister for Health Aamer Mehmood Kiani claimed having tabled a request to the Prime Minister for increasing the country's health budget to 2 per cent of the GDP in the next budget.

Addressing a symposium o 'Transforming HealthCare' at the Pakistan Institute of Medical Sciences (PIMS), Aamer appreciated the executive director of PIMS Dr Amjad for bringing about improvements, commissioning needed equipment, and renovating dilapidated wards, but maintained that a lot still needs to be done for improved patient services and care.

President Arif Alvi was the chief guest.

"Patients should be treated with respect. Our vision is to strengthen PIMS as a premier tertiary care institute in academics, research and innovative clinical ground-breaking procedures," Aamer stated at the symposium, which focuses on current research, technological advances, and hands-on practice through training workshops for medical, dental and nursing professionals and postgraduate students.

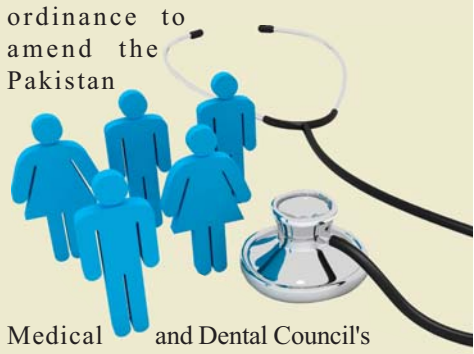
Aamer pledged to turn Islamabad into a model health city. "We want to introduce a pro-poor health system, starting from Islamabad district, as a model to revive people's confidence in the public sector's capacity to deliver quality healthcare. Concrete steps have been taken to improve the health sector," the minister stated.

100-day performance report on health sector

DT Pakistan Report

ISLAMABAD - Following suit from other ministries and departments, the federal health ministry presented its three-month performance report to Prime Minister Imran Khan, highlighting how it prepared an ordinance on the apex medical education regulator.

According to sources in the health ministry, its three-month performance report states that the ministry worked to prepare an ordinance to amend the Pakistan Medical and Dental Council's (PMDC) laws and that this ordinance has been sent to the federal cabinet for approval. Moreover, the report noted that the ministry had, for the first time in the history of the country, started working on a system which would help control infectious diseases at the ports of entry for all those who were either coming or leaving the country. The system has been introduced at 19 entry points to the country including international airports, seaports and land ports. The system includes installation and deployment of necessary facilities and equipping staff at all ports with the requisite equipment and training. Moreover, soon this staff will have special uniforms.



Sources said that with the federal government abolishing the Capital Administration and Development Division (CADD), all health-related institutions in the federal capital were now being managed by the

Continued on Page 15

PPMA notifies regarding increase in drug prices

DT Pakistan Report

KARACHI - Addressing a press conference in Karachi, Central Chairman, Pakistan Pharmaceutical Manufacturers' Association (PPMA), Mr Zahid Saeed, urged the federal government to allow local drug manufacturers to rationally increase the prices of medicines, considering the alarming inflationary trends in Pakistan's economy. He also mentioned that approximately 250 medicines have virtually vanished from Pakistan's Pharmaceutical market, as some manufacturers found it unfeasible to produce drugs at irrational pricing. The manufacturing cost of medicines has increased up to 60 percent, there has been record devaluation of rupee, followed by the increase in duties and taxes of the pharmaceutical industry.

Zahid Saeed also highlighted the federal government's reluctance in notifying new prices for certain medicines, despite passing of a year since the Drug Pricing Committee (DPC) passed its recommendation. He demanded that the government's new drug pricing mechanism should include the factor of fluctuation in our local currency's value to keep the pharmaceutical industry viable for continuance of its production. Ex-PPMA Chairman, Dr Kaiser Waheed also spoke regarding the implementation of a new drug pricing policy.

PPMA leaders demanded the Prime Minister, Federal Minister, and Secretary for Ministry of National Health Services, Regulation and Coordination, and the Drug Regulatory Authority of Pakistan (DRAP) to immediately take notice of the situation and implement corrective measures to benefit the Pharmaceutical industry and patients.

