

today



Inside today

You will find an overview about the UAE International Dental Conference and Arab Dental Exhibition—AEEDC Dubai 2015, new developments and trends in the world of dentistry as well as information on dental products and the industry.

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Photo-functionalisation

today international had the opportunity to talk with University of California Los Angeles professor and AEEDC Dubai 2015 presenter Dr Takahiro Ogawa about the benefits and prospects of this innovation.

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Dental products in focus

The UAE International Dental Conference and Arab Dental Exhibition—AEEDC 2015 will be an excellent opportunity to see the most up-to-date technologies and achievements in the field of dental medicine.

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AEEDC Dubai continues to grow in 2015

Dubai International Convention and Exhibition Centre opens for largest UAE International Dental Conference and Arab Dental Exhibition ever

(DTI/Photos courtesy of InDex, Dubai)



■ For the 19th consecutive time, the UAE International Dental Conference and Arab Dental Exhibition (AEEDC) in Dubai will open its doors this week to visitors from the Middle East and beyond. The event is again being held 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, in co-operation

with the Dubai Health Authority and will take place at the Dubai International Convention and Exhibition Centre from Tuesday to Thursday.

More than 30,000 dental professionals are expected to attend the event, which will present the latest concepts and innovations in dentistry and oral health prevention.

The scientific programme will be more extensive and more diverse than ever. According to Conference Chairman Dr Nasser al-Malik, visitors will have the opportunity to attend a record number of 116 lectures, specialty courses and workshops this year. More than 90 experts from the region and abroad will be presenting papers at the conference, which is being held in conjunction with a number of

other events, including the International Symposium on Olympic and Sports Dentistry.

For the first time, AEEDC is collaborating with the Arabian Academy of Esthetic Dentistry to host the organisation's third annual meeting in Dubai. This will see a series of specialised courses by some of the leading experts in aesthetic dentistry from around the world.

In response to the increasing number of French-speaking visitors from North Africa and Europe, French sessions have been added to this year's offering as well. During the Stomatologie aujourd'hui [Dentistry Today] sessions, French speakers will present their latest research and clinical

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Dr. Otto Hoffmann
1854-1938

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today page 1

cal findings to dental professionals from the region.

“By delivering another outstanding event, AEEDC Dubai 2015 will again supersede its previous records and achievements,” commented AEEDC Executive Chairman Dr Abdul Salam al-Madani in the run-up to the event. “The conference programme was designed in such a way that it facilitates the



proliferation of scientific information to the global dental fraternity.”

In addition to the scientific programme, visitors are invited to try out the latest innovations and serv-

ices in dentistry at the global dental exhibition, al-Madani said. There, more than 1,400 manufacturers and distributors will be presenting their latest innovations, including new materials, as well as surgical and high-end dental equipment, such as CBCT imaging devices and sophisticated digital practice solutions. Among them will be a number of world premières, such as Acteon's new phosphor plate scanner and a topical fluoride varnish with calcium and

phosphate for treatment of hypersensitivity from the GC Corporation.

Organisers expect another record outcome in business transactions. According to al-Madani, exhibitors generated sales of more than US\$2.4 billion after last year's show. ◀

For more information about AEEDC Dubai 2015, please visit the official website at aeedc.com.

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Meet MID experts at Booth 7F10

■ Minimum Intervention Dentistry (MID) is thought by many to be the new standard of dental care. When practicing this type of dentistry, common restoration techniques and materials have to be re-considered. MID concepts are



Dr Fadi Sabbah

based on early diagnosis, disease risk assessment, prevention, and minimally invasive, non-traumatic procedures. For example, the pathogenic biofilm must be reduced to favour a healthy ecosystem and initiate healing. In this context, Ozone (O₃) has been proven useful.

The benefits of ozone therapy in MID will be demonstrated by Dr Fadi Sabbah, founding member of the International Association of Ozone in Healthcare and Dentistry and consultant for the International Scientific Committee on Ozone Therapy, at the booth of Hoffmann Dental.

Dr Jean-Pierre Eudier, a French health advisor to governmental and non-governmental organisations and Visiting Professor at the Health Sciences University of Ulaan Bataar's School of Dentistry in Mongolia, will also discuss the benefits of modified ART procedures using Copperioncement. The therapeutic filling material, sealing and/or bonding to affected decalcified structures, is non-toxic and has a strong antimicrobial effect that is crucial to the internal remineralisation of affected tooth structures. ◀



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E-learning as good as traditional training for health professionals

■ Electronic learning could enable millions more students to train as doctors and nurses worldwide, according to the latest research. A review commissioned by the World Health Organization (WHO) and carried out by Imperial College

London researchers concluded that e-learning is likely to be as effective as traditional methods for training health professionals.

