

DENTAL TRIBUNE

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

PUBLISHED IN LONDON

www.dental-tribune.co.uk

VOL. 11, No. 4



INTERVIEW

Drs Mona Patel and Marcus Riedl about their experiences with a Dentsply Sirona line and the role of aesthetics in daily dental practice.

► Page 10



WHAT WOULD DR MO LAR DO?

In the third article of this series, the 4dentists group will be looking at the different options available to dentists looking to purchase property.

► Page 12



TRENDS & APPLICATION

Dr David Burgess from Carbis Bay Dental Care in Cornwall discusses the benefits of dynamic navigation in dental implantology.

► Page 13

Early orthodontic treatment and oral health-related quality of life

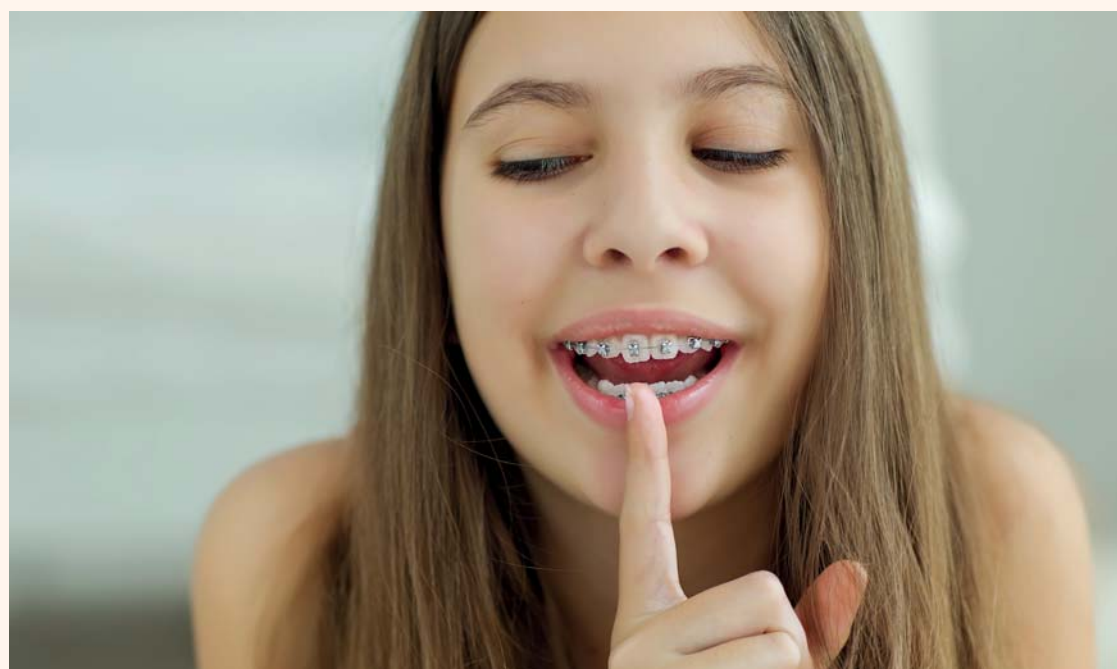
Relationship confirmed by University of Sheffield's School of Clinical Dentistry study

By DTI

SHEFFIELD, UK: In Western countries like the UK, between 10 and 20 per cent of adolescents undergo orthodontic measures in some form. A recent meta-analysis conducted by researchers at the University of Sheffield's School of Clinical Dentistry has indicated that treatment in those younger years may have a measurable impact on a person's oral health-related quality of life (OHRQoL).

In their review, they found that levels of emotional and social well-being concerning OHRQoL improved moderately in patients who were treated orthodontically before they were 18 years old. The findings are relevant, because, until now, there has been little evidence that treatment actually improves OHRQoL.

The researchers included data from over a dozen studies reporting outcomes before and after orthodontic treatment that were conducted within the last ten years in countries like Australia, Brazil,



The study revealed first evidence that orthodontic treatment in early age improves oral health-related quality of life. (© Nina Buday/Shutterstock.com)

Canada, China, Italy, the UK and the US. Of these, four were finally selected for using similar questionnaires to measure what young people thought about their teeth and how their dental appearance

affected their life, before and after orthodontic treatment. All showed measurable and moderately large improvement in the areas of emotional and social well-being, according to the researchers.

