

# DENTAL TRIBUNE

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## Practice matters

Successful strategies for a stress-free environment

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## Dental lasers

Treatment of periodontal and peri-implantitis infections

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## Interview

Dr Bo about patient satisfaction in facial reconstruction

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## Children's oral health at stake as US votes for reform

Daniel Zimmermann  
DTI

NEW YORK, NY, USA/LEIPZIG, Germany: Dental health associations in the US have hailed the decision of the US Senate to recognise a number of measures for improving the oral health status of children, including expanded coverage for paediatric oral health services in its health reform bill. The new health legislation, which passed the House of Representatives and its crucial first vote in the Senate in November, also contains a number of measures for improving prevention, training and resources for tracking and monitoring oral health data amongst vulnerable populations.

Dental caries is one of the most prevalent health problems in the US, and disparities in oral health are evident across ages. A report by the US National Maternal and Child Oral Health Resource Center states that although more than 90 per cent of general dentists in the US provide care to children and adolescents, very few provide care to children under four. Amongst children and adolescents from



President Barack Obama delivers a health care address to a joint session of Congress. (DTI/Photo courtesy of the White House)

families with low incomes, nearly 80 per cent of decayed primary teeth have not been restored in children between the ages of two and five, the report states.

"The Senate has taken a historic step toward safeguarding the oral health of millions of Americans," said Dr Burt Edelstein, chair and founder of Children's Dental Health Project,

a non-profit organisation based in Washington, DC. "As the bill moves toward passage in the Senate and a conference with the US House, it is vital to preserve these provisions."

"We are confident that members of the House and Senate will remain steadfast in their commitment to oral health and will work together to ensure that the oral health measures contained

in this legislation remain strong," he added.

The Senate version of the sweeping health bill, which is the centrepiece of President Obama's social policy and will cost more than US\$800 billion over the next ten years, would extend coverage to 36 million people without insurance, while creating a government health insurance programme. [DTI](#)

## New oral health guidelines for people with diabetes

The International Diabetes Federation (IDF) recently presented new guidelines for the oral-health care of patients with diabetes at the World Diabetes Congress in Montreal in Canada. The document, which is the result of collaboration between the IDF and the FDI World Dental Federation, reviews the latest clinical evidence of the oral health—diabetes relationship and provides dental professionals with recommendations regarding implementation of the guidelines.

Growing evidence affirms that poor oral health has a negative impact on the general health of people living with the condition. The IDF estimates that 285 million people worldwide will be living with diabetes in 2010. Numbers in regions like Africa and Asia are expected to increase by 50 per cent in the next twenty years, owing to economic development and the change of lifestyles. [DTI](#)



Wrigley spokesperson and Bollywood actress Deepika Padukone, 23, promoting oral health during a press conference at the World Dental Show in Mumbai, India. (DTI/Photo courtesy of Bollywood World) [▶ ASIA NEWS, Page 3](#)

## PRP therapy helpful for implants

New research has found that platelet-rich plasma therapy (PRP) offers potential for accelerated healing of dental implant procedures. Platelet-rich plasma, which is obtained from the patient's own blood and triggers rapid growth of bone and soft tissue, recently gained acceptance in orthopedics and sports medicine. [DTI](#)

## Boston U eyes schools in Asia, ME

Officials from the Boston University, USA, have announced to look into the possibility of opening new medical and dental campuses in India and Abu Dhabi, United Arab Emirates. Since 2008, the University is running a dental school focusing on prevention-oriented research and dental services in Dubai's Healthcare City. [DTI](#)

## WHO meeting decides to phase down amalgam

At a joint meeting of the WHO and the United Nations Environment Programme in November, experts have announced their support to "phase down" dental mercury use worldwide. Their decision follows a letter signed by over 70 non-governmental organisations from around the world called on the organisation to establish a schedule to phase out the use of dental mercury fillings as soon as possible. The group was also assessing alternative dental filling materials, such as composites and glass ionomers, for future use in dentistry.

Although banned in some markets, dental amalgam is still used in some developed and most developing countries. It is widely acknowledged that it poses a health risk to pregnant women and young children. [DTI](#)



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## Asia News

# Dentcubator board meets in New York



Members and Associates of Dentcubator gathered in New York. (DTI/Photo Daniel Zimmermann)

Daniel Zimmermann  
DTI

NEWYORK, NY, USA/LEIPZIG, Germany: Year after year, dental companies spend millions on the research and development of new products. Nobel Biocare as one of the biggest spenders in the dental industry uses about 4–5 per cent of their annual turnover for R&D. On the other side, there are thousands of ideas developed by individual dentists that will never be implemented because their inventors lack the funds or expertise to market their ideas or are downsized by shrinking R&D budgets in difficult economic times.