'Sin tax' on cigarettes, sugary beverages draws flak

DT Pakistan Report

ISLAMABAD - Minister of National Health Services Aamir Mehmood Kiani recently announced the government's plan of imposing sin tax on cigarettes, tobacco and soft drinks. He stated that sin tax imposition was one of the routes to higher healthcare budget.

Pakistan will be the second country after the Philippines to impose a sin tax on cigarettes.

Ever since the announcement of 'gunnah tax' on cigarettes and beverages, there has been an uproar from masses on social media. People in Pakistan have taken exception to the use of the word gunnah (sin) in the term 'gunnah tax.'

Pakistan Tehreek-e-Insaf (PTI) minister Faisal Vawda also joined the chorus against the move. Vawda tweeted, "I'm a chain cigarette smoker myself, and I appreciate all the measures taken by the government to discourage smoking and I understand it's injurious to health but this term 'Gunnah Tax' is inappropriate. If this is gunnah, then what would we name and term the actual gunnahs."

People creating a fuss over the term 'sin tax' probably do not realize that PTI did not invent it. In fact sin tax was introduced as levy on products that were injurious to health, like tobacco and alcohol. The UK and USA were among the first countries to impose this tax several years ago.

Citing the examples of the UAE and the UK, Director General of National Health Services Asad Hafeez said that a tax on cigarettes and sugary beverages is being imposed in 45 other countries. He also explained how India uses the money received from imposing a tax on gutka and pan masala in the healthcare sector.

DENTAL TRIBUNE
The World's Dental Newspaper · Pakistan Edition

Publisher/CEO
Syed Hashim A. Hasan
hashim@dental-tribune.com.pk

Editor Clinical Research
Dr. Inayatullah Padhiar

Editors Research & Public Health
Prof. Dr. Ayyaz Ali Khan

Editor - Online
Haseeb Uddin

Designing & Layout
Sh. M. Sadiq Ali

Dental Tribune Pakistan
3rd floor, Mahmood Centre, BC-11, Block-9
Clifton, Karachi, Pakistan.
Tel.: +92 21 35378440-2 | Fax: +92 21 35836940
www.dental-tribune.com.pk
info@dental-tribune.com.pk

Dental Tribune International GmbH
Holbeinstr. 29, 04229 Leipzig, Germany
Tel.: +49 341 48 474 302 | Fax: +49 341 48 474 173
info@dental-tribune.com | www.dental-tribune.com

Raho totally tayyar
zindagi ke liye

12 Hour
Mouth Protection?

With whole mouth health protection

✓ TEETH ✓ TONGUE ✓ CHEEKS ✓ GUMS

With an ordinary fluoride toothpaste, patients can only get fluoride protection for teeth, which are just 20% of mouth surfaces.[1]