"As practicing orthodontists we are constantly being told by our patients that they are pleased they had their teeth straightened and that they are no longer embarrassed to smile or to be photo-

graphed," explained co-author Prof. Philip Benson, who is also Director of Research at the British Orthodontic Society. "We wanted to find all the research that has tried to measure this effect with young people."

While the findings are a first step to establishing a platform for exploring this issue further, Benson admitted that the number of participants included in the studies was small and that higher-quality data is needed to substantiate the conclusions. A follow-up study investigating OHRQoL in the under-18 age group under the supervision of co-author and student Hanieh Javidi as part of her doctoral research project is underway at the School of Clinical Dentistry.

The study, titled "Does orthodontic treatment before the age of 18 years improve oral health-related quality of life? A systematic review and meta-analysis," was published in the April issue of the *American Journal of Orthodontics and Dentofacial Orthopedics*.

ROOTS SUMMIT 2018

Premier endodontic event in Berlin open for registration

By DTI

BERLIN, Germany: Online registration for the next ROOTS SUMMIT, the premier global discussion forum dedicated to endodontic dentistry, is now open. Featuring lectures and workshops, it will be held at the European School of Management and Technology (ESMT) in Berlin from 28 June to 1 July 2018. Approximately 500 visitors are expected for the event, which is again being organised in collaboration with *Dental Tribune International*.

Although the 2018 ROOTS SUMMIT will mainly feature pres-

entations on the latest techniques and technologies in endodontics, the organisers are inviting dental professionals in all fields, as well as manufacturers in the industry, suppliers of endodontic products and anyone involved in the practice of endodontic treatment, to attend.

It has been announced that foremost opinion leaders, including Drs Frederic Barnett, Gergely Benyócs and Elisabetta Cotti, will be speaking at the conference next year. There will also be the opportunity to participate in hands-on workshops, speak to industry professionals on-site and engage with

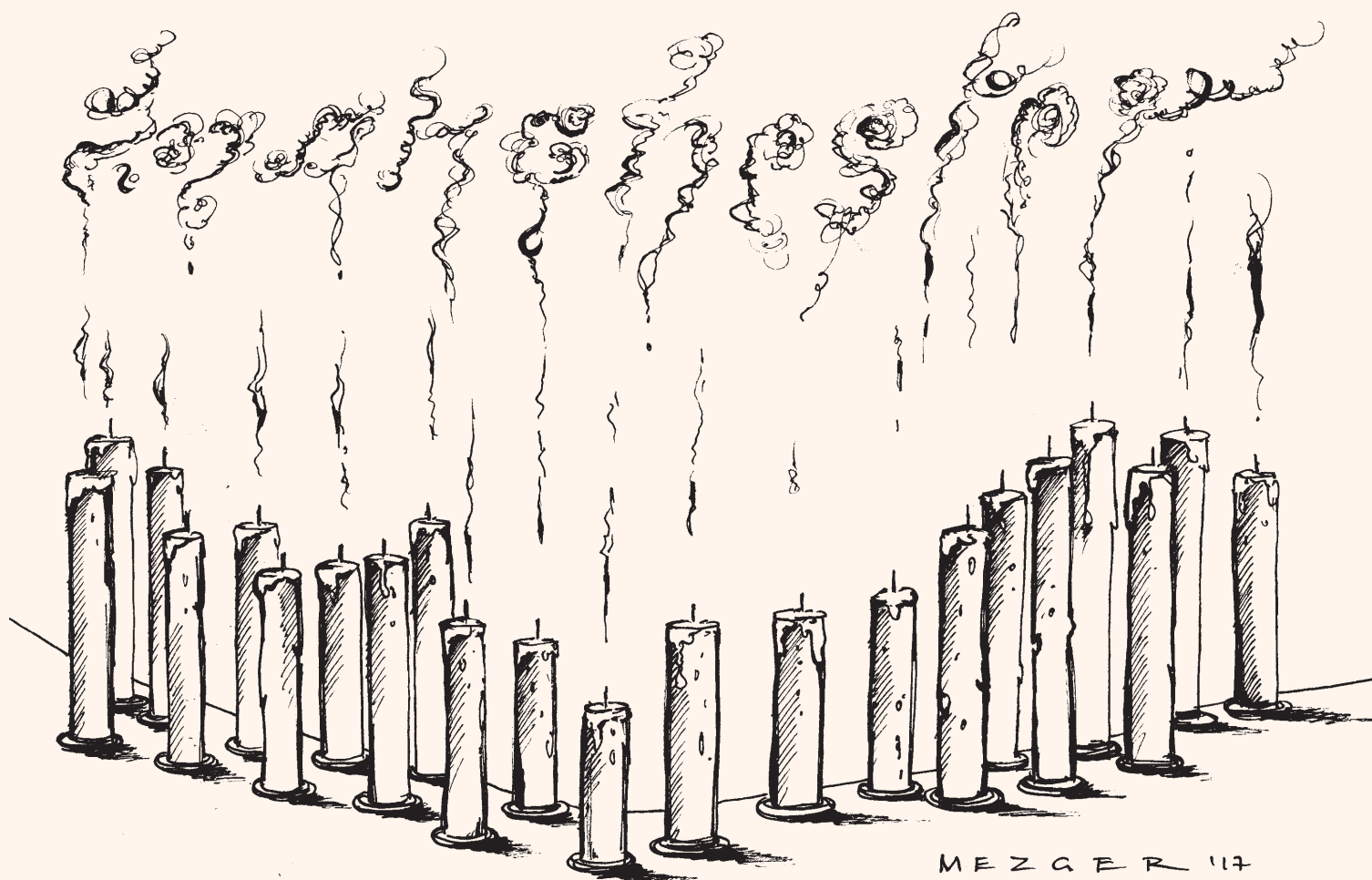
new equipment, procedures and protocols in endodontic dentistry. A number of dental companies specialising in endodontics, including META BIOMED and FKG Dentaire, have already confirmed their participation.