For such ideas, there are usually incubators. Introduced in the late 1950s as physical buildings that housed many small business, these programmes have become a significant tool in the business world for assisting early-stage companies. Their main goal is to accelerate the successful development of entrepreneurial companies through support resources and services, such as finding attorneys, funding prototypes and finding distribution channels. Almost 90 per cent of start-up companies stay in business for the long term with the help of incubating pro-

grammes, a study by the University of Michigan recently found.

Worldwide there are an estimated 5,000 of these incubator networks, with 1,400 operating in the US alone. In dentistry, there was no such network until Dentcubator was founded at the Greater New York Dental Meeting last year. Originating in Massachusetts in the US from a loose network of renowned dental specialists around the globe, the programme has evaluated 48 submissions thus far and aims to support as many as 80 over the course of the next five years. Ten screening panels of experts, such as Steve Buchanan, Sonia Leziy, John McSpadden, Lorne Lavine, Joerg Strub, Ron Jackson, Ken Malament and Tom McGarry, evaluate new ideas on a regular basis.

Dentcubator is a virtual entity, which means that its members meet by phone, e-mail or through webinars. Once an idea is submitted through one of the committees, it undergoes a four-week screening process to evaluate its marketing potential. Special emphasis is placed on the ability to re-design a product for emerging markets like Asia or Latin America. "By testing each submission for its applicability to emerging market

countries, we have the opportunity to offer the products and techniques associated with outstanding oral health care to a broader audience than the typical markets of Western Europe, Japan or the United States" a Dentcubator representative told *Dental Tribune Asia Pacific* in New York.

The network provides its services with compensation taken in equity in the ownership of the idea, once the idea has been approved for funding. The process typically takes up to three months to be completed. Once Dentcubator becomes an equity partner and develops and protects the idea, discussions are initiated with the directors of acquisition or R&D departments of global dental companies.

Dentcubator sees itself as a complement to traditional R&D and as an alternative source for funding, development and access to market resources. "We are under no circumstances in the business of replacing R&D budgets," the representative said. "We are the nursery which takes the small seed of an idea, grows it and then brings it to market."

Ideas or proposals can be sent to [ideas@dentcubator.com](mailto:ideas@dentcubator.com). [DTI](#)

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# Anxious people have worst teeth, study shows

Daniel Zimmermann  
DTI

**HONGKONG/LEIPZIG, Germany:** People with anxious personalities are more likely to have poor oral health and related dental problems like gum disease,

a new study from New Zealand has confirmed. Researchers from the University of Otago recently investigated the anxiety levels of 1,057 participants aged between 15 and 52. They found that dentally anxious people had almost twice the amount of decayed, missing or filled tooth surfaces by the age of 52 as people who are not dentally anxious.

In the study, participants were classified into three groups: those who had always been dentally anxious, those who had developed dental anxiety as adolescents, and those who had developed dental anxiety as adults. The first group had more tooth decay at age 5 and early experience of dentists. The second group had more

tooth decay from the age of 15. The third group had lost teeth between the ages of 26 and 52. In addition, a 'recovery' group was discovered of people who had been dentally anxious at age 15 but had ceased to be so by the age of 52.

The findings will help dental professionals better under-

stand what makes people dentally anxious, and inform them that some people can grow out of it, one of the researchers said.

In countries like New Zealand and Australia approximately 15 per cent of all people suffer from some form of dental anxiety. **DTI**

## Bollywood teams up with dental show

Claudia Salwiczek  
DTI

**HONGKONG/LEIPZIG, Germany:** Bollywood's biggest Gen-next star Deepika Padukone recently joined forces with the Indian Dental Association (IDA) and Wrigley India for an oral-care marathon at the World Dental Show 2009 in Mumbai. The former model, who had her big break as an actress in the 2007 feature *Om Shanti Om*, became an ambassador for Orbit sugar-free chewing gum in early 2009 and has represented the brand at public events since then. She is also the first actor in India to have partnered with a manufacturer to promote the oral health benefits of chewing gum.