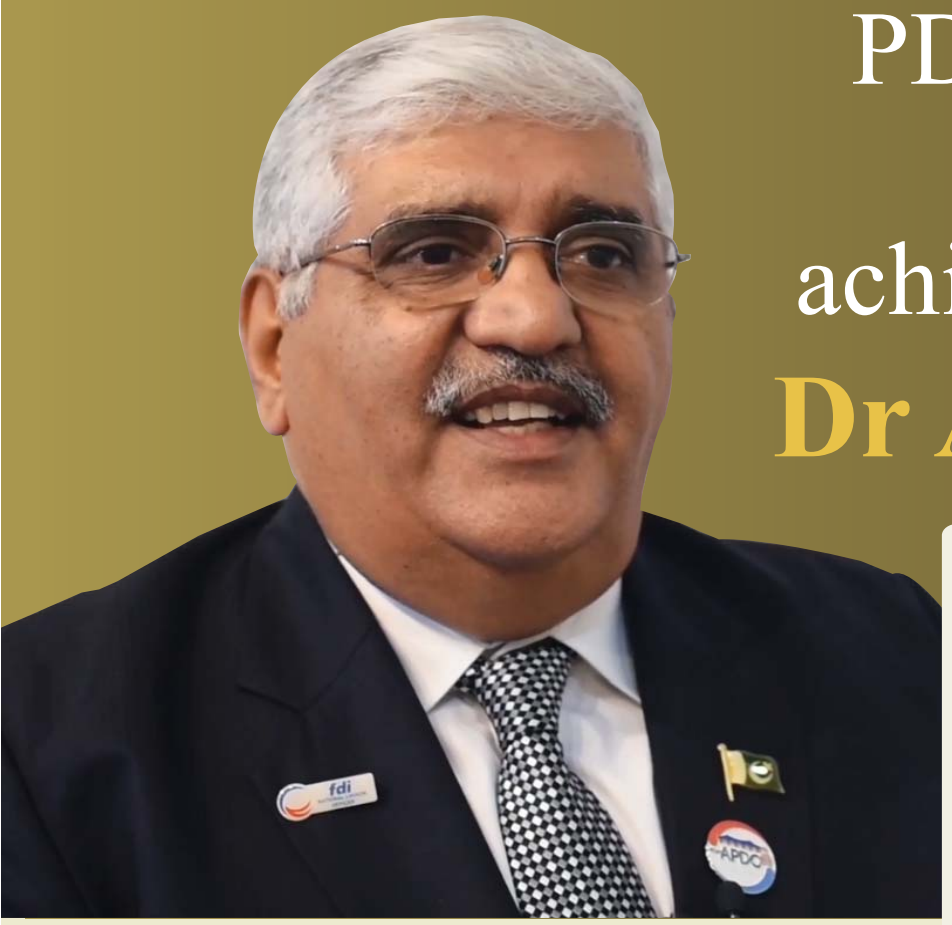
Significant bacterial reduction on
100% of mouth surface, in **100% of patients**[2,3]

- Bacteria reduced by 50% on teeth, tongue, cheeks and gums
- Results shown 12 hours after brushing

Help all your patients achieve Whole Mouth Health with Colgate Total®

References: 1. Collins LMC, Dawes C. *J Dent Res.* 1987;66:1300-1302. **2.** Fine DH, Sreenivasan PK, McKiernan M, et al. *J Clin Periodontol.* 2012;39:1056-1064. **3.** Data on file. Data analysis from reference 2:analysis of antimicrobial effect of 3 toothpastes on teeth, tongue, cheeks and gums. Reductions shown represent ≥ 50% bacterial reduction on 100% of mouth surfaces.

Colgate®



PDA needs to be run professionally to achieve its objectives: Dr Asif Niaz Arain

Dr Asif Niaz Arain is a graduate of 1981. He became affiliated with Pakistan Dental Association (PDA) in 1987. From 2002 to 2005, he served as the General Secretary of PDA. In 2002, Dr Asif Arain was nominated by the PDA as National Liaison officer (NLO) to represent Pakistan in World Dental Congress, which he did for about 10 years. After a break of five years, in 2018 Dr Asif Arain was again appointed by the PDA to represent Pakistan at the FDI World Dental Congress in Buenos Aires, Argentina, where our Editor Overseas, Dr Abbas Naqvi, asked him a few exclusive questions for our readers.
Currently, Dr Asif Niaz Arain is the Vice President of Asia Pacific Dental Federation (APDF).

By Dr Abbas Naqvi

Dental Tribune Pakistan: How will you describe Pakistan's role/participation in global organized dentistry?

Dr Asif Niaz Arain: World Dental Federation's role is policy making for different issues. Issues like amalgam usage, oral hygiene awareness etc. Alhamdulillah, Pakistan has been part and parcel of policy making in the FDI, and we have been playing our role quiet actively. Our President of Pakistan, Dr Arif Alvi, whom we are very proud of, was member of the FDI council for about 4 years. His son Dr Awab Alvi has represented Pakistan in the World Dental Federation as well. So, they have been part and parcel of making policies.

DTP: Who are the people apart from yourself and Dr Alvi, who have been actively representing Pakistan on these platforms in the past decade or so?

ANA: There are a couple of people actually, namely Dr Mahmood Shah and Dr Anwar Saeed. They have been participating very regularly. I, myself, have been attending World Dental Congress since 1994. Very rarely do I miss them. So, every time there is a flag ceremony at such events, we have been there to raise the Pakistani flag and to represent Pakistan; and we have been there to discuss and offer opinions on several issues; and have contributed in policy making.

DTP: When you look back, how effective have we been?