The ROOTS SUMMIT, which started as a mailing list of a large group of endodontic enthusiasts in the 1990s, has grown significantly over the last few years. With currently more than 24,000 members from over 100 countries, the ROOTS SUMMIT evolved into one of the most prominent global learning forums in the dental industry.



Previous conferences have been held in Canada, the US, Mexico, Spain, the Netherlands, Brazil and India. The 2016 ROOTS SUMMIT took place in the UAE and was one of the most important events in endodontics, drawing over 300 dental professionals to Dubai. These meetings have been known for their strong scientific programmes.

An early bird discount of 20 per cent is being offered and dental students too will be granted a 20 per cent discount. Additional information and online registration can be found at www.roots-summit.com. Dental professionals are also invited to like the ROOTS SUMMIT Facebook page to view the latest updates.



BDA supports victims of 22 May bomb attack

By DTI

MANCHESTER, UK: At the start of its annual congress in Manchester, the British Dental Association (BDA) has pledged to donate £5,000 to the victims of the bombing at a concert on 22 May. With this step, the professional body joins other initiatives that are aimed at supporting the families affected by the horrific attack.

Chair of the BDA Principal Executive Committee Mick Armstrong said: "We've been so proud to make Manchester home to our national conference, and we just want to do our bit to help our hosts and friends in the aftermath of this horrific attack."

"Quite rightly Manchester has resolved to carry on. Our thoughts are with all the families touched by this atrocity," he added.



Floral tributes at St Anns Square in Manchester. The attack has left 22 people dead and over 50 injured. (Photograph, DTI)

According to the Greater Manchester Police, Monday's attack during a concert by American singer Ariana Grande at the Manchester Arena left 22 people dead

and more than 50 injured. The suicide bombing, believed to have been executed by a 23-year-old man from the south of the city, is one of the most fatal terror-related

incidents in Great Britain in recent years. In response, the UK government has changed the terror threat level from severe to critical and deployed armed forces nationwide to protect vulnerable sites.

Participants of this year's BDA conference have also had to submit to extra security measures that have been put in place for the entire event. On the first day of the congress, they joined in on a minute of silence across the UK to honour the victims.

The BDA has been continuously holding its national conference at the Manchester Central Convention Complex since 2012. Over 4,000 dental professionals were expected to attend this year's three-day event, which also featured an extensive industry exhibition.

King's Dental Institute appoints Barts professor as new executive dean

By DTI

LONDON, UK: Prof. Mike Curtis from Barts and The London School of Medicine and Dentistry at Queen Mary University of London has been appointed new Executive Dean of King's College London Dental Institute, the university has said. The microbiologist succeeds Prof. Dianne Rekow, who retired from her post at the end of last year.