The record 24-hour long dental check-up, called *Mumbai Smiles - IDA fights against the Tooth Decay*, aimed to provide free dental check-ups to underprivileged locals who cannot afford to visit a dentist on a regular basis, including school children, elderly people and temporary workers. People with symptoms of systematic conditions, such as diabetes or cardiovascular diseases, were examined by dental and medical experts from the University of California, San Francisco (US). The event was accompanied by an online campaign throughout October.

"Dental care in India remains a neglected area and tooth decay has become common at a comparatively young age," Dr Paramjit Singh, President of the IDA, said. "Through this initiative here at the World Dental Show, our organisation and Orbit sugar-free chewing gum is trying to generate awareness on dental health and oral regime."

The World Dental Show, organised by the IDA, is one of the biggest dental shows in India. According to the organiser, more than 20,000 visitors, including 19,000 dentists, attended the first show held in early October. The event is supported by the Association of Dental Industry and Trade of India and the University of California, San Francisco. The next show is scheduled for October 2010. **DTI**

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Petra C Guess, Ricardo Zavanelli, Nelson Silva and Van P Thompson, New York University, March 2009  
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## Dear reader,



Claudia Salwiczek  
DTI

I just returned from the Greater New York Dental Meeting where I had the opportunity to conduct a number of interviews with well-known opinion leaders in dentistry. What struck me most about the line-up was that only 1 out of the 30 professionals that I spoke to was a woman.

It is a sad fact that compared to other fields in medicine dentistry is still predominantly a male profession. There are exceptions, of course, such as Dr Catrise Austin, a New York-based dentist, who I recently met to talk about her decision to offer free HIV tests to her patients. Or Dr Bo Chen from Beijing, who I met at the P-I Brånemark symposium in Sweden where she presented a revealing study on patient satisfaction figures with facial and orofacial reconstruction. Unfortunately, though large in impact, these developments and ideas do not usually receive the recognition they deserve.

However, what these examples also demonstrate is that women often tend to develop solutions that are socially applicable and that offer benefits for all members of society; a fact endorsed by a recent World Health Organisation report. In the study on *Women and Health*, the question was also raised why women generally have to carry much of the health care burden while getting hardly anything back. It may be time for women, especially those working in medical and dental professions, to step up and make their message heard.

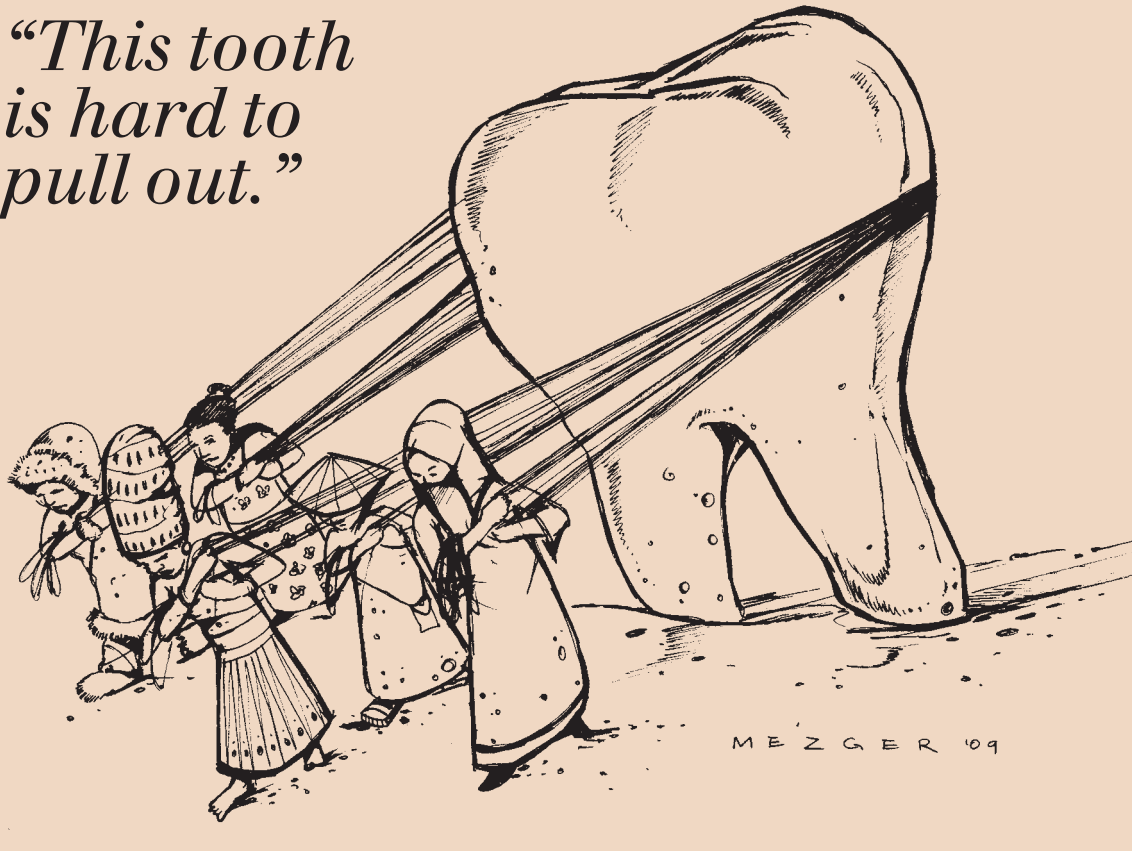
It may not happen overnight, but with more and more women overtaking high political and economical positions, it will be difficult for dentistry to hold up to its Boys Club status for much longer. I certainly hope that when I return to New York in 2010, there will be a larger share of female dentists to speak to. [□](#)