ANA: We have been quite effective with making policies. As I said, Dr Arif Alvi has been very actively involved in policy making. After a policy is made and FDI has officiated it, the FDI, unfortunately, cannot do much about its execution; they can only guide the dental associations to carry on with its implementation. Awareness about issues like oral health problems, maintenance of oral hygiene and especially training children for it, is important. Media, such as social platforms are used for this reason.

> ***"Pakistan has been part and parcel of policy making in the FDI, and we have been playing our role quiet actively."***

DTP: How has the PDA kept up with transferring the policies that we contribute to, to benefit the people of Pakistan?

ANA: Policies can only be translated simply through various media. I don't know how the PDA does it, I'm not the part and parcel of PDA anymore, but I think they try through newsletters or dental publications. One or two times we had the chance to get some funds for awareness programmes. Back in 2007 or 2008, we got a budget for oral health programmes, and Dr Ayyaz Ali Khan conducted them in Punjab. The funds are very limited, because FDI does not receive a lot of funding. Certain manufacturers at times release funds for awareness activities and we use them for that purpose. Whenever, we get a chance, we did it very well. Pakistan has been playing its role very responsibly.

DTP: How do you see Pakistan's future in global organized dentistry?

ANA: We have been well-represented in FDI and Asia Pacific Dental Federation, which the regional organization of FDI. We have been officers in APDC since last 12 years. The top benefit of being part of such large-scale associations is that you get to organize educational programs in your country. In 2006, the Asia Pacific Dental Congress was held in Karachi. Unfortunately, due to security concerns we lost our chances in 2015 and 2017. We were allotted APDC for the two years but were unable to execute it since due to our circumstances, our security problems people were not willing to come to Pakistan. Insha'Allah, when the security problems will be solved in Pakistan, foreign people will be happy to come. We will again conduct some dental congresses for the betterment of dental education.

DTP: In the last 15 years, we have only seen 5 Pakistani dentists attaining international stature. Why is that? Is there no replacement of these 5 people?

ANA: People have to take initiative. Very few people want to spend money from their own pockets, since you don't get any support from our association. Whenever we travel for representation we do so by our own expenditures. Government doesn't take any interest in sending their people to attend these congresses. So unfortunately, not many people are interested in sparing the time to go to attend these conference.

DTP: How is it with other organizations in other countries? Should it be the PDA's responsibility to finance its country's representation?

ANA: Let's take Indian Dental Association for example. They have a budget of many, many millions of rupees, and they fund 8 to 10 people to attend these congresses, but unfortunately, in the case of Pakistan Dental Association, they don't have funds enough to even finance one participation in these congresses.

Continued on page 06

SENSODYNE
RAPID ACTION

gsk

BEAT
SENSITIVITY
PAIN
FAST

Clinically proven relief in just
60 SECONDS

1ST CONVOCATION
UNIVERSITY OF
HEALTH SCIENCES

IADSR raises bar of CPD standards

DT Pakistan Report

LAHORE - Institute of Advance Dental Sciences & Research (IADSR) held its First Convocation at the University of Health Sciences, Lahore on December 9th. Professor Javed Akram, Vice Chancellor UHS, was the Chief Guest, and Professor Paul Tipton from U.K. was the Guest of Honor for the occasion.

Professor Paul Tipton kept a 250 plus audience glued to their seat during his marathon three-hour session on Occlusion. Starting from the very basics he took his enthralled audience along to finer details of occlusion management. Prof. Tipton is rated as one of the most influential speakers in dentistry globally; this proactive and participatory session witnessed his command on the subject.

Prof. Tipton conferred the Professional Diploma in Advance General Dentistry to the successful participants, while Prof. Javed Akram honored the faculty of the course with Certificates of Appreciation. At the end Professor Ayyaz Ali Khan, National Coordinator, IADSR presented plaques to the worthy guests.

An exclusive interview with
Dr Asif Niaz Arain ...

Continued from page 4

DTP: From your experience of local organized dentistry, why do you think the PDA does not have funds?

ANA: What is PDA? PDA is a collection of dental surgeons of Pakistan. Unfortunately, we expect that PDA should spend from its pocket. This is unfortunate. There are so many of us yet no one is really ready to pay even a decent amount of money as membership fee to Pakistan Dental Association.