Currently serving as Dean of Dentistry and Deputy Vice-Principal for Health at Barts and The London, Curtis is expected to take

the helm of Britain's most prestigious dental school at the beginning of the next academic year. In the meantime, the institute will continue to be led by Prof. Mark Woolford, who took over in December as interim Executive Dean. Commenting on his appointment, Curtis pledged to maintain and enhance the pre-eminence of dentistry at King's in education, training and research.

"Professor Curtis' appointment is an important step for us as we embark on a new university vision and seek to consolidate the Dental Institute's position as

Europe's most comprehensive centre for dental education, research and patient care," said Sir Robert Lechler, Provost for Health at King's.

Last year, King's was rated fourth in the world in dentistry according to the QS World University Rankings in the US, as well as first in Europe. Currently, around 1,000 students are enrolled in the university, as are 300 distance learning students. Curtis will bring extensive knowledge and research expertise in the field of oral microbiology to the school. His latest research focused on the role of the



Prof. Mike Curtis
(© Kings College London, UK)

oral microbiome in maintaining oral health and developing disease, and key microbial virulence determinants of oral bacteria.

IMPRINT

GROUP EDITOR/MANAGING EDITOR DT UK:
Daniel ZIMMERMANN
newsroom@dental-tribune.com
Tel.: +44 161 223 1830

EDITORS:
Kristin HÜBNER
Yvonne BACHMANN

ONLINE EDITOR/SOCIAL MEDIA MANAGER:
Claudia DUSCHEK

MANAGING EDITOR & HEAD OF DTI COMMUNICATION SERVICES:
Marc CHALUPSKY

JUNIOR PR EDITOR:
Brendan DAY
Julia Maciejek

COPY EDITORS:
Ann-Katrin PAULICK
Sabrina RAAFF

CLINICAL EDITORS:
Magda WOJTKIEWICZ
Nathalie SCHÜLLER

PUBLISHER/PRESIDENT/CEO:
Torsten R. OEMUS

CHIEF FINANCIAL OFFICER:
Dan WUNDERLICH

BUSINESS DEVELOPMENT MANAGER:
Claudia SALWICZEK-MAJONEK

PROJECT MANAGER ONLINE:
Tom CARVALHO

JUNIOR PROJECT MANAGER ONLINE:
Hannes KUSCHICK

E-LEARNING MANAGER:
Lars HOFFMANN

MARKETING SERVICES:
Nadine DEHMEL

SALES SERVICES:
Nicole ANDRA

ACCOUNTING SERVICES:
Anja MAYWALD
Karen HAMATSCHEK
Manuela HUNGER

MEDIA SALES MANAGER:
Antje KAHNT (International)
Barbora SOLAROVA (Eastern Europe)
Hélène CARPENTIER (Western Europe)
Maria KAISER (North America)
Matthias DIESSNER (Key Accounts)
Melissa BROWN (International)
Peter WITTECZEK (Asia Pacific)
Veridiana MAGESWKI (Latin America)

EXECUTIVE PRODUCER:
Gernot MEYER

ADVERTISING DISPOSITION:
Marius MEZGER

DESIGNER:
Matthias ABICHT

INTERNATIONAL EDITORIAL BOARD:
Dr Nasser Barghi, Ceramics, USA
Dr Karl Behr, Endodontics, Germany
Dr George Freedman, Esthetics, Canada
Dr Howard Glazer, Cariology, USA
Prof. Dr I. Krejci, Conservative Dentistry, Switzerland
Dr Edward Lynch, Restorative, Ireland
Dr Ziv Mazor, Implantology, Israel
Prof. Dr Georg Meyer, Restorative, Germany
Prof. Dr Rudolph Slavicek, Function, Austria
Dr Marius Steigmann, Implantology, Germany

Published by DTI

DENTAL TRIBUNE INTERNATIONAL
Holbeinstr. 29, 04229, Leipzig, Germany
Tel.: +49 341 48474-302
Fax: +49 341 48474-173
info@dental-tribune.com
www.dental-tribune.com

Regional Offices:

UNITED KINGDOM
535, Stillwater Drive 5
Manchester M11 4TF
Tel.: +44 161 223 1830
www.dental-tribune.co.uk

DT ASIA PACIFIC LTD.
c/o Yonto Risio Communications Ltd,
Room 1406, Rightful Centre,
12 Tak Hing Street, Jordan,
Kowloon, Hong Kong
Tel.: +852 3113 6177
Fax: +852 3113 6199

DENTAL TRIBUNE AMERICA, LLC
116 West 23rd Street, Suite 500, New York,
NY 10011, USA
Tel.: +1 212 244 7181
Fax: +1 212 244 7185

© 2017, Dental Tribune International GmbH

DENTAL TRIBUNE
The World's Dental Newspaper - United Kingdom Edition

All rights reserved. Dental Tribune makes every effort to report clinical information and manufacturer's product news accurately, but cannot assume responsibility for the validity of product claims, or for typographical errors. The publishers also do not assume responsibility for product names or claims, or statements made by advertisers.