Yours sincerely,

Claudia Salwiczek  
Editor  
Dental Tribune International

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*“This tooth  
is hard to  
pull out.”*



## IDF guideline focuses attention on the oral health of an increasing number of patients with diabetes



Dr Ira B. Lamster  
USA

The International Diabetes Federation publication *Guideline: Oral Health for People with Diabetes* addresses the reported bi-directional relationship of diabetes mellitus and periodontal disease. It has long been recognised that periodontitis is a complication of diabetes mellitus, and periodontitis has been suggested as the sixth clinical complication of diabetes. More recently, data has been published that suggests that metabolic control in diabetes is adversely affected by periodontitis. The mechanism that accounts for this association is the production of inflammatory mediators in the periodontal tissues, with a resultant elevation of serum levels of these mediators, leading to the desensitisation of peripheral insulin receptors.

The guideline group that prepared and wrote this report addressed two questions: “What level of surveillance for periodontal disease should be recommended for people with known diabetes” and “Is active management of periodontitis particularly recommended for people with diabetes”. In response to both questions, the guideline group concluded that the evidence does not support an affirmative answer to either of these. Despite these conclusions, the publication provides recommendations for oral health care for persons with diabetes. These include an emphasis on the need to educate patients with diabetes that their periodontal health can be adversely affected

by diabetes, the importance of regular personal and professional oral health care, and the need for periodontal care if periodontal disease is present.

The findings presented in this document are surprisingly limited in scope. While it is recognised that the committee did not have specific instructions regarding the amount of evidence required in order to be able make a recommendation, the literature reviews cited in the guideline document provided solid evidence that periodontitis is more severe in patients with diabetes. Furthermore, while evidence suggesting that periodontal treatment can improve glycaemic control in patients with diabetes is not as solid, the trend observed in these studies is that the greatest beneficial effects are seen in cases in which the glycaemic control is very poor. It can thus be deduced that these patients require the most attention, as they are at the greatest risk for clinical complications of diabetes.

The provision of appropriate oral care to patients with diabetes mellitus will improve oral health, which in itself is a desirable outcome. Diabetes is a chronic disease that patients must manage on a daily basis. Appropriate oral health care, with a focus on prevention, can lead to a lifetime of good oral health, efficient mastication and a better diet, the last two of which can have important positive effects on weight control. Weight control is critical for glycaemic control.

Another important consideration is the likelihood that patients who present to the dental practice will have diabetes and not be

aware of their diagnosis. In the US, approximately 25 per cent of patients with diabetes are not aware that they have diabetes. Given the increased prevalence of periodontitis in this patient group, careful examination by a dental professional (to identify advanced periodontal disease) and a thorough health history (that is, family history of diabetes, or a report by the patient of excessive thirst, urination and/or hunger) can suggest the need for evaluation of diabetes. If dental professionals are to assume this more active role, they need to be familiar with all aspects of diabetes mellitus, including risk factors, health history and clinical complications, and treatment approaches. This may require additional training, but the outcome will be the improved general health, not only oral health, of patients treated in the dental practice.