These new findings support the approach to continuing education

Dental Tribune International (DTI) has adopted with its free online education platform for dental professionals.

The Imperial team, led by Dr Josip Car, carried out a systematic

review of the scientific literature to evaluate the effectiveness of e-learning for undergraduate health professional education. They conducted separate analyses on online learning, which requires an Internet connection,



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and offline learning, delivered via CD-ROMs or USB flash drives, for example.

The findings, drawn from a total of 108 studies, showed that students acquire knowledge and skills through online and offline e-learning as well as or better than they do through traditional teaching.

E-learning, the use of electronic media and devices in education, is already used by some universities to support traditional campus-based teaching or to enable distance learning. Wider use of e-learning might help to address the need to train more health workers across the globe. According to a recent WHO report, the world is short of 7.2 million health care professionals, and the figure is growing.

The authors suggest that combining e-learning with traditional teaching might be suitable for health care training, as practical skills must also be acquired.

According to Car, from the School of Public Health at Imperial, "E-learning programmes could potentially help address the shortage of healthcare workers by enabling greater access to education; especially in the developing world the need for more health professionals is greatest."

While the study focused on the education of students, DTI follows a similar approach to continuing



education, offering webinars via its Dental Tribune Study Club, which it launched in 2009. The platform regularly offers free online courses and in several languages. The wide range of topics includes general dentistry, digital dentistry, practice management, as well as specialties, such as implantology and endodontology. The webinars are presented by experienced speakers and participants are awarded continuing education credits. ◀

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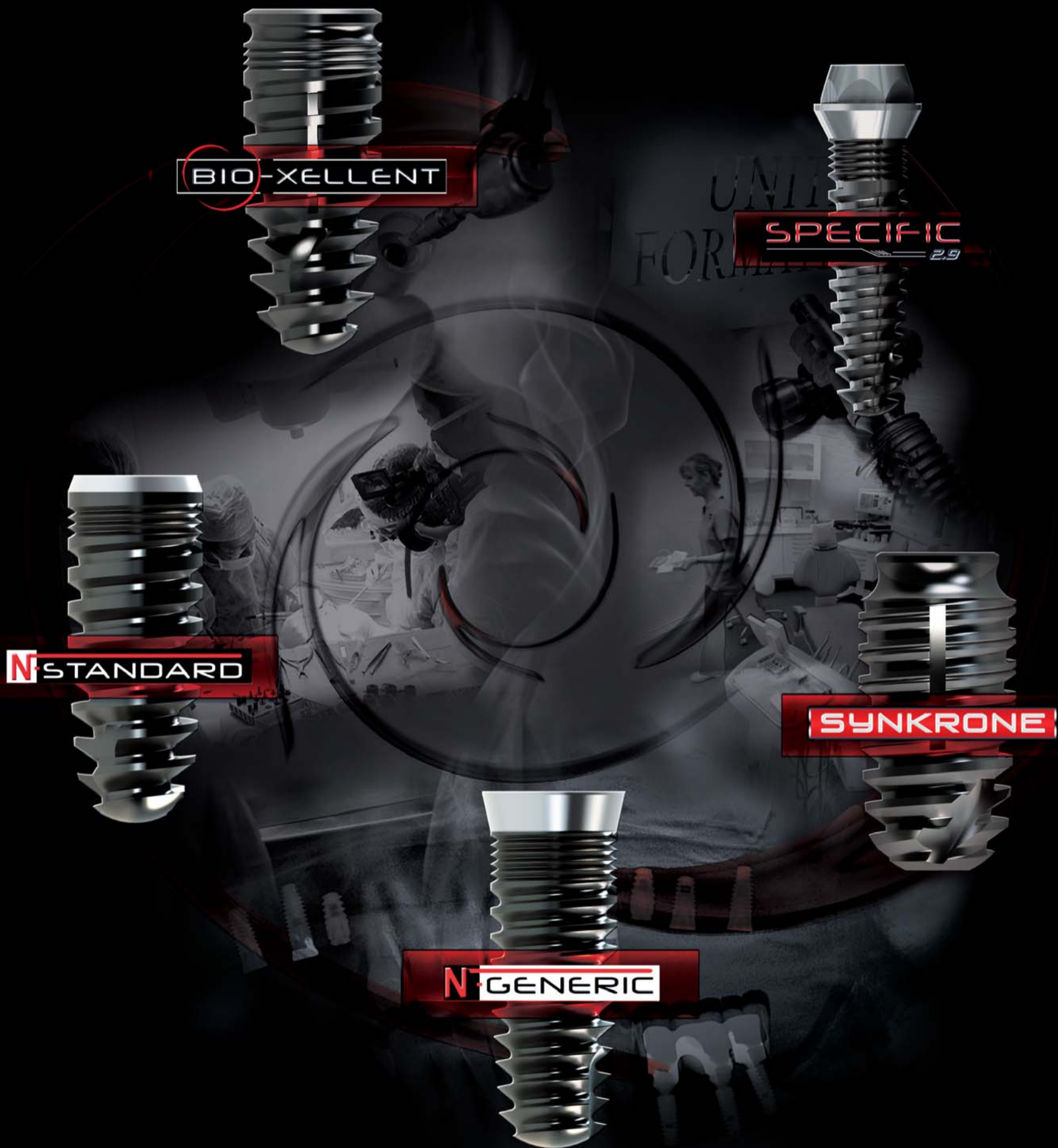