Opinions expressed by authors are their own and may not reflect those of Dental Tribune International. Scan this code to subscribe our weekly *Dental Tribune UK* e-newsletter.



CURAPROX 



GAME CHANGER

MY
DAILY
RITUAL

Martina Hingis

Interdentalbrush
CPS prime



Martina Hingis

curaprox.com

Dentsply Sirona steps up education offering with London Academy

By DTI

WEYBRIDGE, UK: After the merger in 2016, Dentsply Sirona began significant reorganisation of its business operations in the UK and Ireland. The 12-month transition period was finally completed with the opening of its new education centre at DENTSPLY International's former premises in Weybridge in Surrey near London.

Adding to Dentsply Sirona's existing training facilities around the globe, it is the first launch of a major education centre by the international dental conglomerate. Attended by Dentsply Sirona Group Vice Presidents Thomas Scherer from Germany and Teresa Dolan from the US, the launch in June brought together dealers, key partners, such as representatives of UK dental schools, as well as dentists and dental technicians from around the UK and Ireland in order to celebrate and have a first look at the new facility, which showcases products and equipment in a clinical setting.

According to Commercial Manager George Fleeton, to whom



Cutting the ribbon (from left to right): Dentsply Sirona UK General Manager Gerry Campbell and Vice Presidents Teresa A. Dolan and Thomas Scherer. (© DTI)

Dental Tribune spoke in Weybridge, the centre will provide a UK base for Dentsply Sirona's extensive in-house clinical and technical education programmes that enable dentists and dental technicians to not only learn about how

an integrated solution can improve their workflow, but also experience it first-hand.

"We have invested significant resources in the project," he said. "It is a long-term commitment and absolutely in line with

Dentsply Sirona's global strategy in regard to education."

Dentsply Sirona provides over 11,000 courses annually in more than 80 countries and to almost half a million dentists through the Dentsply Sirona Dental Academy.



George Fleeton (© DTI)

The new centre in the UK is planned to provide up to 700 courses on-site and online to 10,000 dental professionals a year. It will offer sales and dealer training in addition to clinical training for dentists and dental office staff. Furthermore, it is planned to host special events to raise awareness of various topics that are relevant in dentistry, Fleeton added.

"We see this facility being used to train not just dental professionals but also the people working with them," he said. "We want all people working with dental professionals to do so in a competent and confident manner."

Dentine hypersensitivity—"A sizeable problem"

An interview with Dr David Gillam, London

Periodontology specialist, Dr David Gillam, from the Institute of Dentistry at Queen Mary University of London, is the author of practice guidelines regarding the management of dentine hypersensitivity. At this year's Dentistry Show in Birmingham in the UK, where he held a number of lectures and presentations on this topic, *Dental Tribune* sat down with him to discuss the condition and what practitioners need to consider when treating patients.

Dental Tribune: Dentine hypersensitivity still seems to be an underrated condition in the majority of practices. How prevalent is it according to the latest data and are there demographics that are more affected than others?

Dr David Gillam: Dentine hypersensitivity affects any age group from 18 onwards, but the peak is probably in people in their thirties and forties. There is some evidence that sensitivity decreases with age owing to more dentine being laid down. That does not mean that one cannot develop hypersensitivity at age 60 and above. However, there is a

higher possibility of the condition affecting younger people owing to their lifestyle and dietary choices, which can lead to the erosion of dentine.

With people keeping their teeth longer, they are potentially more exposed to erosive patterns and behaviour. A different profile may yet emerge, but this is not the case at the moment. From studies, we estimate that nowadays the condition occurs on average in one in ten patients, indicating a sizeable problem.

Does hypersensitivity result solely from erosion?

In scientific data from the US, recession is considered the main cause, but this is a predisposing feature. To my mind, once the dentine is exposed, erosion facilitates hypersensitivity because it opens the tubules. There are actually two stages, the uncovering of the dentine layer and the widening of the tubules, as set out in the hydrodynamic theory.