The guideline document is important because it focuses attention on the oral health of the increasing number of patients across the globe with diabetes. Dental disease is a component of the diabetes clinical spectrum. Additional studies appear in peer-reviewed journals each month. Thus, the findings regarding the bi-directional relationship of diabetes mellitus and oral health presented in this guideline document are not final. [□](#)

### Contact Info

Dr Lamster is currently Dean and Professor of Dentistry at Columbia University College of Dental Medicine. He can be contacted at [ib11@columbia.edu](mailto:ib11@columbia.edu).

## Endo vs. Implants



Dr Carsten Appel  
Germany

Endodontic therapy is often the last opportunity to preserve a natural tooth. If a tooth has a sufficient restorative and periodontal prognosis and the necessary endodontic treatment is done properly, the longevity of patients' teeth can be extended to decades. There is ongoing debate comparing endodontics and implants as therapy alternatives. Yet, there seems to be a tendency towards the replacement of natural teeth with implants, sometimes even in cases in which the tooth could have been preserved.

Research figures show that there is a significant difference between the high success rates of endodontic treatment in controlled studies and the incidence of apical periodontitis after endodontic treatment, as demonstrated in cross-sectional studies. This may be an indication of the difference of what is possible with treatment following a controlled protocol and what is achieved in reality, thereby explaining the endodontic treatment results we often see in our patients.

Controlled studies in implantology have mostly presented data indicating implant survival and not implant success, as demanded by Dale, Albrektsson and others. Even early implant loss, within the first weeks of placement, is often not included in many statistical calculations. In the last two years, reports have indicated instances of peri-implantitis at a rate of 10 per cent and in some implant types of up to 29 per cent. Some studies have shown higher incidences of peri-implantitis in patients that have lost teeth because of periodontitis before and therefore suggest a possible predisposition. Additionally, we are only beginning to understand the treatment of peri-implantitis.

In my opinion, implants are a very valuable instrument if the natural tooth has already been lost or has an insufficient prognosis. But if a tooth has a sufficient restorative, periodontal and endodontic prognosis, it should be preserved in most cases. Thus, I consider that the situation is not one of endodontics versus implants but one of two disciplines working alongside in the goal of best serving our patients. [□](#)

### Contact Info

Dr Carsten Appel is the President of the German Society for Endodontology and guest editor for *roots*—the international magazine for endodontics. He can be contacted at [mail@carstenappel.de](mailto:mail@carstenappel.de).

# WHO says women need better health care

Daniel Zimmermann  
DTI

**HONGKONG/LEIPZIG, Germany:** The World Health Organization (WHO) has stressed the need to improve health care for women, especially those services pertaining to key stages of life, such as adolescence and older age. According to a new report by the organisation, lack of access to education, decision-making positions and income limit women's ability to protect their own health and that of their families. Policy change and action is needed within the health sector and beyond to remove these barriers, WHO Director-General Dr Margaret Chan said.

According to Dr Chan, women provide between 80 and 90 per cent of health care worldwide, whether in the home or as nurses, but rarely receive the care they need themselves. For example, in many countries

sexual and reproductive health services tend to focus exclusively on married women. Few services also cater for marginalised groups of women, such as sex workers, intravenous drug users, ethnic minorities and rural women.

Although considered to be 'male problems', heart attacks and strokes are two leading global causes of death of women—who often exhibit different symptoms from men.

→ DTI page 6



Gathering of brahmin woman during a wedding in India. (DTI/Photo Paul Prescott)

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### To the Editor

Re: Editorial, (Dental Tribune Asia Pacific No. 6, Vol. 7, page 4)

"...to treat health care not as a market commodity but as a public benefit institution."

Obviously, the writer of this article knows nothing about economics. The demand for health care is infinite. Making things free through a government programme will bankrupt governments and inevitably lead to rationing. Health care, like any other service, involves labour of individuals and is therefore NOT a right—unlike freedoms of press, religion or speech, which require nothing other than people leave us alone. We don't need lectures from Euro-socialists like the writer. Europe, with its practically non-existent growth rates and entitlement culture, is definitely NOT a model we wish to emulate! ■

Kim Henry, USA, 13 Nov. 2009

Re: "Experts discuss future of implantology in Gothenburg" (Dental Tribune Asia Pacific No. 10, Vol. 7, page 1)