DTP: Associations generate funds from sponsorships, which realize when sponsors see value. Is it not fair to say that PDA has failed to create value for sponsors?

ANA: No, I don't think PDA has failed. It is just that we are not very well organized. You can say that we have not channelized the things well, because usually the dental manufacturers or suppliers are the ones that fund the PDA activities in Pakistan. Now there is a separate association for them and so sometimes we don't get enough funds. If we become better organized if we will have some power and influence like in other countries. National Dental Association (NDA) has a very powerful role in the certification of the dentists.

DTP: Please tell us about the next position you are vouching for and what's your manifesto?

ANA: I have been nominated by Pakistan Dental Association to run in the elections for a post in Dental Practice Committee. First point from the agenda that I have in mind is that young dentists in our country don't have proper guidance in regards to setting up their clinics, designing their clinics or their practices. There should be certain plans in place to guide these young dentists.

DTP: What is your message for the profession?

ANA: We have Society of Maxillofacial Surgeon, we have Society of Prosthodontics, we have Society of Orthodontists in Pakistan, but when you are not organized, you can do nothing on the larger scale. Yes, you can do better for your own self but you cannot do anything better on the larger scale. It has to be a triangle. At the tip of the triangle there should be Pakistan Dental Association. Every person should be the part and parcel of that. You will find many groups forming themselves. What is the problem? Why can't they all get together, sit together and solve the problem, if there is some personal problem. Only one organization can be effective. When you form a triangle, a pyramid, then only can you be more influential, and then you can make policies and go to the government. So my advice to the young dentists is that they should respect the Pakistan Dental Association. If they have any issue, they should come up and talk about it but by remaining within the framework of one association, not splitting up into different groups. Unity is the only survival. If you don't have unity, you can't do anything. That is my message to the youngsters. We have played our part, now there must come some youngsters who should take over. If there is some restriction for them in taking over, please come up. Use media for your problems. If they have some issue with the central council they should come up, so that it could be solved, but should remain in one house. Like parents and children, they should respect the seniors and the seniors should respect the juniors. It should go both ways.

DTP: Are the seniors willing to delegate?

ANA: Yeah, why not? Who can live forever, nobody can live forever. In Asia, we have a new central council. There are so many young people. Apart from Dr Mahmood Shah and Dr Anwar Saeed, the rest of the council is of young people. So, why can't the young people come up? If there are some issues, they should be solved.

Adam and Eve had many advantages, but the principal one was, that they escaped teething.

~Mark Twain

HELP KEEP YOUR PATIENTS ON A JOURNEY TO HEALTHY GUMS

PARODONTAX® TOOTHPASTE IS CLINICALLY PROVEN TO REDUCE PLAQUE, BLEEDING GUMS AND INFLAMMATION

4X
greater plaque removal*1

48%
greater reduction in bleeding gums*1

Recommend parodontax® toothpaste to help patients maintain their optimal gum health between dental visits.

CHPAK/CHPAD/00015/17

GlaxoSmithKline Consumer Healthcare Pakistan Ltd.
35-Dockyard Road, West Wharf, Karachi - 74000

GSK is committed to the effective collection and management of human safety information relating to our products and we encourage healthcare professionals to report adverse events to us on +92 (21) 111-475-725 or pk_pharmasafety@gsk.com

* Compared to a regular toothpaste and professional clean and 24 weeks' twice-daily brushing.

Implants should only be inserted when periodontal conditions are stable

By Dr. Jan H. Koch

Biofilm is the most significant cause of inflammatory bone loss around teeth and implants. Diagnostics, biofilm management and, where necessary, treatment help in patients with this problem. The W&H No Implantology without Periodontology workflow should provide stable tissue prior to implantation through prevention, and implant success in the long term through aftercare-something that is advantageous to both the patient and the treatment team.

Implant treatment can significantly improve quality of life after tooth loss. The long-term prognosis is generally good, but biological complications are common. Peri-implantitis and its preliminary stage, mucositis, occur in a substantial proportion of patients. As is the case for periodontitis and gingivitis, oral biofilm is the main cause. This microbial biocoenosis can also encourage the development of severe systemic disease in the event of pathological changes, such as endocarditis and inflammatory bowel disease.