What makes the treatment of dentine hypersensitivity particularly challenging?

Dentine hypersensitivity is one of those nuisance conditions that may have more than one cause. It also takes a great deal of diagnostic time, unfortunately. From the patient's point of view, it is often considered a minor problem that he or she believes he or she can deal with in everyday life. That makes it difficult to identify sometimes.

I recommend that practitioners consider the guidelines and the presenting features and manage the patient accordingly. There is a large amount of valuable information available in the literature and in the industry, but most of this is product-related. However, one cannot just wave a magic wand with one solution and expect the condition to go away. Part of what I do now is to educate and raise awareness among members of the dental profession. Therapists, particularly, are a key target group for education. There needs to be higher awareness in general.

What are the key recommendations for dental professionals with patients showing signs of hypersensitivity?



Practitioners should ask the patients the right questions. Key to this is linking the problem with lifestyle and how it affects the patient on a day-to-day basis. Also, dentists should do a differential diagnosis to exclude other causes of dental pain. A large number of dental professionals do not seem to do that. They should not simply recommend a once-off solution, but one that is based on managing the presenting clinical features. This will help to diversify the clinician's management plan.

If the dentist provides treatment, he or she should incorporate a preventative philosophy that will involve changing certain habits. The patient should be monitored within the practice's time frame. It is not necessary to see him or her every week. Finally, the clinician should research the pain presentation and not use any specific technique just because it is endorsed by a particular manufacturer.

Thank you very much.

Rights of EU citizens after the Brexit: An unresolved issue

By Amanda Maskery, UK

Through the UK's impending exit from the European Union, much uncertainty has been created around the position of EU citizens in the country, including those who currently work in the health care sector. After the result of last year's referendum, in which the UK voted to leave the EU, the formal process of withdrawal duly began when Article 50 of the Treaty of Lisbon was invoked in March. The wave of negotiations for the Brexit is now underway.

EU member states have called for the rights of their citizens to be protected and have sought assurances from the UK to that effect. The government's immediate and continuing response has been to state that rights for EU citizens will be determined in the Brexit negotiations, along with everything else to be considered.

Of course, this will raise serious concerns for the millions of EU citizens living in the UK, and indeed, the millions of UK citizens living in the EU. Both groups of people currently face uncertainty until their position is determined through the conclusion of negotiations, the timescale for which is unknown.

The right to work and live in an EU member state derives from the free movement of persons, a fundamental treaty right. When the UK leaves the EU, on terms yet to be determined, the risk does exist that the free movement of persons will be lost, unless it can be negotiated to the satisfaction of both the UK government and the remaining EU member states. Any deal on the free movement of persons for the benefit of the UK will require a commitment to the EU by the UK on preserving the rights of EU citizens currently residing in the UK and will no doubt require a commitment that the UK will allow the future free movement of persons.

After the impending UK general election on 8 June, the next prime minister will have the unenviable task of undertaking the Brexit negotiations. Naturally, EU citizens will be concerned as to what deal will be secured on a host of matters, immigration being but one. Until the negotiations have been finalised, EU citizens who have lived in the UK for at least five years may have the option of British citizenship, should they wish to seek it.

A British citizen has the right to permanently live and work in the UK without any immigration restrictions; this is otherwise known as a right of abode. Under the current Brit-

ish citizenship rules, those aged 18 and over and of good character who meet the knowledge of English and life in the UK requirements and who have lived in the UK for five years be-

fore the date of their application can apply to become a British citizen. Such persons can apply on behalf of children younger than 18 (and those children do not need to pass any tests).

For EU citizens seeking some certainty and control over their future, an application for British citizenship may be the immediate answer.

AD

Reveal everything

Finally, your patients can see a clear picture of their brushing habits. The easy-to-use **Philips Sonicare FlexCare Platinum Connected** reveals your patients' habits and helps coach them into a better oral care routine.

- **Smart Sensor Technology:** Location, scrubbing and pressure sensors track patients' brushing in real-time to improve technique and coverage
- **3D mouth-map** technology provides post-brushing analysis to help patients focus on trouble areas
- **Personalised TouchUp** feature encourages patients to go over spots they've missed for a more complete clean

innovation + you



Amanda Maskery is one of the UK's leading dental lawyers. She is Chair of the Association of Specialist Providers to Dentists (ASPD) in the UK and a Partner at Sintons law firm in Newcastle. Amanda can be contacted at amanda.maskery@sintons.co.uk.