Fulfilling patient needs is the aim of my daily practice. Dental professionals would be better helped if they could have access to accurate information on the effectiveness of treatments found to have positive results, as reported in scientific papers. This means that opposing the commercial publishing of articles on treatments with non-positive results is surely the best and ethical approach, although not widespread. It's odd that the person who promoted advertising of a surgical procedure is now blaming people for pursuing commercial interests. ■

Leopoldo Bozzi, Italy, 18 Nov. 2009



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# US dental programme helps victims of domestic violence

Daniel Zimmermann  
DTI

NEW YORK, NY, USA/LEIPZIG, Germany: The American Academy of Cosmetic Dentistry Charitable Foundation (AACDCF)

has announced that over 800 survivors of domestic violence have received free cosmetic dental care through the organisation's *Give Back A Smile* programme. The results were released on this year's Health

Cares About Domestic Violence Day, which takes place annually on the second Wednesday of October.

The AACDCF *Give Back A Smile* programme was founded in 2006 to help restore the lives of domestic abuse survivors by providing dental care at no cost. In addition, the organisation supports dental professionals who are interested in learning from experts the way to approach difficult situations in the dental practice in cases of suspected domestic violence.

Currently, there are 400 applicants being treated throughout the US. According to the US National Coalition Against Domestic Violence, more than five million people are affected by domestic violence each year. Almost 75 per cent of injuries are to the head and face, which means the dental office is in an extremely influential position to be able to intervene and help stop the violence.

"After suffering abuse, it is difficult for survivors to find something to smile about, and even more difficult when they don't have a smile to show. AACDCF volunteers assist survivors of domestic violence by treating their dental injuries, restoring their smiles, self-esteem, and ultimately, their lives," AACDCF Program Manager Lisa Fitch said. [DTI](#)

Recession has resulted in a sharp rise in domestic violence. (DTI/Photo Jose AS Reyes)

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HIV/Aids, pregnancy-related conditions and tuberculosis are other causes of death and disease of women aged between 15 and 45.

The WHO report seeks to identify key areas for reform both within and outside the health sector, including improving health systems to better meet women's needs throughout their lives, as well as leveraging changes in public policy to address and monitor the ways social and economic determinants of health adversely affect women. It points out that strategies to improve women's health care must take full account of gender inequality and address the specific socio-economic and cultural barriers that prevent women from protecting and improving their health.

"It's time to pay girls and women back, to make sure that they get the care and support they need to enjoy a fundamental human right at every moment of their lives, that is their right to health," Dr Chan said. [DTI](#)

# Scientists in Germany develop hybrid composite for endodontics

Claudia Salwiczek  
DTI

**LEIPZIG, Germany:** Materials used in root canal procedures are not always compatible with each other or do not bond properly with the hard dental tissue. Root filling materials, for example, should not shrink as they harden and should be visible in X-rays. Materials used to rebuild the tooth should mimic the properties of the tooth itself.

Researchers at the Fraunhofer Institute for Silicate Research in Würzburg (Germany) have developed a new material that can be used for all components of root canal treatment.

The material, which was developed in collaboration with researchers from VOCO GmbH, a German manufacturer of dental restorative materials, is based on organic-inorganic hybrid substances called ORMOCERS that are combined with vari-

ous nano- and micro-particles. While standard materials shrink by 2 to 4 per cent, ORMOCERS only shrink by 1.5 per cent as they harden. They can also be adapted to adhere to the different parts of the tooth, the researchers said.

ORMOCERS are already used in optical functional coatings for glass and ceramic components and easy-to-clean coatings for metals and leather. According to ISC officials, a final product for dentistry will be launched in a few years. [DTI](#)



A researcher produces laboratory samples based on the new material. (DTI/Photo courtesy of Fraunhofer ISC)

AD

## New York meeting installs new chairman

The Greater New York Dental Meeting has elected Dr John R Halikias as new chairman for the years 2010 and 2011. He will lead the organisation in its effort to continue the GNYDM's mission of fostering lifelong learning for dental professionals and providing enormous sales opportunities for the dental industry, meeting officials told *Dental Tribune America* in New York.

Halikias will accept his honour after he was unanimously elected by the GNYDM Organization Committee.

Halikias has served the GNYDM for more than 25 years while also being president of the Second District Dental Society, one of the sponsors of the meeting. He learned his dental degree from the New York College of Dentistry in 1985. He is also a member of the American Dental Association, New York State Dental Association, American College of Dentistry and Hellenic Dental Society, and is a fellow of the Academy of General Dentistry. He currently practices general dentistry with his father, Dr Robert Halikias, in Brookley, NY.