The only difference in the microbial flora in periodontitis and peri-implantitis is in the detail.8 Compared with healthy conditions, the quantity and aggressiveness of the pathogenic microorganisms change in both diseases. Bone loss around implants is generally more rapid and leads to more extensive defects than when it occurs around teeth. Accordingly, preventative care is advised even before implant treatment.

Determining risks and providing periodontal treatment

Periodontitis is a key risk factor for peri-implant inflammation. This means untreated periodontitis patients have an increased risk of peri-implant inflammation through to implant loss. The risk is also higher when patients who are initially treated are not included in a supportive periodontitis treatment/recall programme.

Leading periodontists therefore recommend carrying out a screening procedure before implant treatment using, for example, the periodontal screening index or periodontal screening and recording. Bleeding on probing and pocket depths are determined at selected positions. An extensive check of the periodontal status should be carried out if the results are abnormal.

Taking a careful medical history, including previous systemic exposure, is also important. This provides important information about increased risk of inflammation, for example in patients with diabetes that is not being optimally managed. Furthermore, patients should be informed of the risks relating to implants.

Where necessary, initial periodontal treatment is carried out. First, professional tooth cleaning establishes healthy gingival conditions. In this procedure, calculus (Fig. 1) and biofilm (Fig. 2) are removed as far as the gingival sulcus. In combination with careful instruction on oral hygiene, this gives the patient the basis for long-term freedom from inflammation.

Removal of subgingival coatings (debridement) is carried out using sonic or ultrasonic devices and special periodontal tips as initial periodontal treatment (Fig. 3). Manual instruments can also be used. Further surgical and/or regenerative measures may be necessary, depending on the situation.

Periodontal aftercare for long-term success

In the periodontal aftercare subsequent to implantation, soft (biofilm) and hard coatings are regularly professionally and mechanically removed. In the subgingival and supragingival areas, ultrasonic devices are generally used for this (Fig. 4), in combination with manual instruments where necessary. Alternatively, subgingival air polishing can be used in combination with periodontal attachments and powders.

Checking for individual risk factors, such as smoking and diabetes, and working towards a healthy lifestyle are also recommended for a good long-term prognosis after periodontitis treatment. If the patient had severe periodontitis before the initial treatment, the recall frequency will be increased accordingly, partially to prevent peri-implant inflammation.

Proactive implant treatment

If the patient has received good preventative treatment and where necessary has received preliminary periodontal treatment, implant treatment can be planned. A suboptimal implant-supported prosthesis increases the likelihood of biofilm forming. In order to avoid this, the correct implant position, sufficient distances from adjacent teeth and an ideal axial alignment should be considered during the planning phase. A sufficiently sized bone site and soft tissue that is well supplied with blood are needed for successful implant healing and a good long-term prognosis. Prior or simultaneous augmentation may be needed to achieve this. In contrast to this, the time at which the implant is inserted and the treatment is provided plays a less significant role.

In order to support predictable and stable implant treatment, it is also necessary to prepare the implant bed using suitable methods and equipment. This can be achieved using high-performance implantology motors in combination with surgical contra-angle handpieces. Using a low speed and an ample supply of sterile cooling fluid is essential during preparation. Otherwise, the bone can overheat and affect the healing process.

Alternatively, the implant bed can be prepared with piezo-surgical systems, for which special sets of instruments are available. Bone can be worked on in a gentle yet highly effective manner using other special instruments.

Indications include alveolar ridge splitting, surgical tooth removal, and the preparation of bone blocks or lateral windows for augmentation.