Call **0800 0567 222** or contact your sales representative to set up a lunch and learn and be the first to experience the latest connected technology
www.philips.co.uk/dentalprofessional

*US dental professionals

PHILIPS
sonicare

HPV vaccination may lower risk of oral infections that cause mouth cancer

By DTI

CHICAGO, USA: A study conducted in the US has found that the human papillomavirus (HPV) vaccine may help reduce oral infec-

Senior study author Prof. Maura Gillison, from the University of Texas MD Anderson Cancer Center, said that, despite rates of HPV-caused oral cancers continuing to rise every year in the US, par-

Using data from the National Health and Nutrition Examination Survey, the study looked at self-reported records of 2,627 young adults, aged 18–33, during the period 2011–2014 and com-

According to the results, the HPV strains investigated were found in far fewer people who had received vaccine shots, demonstrating an 88 per cent lower risk. At the time of data collection, around 18.3 per

data suggests that the vaccine may be reducing the prevalence of those infections by as much as 100 per cent," said Gillison.

Approved in 2006 to prevent cervical cancers in women, and later for other cancers, including anal cancer in men, negative stigma around the HPV vaccine being used only to prevent sexually transmitted infections and not cancer has meant gaining acceptance and awareness has been slow. Actor Michael Douglas raised the issue publicly several years ago, when he blamed his cancer on it.

Oral sex has been regarded as the main risk factor for contracting an HPV infection in the mouth or throat, according to Gillison. She explained, however, that oral sex does not give one cancer. The infection in rare cases can develop into cancer over many years.

According to the Centers for Disease Control and Prevention, 63 per cent of adolescent girls and 50 per cent of adolescent boys have started with the HPV vaccine series throughout the US Nationwide, there are an estimated 3,200 new cases of HPV-associated oropharyngeal cancers diagnosed in women and about 13,200 diagnosed in men each year.



tions that cause mouth and throat cancer by as much as 88 per cent. However, the actual impact of the vaccine on oral HPV infections remains low, owing to the poor rate of uptake in the country, especially in males. The research is the first large study to explore the possible impact of the vaccine on oral HPV infections.

ticularly among men, no clinical trial had evaluated the potential use of the HPV vaccine for the prevention of oral HPV infections that could lead to cancer. "Given the absence of gold standard, clinical trial data, we investigated whether HPV vaccine has had an impact on oral HPV infections among young adults in America."

pared those who had received one or more doses of an HPV vaccine with those who had not. Focusing on the prevalence of HPV 16, 18, 6 and 11—the four types covered by HPV vaccines prior to 2016—oral rinse samples collected by mobile health facilities were tested for the virus in Gillison's lab.

cent of young adults in the US reported receiving one or more vaccine doses before age 26, with vaccinations more common in women than men (29.2 vs. 6.9 per cent).

"When we compared the prevalence in vaccinated men to non-vaccinated men, we didn't detect any infections in vaccinated men. The

Global mercury treaty to be put into force

By DTI

BRUSSELS, Belgium: The European Union, together with seven of its member states, has ratified the Minamata Convention on Mercury and resultantly provided the clinching votes needed to bring it into force. The international agreement aims to protect both humans and the environment from the negative effects of mercury and mercury compounds, and its ratification is seen as a crucial step in achieving this.

The Minamata Convention was signed in October 2013 under the United Nations Environment Programme. It was named in honour of the Japanese city of Minamata, where thousands of people were poisoned as a result of dumped wastewater containing methylmercury. Though 128 countries had already signed it, the treaty needed to be ratified by 50 countries to enter into force. With the ratification provided by the EU and seven member states—Bulgaria, Denmark, Hungary, Malta, the Netherlands, Romania and Sweden—the total number of signatories reached 51, resulting in its enactment.

Owing to its ratification, the Minamata Convention will now become legally binding for all involved parties on 16 August 2017. In addition to this, the first Conference of the

Parties to the Minamata Convention will be held in Geneva in Switzerland from 24 to 29 September 2017. This conference will be instrumental in deciding how the treaty will be adopted and implemented on a technical, administrative and operational level.

"This legally binding agreement is our best hope to curtail the global mercury crisis," said Michael Bender, co-coordinator of the Zero Mercury Working Group, an international coalition formed by the European Environmental Bureau. "Over time, it will provide countries with both the technical and financial resources necessary to reduce worldwide exposure risks to mercury."