As the largest dental convention, exposition and congress in the United States, the meeting continues to attract more than 57,000 attendees including 17,000 dentists from all US states and 118 countries. [DTI](#)

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# “Allergic reactions from amalgam fillings in some patients have been acknowledged”

## An interview with Prof. Lars Hylander, Uppsala University

In November, an agreement in concept was reached by a World Health Organization-convened international expert group meeting, supporting the phase-out of dental mercury use worldwide. *Dental Tribune* Group Editor Daniel Zimmermann spoke with Prof. Lars Hylander, Associate Professor at the University of Uppsala in Sweden who attended the meeting, about the agreement and strategies for future bio-materials use in dentistry.



Prof. Lars Hylander

**Daniel Zimmermann:** Prof. Hylander, you recently attended a joint meeting of the World Health Organization (WHO) and the United Nations Environment Programme (UNEP) that aimed to assess the latest clinical evidence on dental restorative materials. Could you tell us about the outcome of the meeting?

**Prof. Lars Hylander:** Most participants agreed that amalgam should be phased out or at least phased down. Dr Poul Erik Petersen, Responsible Offi-

cer for Oral Health at the WHO, however, raised several good questions, such as what to tell people in poor countries who cannot even afford dental amalgam fillings. At this point, the room grew rather silent.

**A similar consultation was held more than ten years ago. What has changed since then concerning the manner in which dental restorative materials are perceived?**

Allergic reactions from amalgam fillings in some patients have been acknowledged by pro-amalgamists. Mercury leakages and emissions from dental amalgam into the environment have been fully acknowledged, particularly after dental amalgam was banned in Norway and Sweden, and restricted in Denmark and other places. Proof of methylmercury formation in wastewater from dental clinics is a third factor that makes the continued use of amalgam less justified. Another factor is that alternative tooth filling materials are now available or in development.

**What has been decided regarding dental amalgam?**

The WHO has not been as quick as Norway, who instituted a ban on dental amalgam in less than six months after the proposal of a ban was presented in the country. Thus far, nothing has been decided, but the WHO can hardly ignore the decision made by the world's governments within the UNEP to negotiate a mercury treaty, which will

begin in Stockholm next June. There was some consensus that mercury use in dentistry should be phased down. A suitable way to do this is to begin teaching alternative restoration techniques, other than dental amalgam, in dental schools.

There was a focus on the oral cavity, which thus ignored the environmental aspects such as mercury emissions from crematoria and leakage of mercury into wastewater from dental clinics and the wearing of amalgam surfaces due to everyday chewing. The American Dental Association demonstrated this most clearly in the presentation by Dr Daniel Meyer, in which it was stated that of the 35 tons of amalgam used annually in the US, only a few hundred kilograms are emitted into the environment.

**Which restorative materials were considered to have the most potential for use in developed and developing countries?**

Composites and other white filling materials have replaced amalgam in several developed nations. Even in countries without any ban, such as in Japan, less than 4 per cent of the fillings are now fabricated with amalgam, for aesthetic reasons. In addition, many patients do not find it sensible to have as toxic an element as mercury just a few centimetres from their brains.

Composites and glass ionomers are also widely used in many developing countries. The question of why such developments progress so slowly in the big nations of the rich world was raised. Atraumatic restorative treatment with glass ionomers and using only hand tools is a promising alternative, not only for developing countries. In countries in which glass ionomers or composites are produced locally, the cost of these fillings is lower than that of amalgam.

**Thank you very much for the interview.** 

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# Dealing with stress in the 21<sup>st</sup> century — a perspective for the dental profession

Ros Edlin  
United Kingdom

Ask the average man in the street for his opinion as to whether or not dentists experience stress, and your query will, in all probability, be met with a look of incredulity and a snort of derision. After all, isn't stress in the domain of the poor patient rather than the high-earning, fast-living, Porsche-driving dentist? A media-fuelled opinion such as this may be true for a minority of dentists, but for the majority this is an entirely inaccurate assessment of dentistry today.