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“It is unacceptable to neglect severe oral diseases”

An interview with Barts and The London School of Medicine and Dentistry Professor Wagner Marcenes, London.

■ In a report, researchers of the *Global Burden of Diseases, Injuries, and Risk Factors Study* have recently shed light on the global dimensions of severe periodontitis, which now affects over 700 million people worldwide. This study is a major effort involving more than 1,000 scientists to systematically produce comparable estimates of the burden of 291 diseases and injuries and their associated 1,160 sequelae in 1990, 1995, 2005 and 2010. Dental Tribune UK had the opportunity to speak with lead author Prof. Wagner Marcenes from Barts and The London School of Medicine and Dentistry in London about the findings and why they are a cause for concern.

Dental Tribune: Prof. Marcenes, the prevalence of severe peri-

odontitis on a global scale has not increased significantly in the last two decades, according to your report. Why are the numbers worrying nevertheless?

Prof. Wagner Marcenes: Having more than 700 million people suffering from severe periodontitis is really worrying. Although the proportion remained the same in 1990 and 2010, the number of people needing periodontal treatment has increased dramatically. This is because worldwide more than one in ten people suffer from severe periodontitis and the world population grew from 5.3 billion in 1990 to 6.9 billion in 2010. Moreover, severe periodontitis tends to develop during adulthood, showing a steep increase between the

third and fourth decades of life. With more people living longer and retaining their teeth for life, the risk of developing severe oral health-related problems, particularly periodontitis, will be high. The world's population is expected to almost double by end of this century, implying that the number of people with severe periodontitis may at least double.

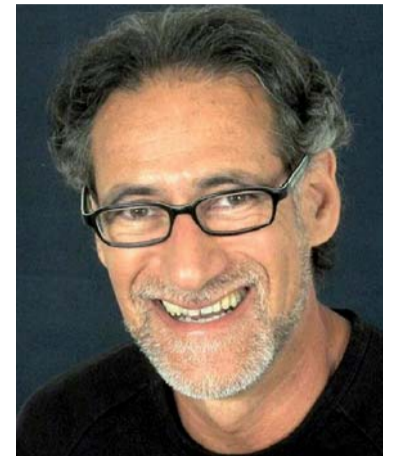
How do the results compare to the situation prior to the surveyed period?

We have updated the data from the first Global Burden of Disease (GBD) study and generated comparable figures in 1990 and 2010. Therefore, we were able to compare the current and the previous situation to our survey in 2010. Since the study

is unique, we do not have global data before the first GBD study. However, we know that oral diseases have decreased significantly in most industrialised countries, such as the UK and the US, in the last five decades.

Severe periodontitis appears to be most prevalent in South America and east sub-Saharan Africa. What could be the reasons for that?

Our study was not actually designed to test risk factors of periodontal disease, but based on pure reasoning, I would say that, in addition to demographic changes, smoking and poor oral hygiene may be the main factors associated with it. This is speculation, but what we see at the moment is a growing number of



Prof. Wagner Marcenes

In your report, you mention how difficult it is to determine disease prevalence owing to different classification systems.

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Aerial view of Buenos Aires, the capital of Argentina. The South American country has the highest incidence of

people smoking in developing regions contrary to the trend in most developed countries. Nearly 80 per cent of the more than one billion smokers worldwide live in low- and middle-income countries. With 1,500 new cases every year, Argentina for example has the highest incidence of severe periodontitis, which is almost double the global average, and high tobacco consumption. We cannot establish a cause and effect relationship, but I believe that the high incidence of periodontitis in these areas is most likely related to the habit of smoking.