Continued on page 12

Fig. 1: Calculus removal using an ultrasound (W&H Tigon (+) with a 3U tip) is a key part of professional tooth cleaning. (Photograph: W&H)

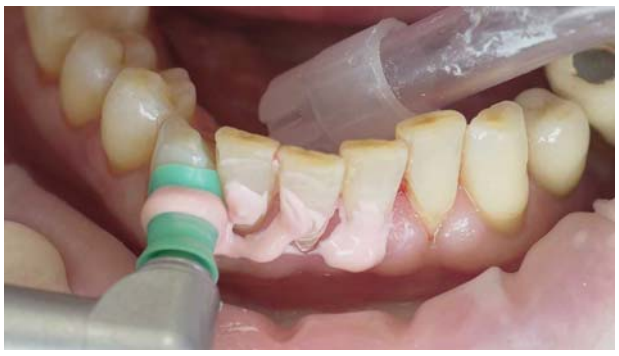


Fig. 2: Rotary cleaning with prophylaxis polishing cups and brushes (W&H Proxeo prophylaxis contra-angle handpiece) ensures smooth surfaces on teeth. It enables patients to check biofilm effectively at home. (Photograph: W&H)(Photograph: W&H)

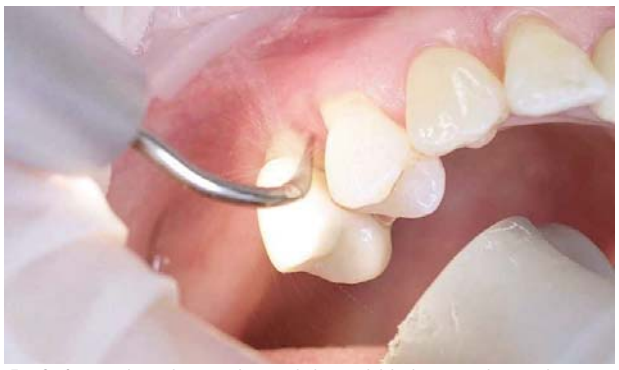


Fig. 3: If marginal periodontitis is diagnosed, the initial debridement can be carried out very efficiently with an air scaler (sonar technology, W&H Proxeo with 1AP tip). (Photograph: W&H)

Fig. 4: Ultrasound devices are particularly suitable for UPT, for example in combination with periodontal tips (W&H Tigon (+) with 1P tip). (Photograph: W&H)

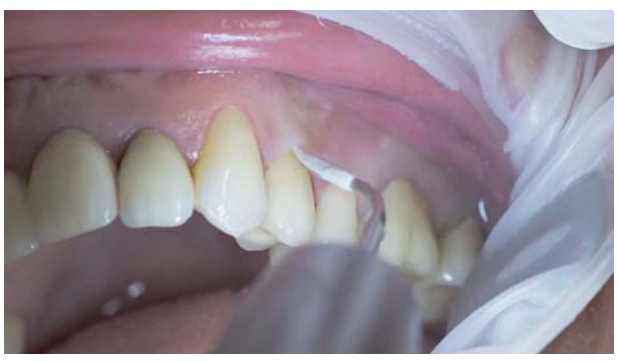


Fig. 5: Implants and suprastructures are routinely cleaned, for example using ultrasound devices and special plastic instruments (W&H Tigon (+) with 1I tip). (Photograph: W&H)

Under the patronage of His Highness
Sheikh Hamdan bin Rashid Al Maktoum
Deputy Ruler of Dubai, Minister of Finance and President of the Dubai Health Authority

23rd مؤتمر الإمارات الدولي لطب الأسنان ومعرض طب الأسنان العربي
UAE INTERNATIONAL DENTAL CONFERENCE & ARAB DENTAL EXHIBITION

BE PART OF THE 2ND LARGEST DENTAL EVENT IN THE WORLD

إيدك® AEEDC DUBAI

Education & Innovation Transfer

5 | 6 | 7 FEBRUARY 2019

مركز دبي الدولي للمؤتمرات والمعارض
Dubai International Convention & Exhibition Centre

Organised by

Strategic Partner

Supported by

2,484 Participating Companies

16 National Pavilions

Over 50,000 Participants and Visitors from 133 Countries

9 Exhibition Halls

8 Conference Halls

aeedc.com

AEEDCDubai

INDEX® Conferences & Exhibitions Organisation Est.
INDEX Holding Headquarters | Road # D-62, Opposite Nad Al Hamar | P.O. Box: 13636, Dubai, United Arab Emirates
Tel: +971 4 520 8888, Fax: +971 4 338 4193 | E-mail: info@aeedc.com | Website: index.ae