What is true, however, is that dentistry has been identified as one of the most stressful of the health professions. A recent study by HL Myers and LB Myers conducted using an anonymous cross-section of 2,441 UK GDPs, found that 60 per cent of GDPs reported being nervy, tense or depressed, 58.3 per cent reported headaches, 60 per cent reported difficulty sleeping and 48.2 per cent reported feeling tired for no apparent reason<sup>1</sup>—all signs possibly related to work related stress.

So why are dentists so susceptible to stress? Not only are they required to work in an intricate manner in a sensitive and intimate part of the body, sitting in the same position for long periods of time, but they also have to be responsible for the smooth running of the practice with regard to both staff and patients, as well as managing the financial aspect. Added to this are the ever-increasing demands and expectations of patients and the constant awareness of running behind schedule. As if this wasn't enough, they have to ensure that they maintain clinical excellence in the eyes of regulatory bodies. Faced with all these factors, and for the most part, not having received any particular training in, for example, people skills or financial management, it is little wonder that many dentists fall victim to stress—related illnesses, either mental, physical or both.

Stress itself is not an illness but is, according to the Health and Safety Executive [HSE] definition, 'the adverse reaction people have to excessive pressure or other types of demand placed upon them'. The HSE also 'makes an important distinction between the beneficial effects of reasonable pressure and challenge (which can be stimulating, motivating and can give a 'buzz') and work-related stress, which is the natural but distressing reaction to demands or 'pressures' that the person perceives they cannot cope with at a given time.' The concept of perception is particularly relevant in that, faced with the same situation, a difficult procedure or a demanding



(Photo: DTI/Olaru Radian-Alexandru)

patient, one dentist may relish the challenge and yet the other be trembling in their shoes! Also pertaining to the definition of stress are the notions of control and change.

It is clear that we function best when we are in control of our circumstances; when we feel we are responsible for our successes or failures due to our own personal attributes. This could also include the responsibility of the welfare of both patients and staff. As is often the case however, bureaucracy mitigates against this feeling of control which could result in work-related stress. The recent NHS Dental Contract for the UK is a prime example where it can be argued that dentists have a loss of control of their own destinies. It also illustrates the importance of involvement in the process of change for the best results to be achieved. 'Today's dental environment is not going to change to accommodate the individual. It's the individual who needs to learn to accommodate to the environment if he or she does not want to pay the price of chronic stress.'<sup>2</sup>

There is no doubt that we all need pressures and challenges in our lives to get us up in the morning and to keep us going. These can galvanise us into achieving great things; to work at our most productive level, but we have to be aware that having unrealistic goals or expectations can possibly result in the 'law of diminishing returns' i.e. the more we push ourselves to reach that elusive goal, the less well we can sometimes perform. This is not to underestimate the thrill of achievement, but it is worth paying heed to the warning signs. These warning signs are like traffic lights in our lives. Green means that everything (or nearly everything) is going well with us. We are enjoying our work; the practice is flourishing; we have a great team and the patients are appreciative. Home and social life is good; the children are behaving themselves and the sun is shining. Then perhaps things start to go slightly awry—your valued nurse leaves, creating extra work for the rest of the staff, and leaving you feeling as if

you've lost your right arm. You find yourself staying later at the surgery to catch up and you are aware that you are feeling more tired than usual. At the surgery you feel your concentration slipping slightly and you are becoming tense and irritable.

This situation may carry on for a while with perhaps other events occurring to add to the mix—a complaint or family illness for example. At home, your evening glass of wine is turning into two or three. You are sleeping badly, relationships are suffering and you are starting to feel that you can't cope. The red light is beckoning! If the symptoms continue to intensify to the extent of absolute exhaustion, ill health and the inability to cope, it could be advisable to seek help.

Personality can also have a bearing on the dentist's ability to cope with stressful situations. A study carried out by Professor Cary Cooper et al<sup>3</sup> suggested that dentists had a tendency to exhibit 'Type A' behaviour. People with 'Type A' personalities tend to be driven, highly ambitious, impatient, aggressive and intolerant. They have high expectations

of themselves and those around them. 'Type B' personalities although they may be equally ambitious and successful, are able to perform in a calmer and more relaxed manner. People can fluctuate between these two behaviours which are said to be on a continuum.

A successful practice is one where effective stress management strategies are firmly in place. This contributes to the atmosphere of well-being and competence within the practice. Its positive effect emanates throughout—the staff feel valued and motivated and the patients feel more relaxed and welcome. A 'win win' situation for all concerned. Achieving this ideal situation does not come naturally to many practitioners who may require guidance. It may be nec-

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