Is your representation of the situation therefore a realistic one?

I am confident our report provides a realistic, comprehensive assessment of the global burden of severe periodontitis. After much consideration, we used a Community Periodontal Index of Treatment Needs score of 4, a clinical attachment loss of greater than 6 millimetres or a pocket depth of more than 5 millimetres as indicators of periodontitis. We used the measurements adopted by the World Health Organization, which are considered by most as the most

reliable indicators of severe periodontitis. We endeavoured to reflect the measures adopted by the larger community of public health dentistry.

The choice of including only severe periodontitis and not less severe forms of periodontal disease, such as mild or moderate periodontitis and gingivitis, was because of their low impact (disability weight) on quality of life. Since periodontitis tends to progress from mild to severe if untreated, our numbers reflect only the tip of the iceberg, indicating the seriousness of the challenge to health professionals.

Why is the situation so little addressed by the dental community, and how could it be better addressed?

The fact that a preventable oral disease is the sixth most prevalent of all 291 diseases and injuries examined in the 2010 GBD is quite disturbing and should cause all of us to redouble our efforts to raise awareness of the importance of oral health among policymakers. It is reasonable to prioritise life-threatening diseases that have a

egy and target the adult population. Also, we should focus on de-

We call this the common risk factor approach. For example,

grammes. This will not only reduce the number of cases of

such as cancer and cardiovascular disease. Adopting the common risk factor approach would lead to the inclusion of oral health in the top five most relevant diseases. This is because oral diseases and serious life-threatening diseases share the same determinants, for example smoking, hygiene and diet.

“With more people living longer and retaining their teeth for life, the risk of developing severe oral health-related problems, particularly periodontitis, will be high.”

terminants of health rather than the disease itself.

many dental practices in the UK run smoking cessation pro-

periodontitis but also help prevent life-threatening diseases,

Thank you very much for the interview. ◀

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of severe periodontitis in the world. (Photo Celso Diniz)

greater impact on quality of life; however, it is unacceptable to neglect severe oral diseases. Untreated caries in the permanent dentition is the most prevalent of all oral diseases and periodontitis the sixth, and untreated caries in the primary dentition is the tenth most prevalent disease in the world.

It is possible that the prevention and treatment of periodontitis are neglected because most health strategies target children at school and severe periodontitis is uncommon before the age of 20. I believe we need to seriously consider a change in strat-



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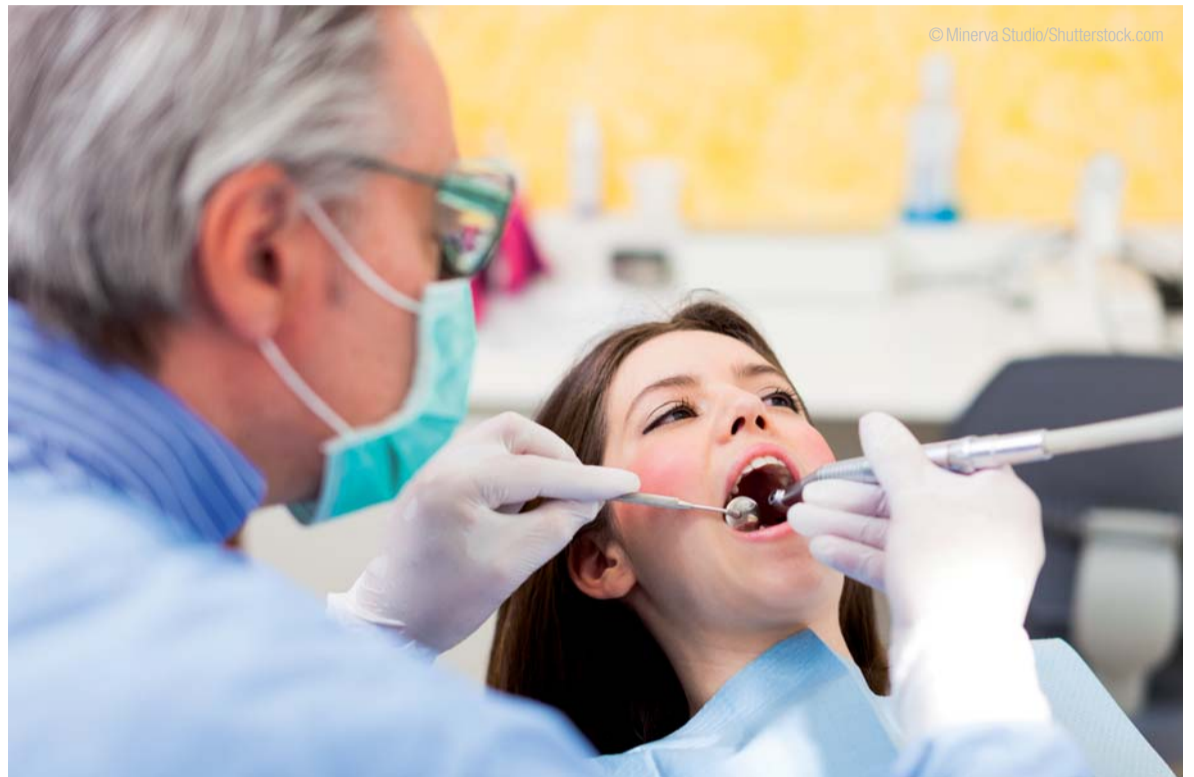
AEEDC Dubai presenter Dr Kashif Hafeez discusses clinical governance

While accountability and improvement have been eminent in health care systems for quite some time, there is probably no other time in history when the relevance and importance of these have been more advocated. Learning from our shortcomings and improving our health care system towards better patient care is the goal of clinical governance. I refer to it as the democracy of the health care system, in which all members of the health care team have the right to bring about positive changes.


Accountability and learning from self-criticism forms the basis of clinical governance, which provides the framework for taking all the steps necessary to make the system more patient friendly. It is a cyclical process that once established can help to identify the decisive factors for the quality of patient care. When asked by one of my trainees when the mechanisms

of clinical governance ensue in everyday practice, my answer was, "In a patient-centred practice it never stops". It starts as early as the patient first contacts a practice or a hospital and encompasses the entire health care scenario, starting with welcoming and managing a new patient, ensuring his or her safety on our premises and advising him or her about all aspects of treatment. This combination is all about our transparency to the outside world, ensuring that arbiters and our patients can be certain of our quality of care.


More simply put, clinical governance is the umbrella under which we can provide the best care possible for our patients. It is a structural framework that incorporates all pillars of the health care system. There are channels for the health care team, management and patients alike. Particularly for the last, clinical governance provides




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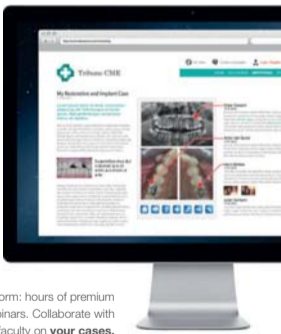
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an environment free from potential hazards. In addition, patients are given a voice in the system through patient feedback, ensuring that if they draw attention to any wrongdoing, lessons are learnt and such mistakes are not repeated.

For our staff and team members, clinical governance ensures that they will be inducted into the system effectively in the beginning and be a part of that system through organisational meetings and their annual appraisals throughout their whole career. This way, they will have the best opportunity to improve their skills and advance their professional development. Moreover, this allows them to better judge their clinical effectiveness and communication skills.

Since training and career development are integral parts of clinical governance, it helps the clinicians to identify their learning needs and plan their continued professional development accordingly. Continuing in this loop, they are able to develop improved awareness about the safety of their work environment, as risk management is one of the basic pillars of clinical governance. Through research and development opportunities, they can also learn new skills and treatment protocols.

Clinical governance is the girder of an organisation in a health care system: it encompasses all aspects of improved patient care and keeps all involved units in the loop. The management of an organisation can monitor the quality of care provided by it. It can also rate the clinical effectiveness of a particular specialty or clinician. With patient feedback, it can furthermore identify any shortcomings in the system. It will compel the organisation to strive for the professional development of its employees, safeguarding the clinician's right to de-

velop professionally. The impartiality of the system opens the organisation to scrutiny and maintains the absolute system of checks and balances.

Audit is an indispensable part of clinical governance, as it allows the system to self-analyse and induce changes, if needed, that is, we make improvements and then re-audit. Once this cycle has been initiated, it will become a continuous process of reanalysis and improvement. The prime feature of this system is that the whole process is self-sustainable once the system has been implemented. The checks and balances in the system will keep it going and evolving.

The process of clinical governance is quite well established in the Western world, but it is time that this essential system of health care delivery become established in developing economies. After all, it is all about the patients: it is to ensure their continued good care that we study intensely and pursue professional development. ◀



• Dr Kashif Hafeez

Dr Kashif Hafeez will provide controversial insights into the issues of clinical governance during a presentation on Thursday morning as part of the scientific programme of AEEDC Dubai 2015. He is currently in private practice in Carterton in the UK.



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