The World Health Organization considers mercury to be one of ten chemicals of major public health concern owing to its numerous adverse effects. Mercury and its assorted compounds have been demonstrated to threaten proper development of children in utero. They have also been associated with reduced cognitive performance, kidney damage and digestive system issues. Though dental amalgam's effect on the level of mercury in the human body is a topic of much debate, there has nevertheless been a shift away from amalgam, which contains roughly 50 per cent mercury, towards alternative filling materials.

Drug-related oral health problems investigated

By DT Asia Pacific

BRISBANE, Australia: People with substance use disorders are more prone to dental caries and periodontal disease than the general population, as well as less likely to receive regular dental care. Hence, the oral health of these patients is a particular challenge for dentists. A new review study has now aimed to examine drug-associated oral health problems and ways for dental professionals to improve these patients' oral health.

Drug use is associated with problems such as xerostomia, an increased urge to snack, clenching and grinding of teeth, and chemical erosion due to applying cocaine to teeth and gingivae, research has shown. In addition, lifestyle-associated factors can worsen the oral health in patients with substance use disorders. These include high-sugar diets, malnutrition, poor oral hygiene and lack of regular professional dental care.

In order to lift the burden of oral health-related problems, a cautious dental approach is needed when treating these patients. However, according to lead researcher Dr Hooman Baghaie from the University of Queensland, there are simple measures that both dentists and doctors can take to improve these patients' oral health.

"Dentists should screen their patients for substance use, notice any advanced dental or periodontal disease inconsistent with a patient's age and consider referral to medical doctors for management," Baghaie said. In addition, dentists should be aware of issues concerning treatment and consent when the patient is intoxicated and be alert to the possibility of resistance to painkillers, he emphasised.

"Generally, doctors and clinicians who care for people with substance use disorders should screen for oral disease and warn patients of the oral health risks associated with xerostomia and cravings for sweet foods," Baghaie added.

The review combined the results of 28 studies from around the world, which collectively provided data on 4,086 patients with substance use disorders. The findings indicated that one in 20 people between the ages of 15 and 64 use drugs each year, with approximately 10 per cent of this number having drug dependence or substance use disorders.

The findings mirror those of increased dental caries and periodontal disease in people with severe mental illness, eating disorders and alcohol use disorders, compared with the general population.

Philips “reveals everything” in Birmingham

Company partners with MiSmile network, launches new products and hygienist campaign at Dentistry Show

By DTI

BIRMINGHAM, UK: In partnership with clear aligner provider Align Technology, MiSmile has helped dentists in the UK to successfully integrate Invisalign tooth straightening in their practices for the last two years. At the Dentistry Show in Birmingham last month, it was announced that the network is expanding this growing business model to tooth whitening through a new partnership with oral health care specialist Philips.

By joining the new initiative, member practices will be able to double their treatment case load within a year, both companies said. Founded by Birmingham dentist Dr Sandeep Kumar, MiSmile currently consists of more than 50 practices across the UK that, combined, have finished over 10,000 Invisalign cases. The new whitening network will make use of Philips's approved Zoom Whitening solution and offer a proven bespoke lead generation programme that directs qualified leads to the practice in an exclusive, ring-fenced geographical area.

Other benefits include practice-wide access to a dentistry-specific lead nurturing platform called DenGo, which, according to both companies, helps to nurture and convert these enquiries into cases and turn them into long-term patients. It will further provide on- and offline marketing tools to help a member practice promote Zoom Whitening to new and existing patients and consequently generate new revenue streams.

Network meetings, support, training and mentoring programmes help the practice principal and team on an ongoing basis, they added.

“I would like to help other practice principals apply the knowledge I have gained both with Invisalign and with Zoom to double their tooth whitening case volume,” said Kumar. “I am putting out a personal invitation to become one of the first to join the Zoom Whitening Network and benefit from the opportunities for future practice growth in an enticingly new way that is entirely proven.”

Philips further announced that it has started a new campaign exclusively aimed at dental hygienists with the introduction of a digital hub under the name Shine On. On the platform, among other things, hygienists will have access to video testimonials, industry news, educational resources and regular Shine On sweepstakes with giveaways. The launch in Birmingham was joined by leading

hygienists, including Anna Middleton, Mel Prebble, Juliette Reeves, Christina Chatfield and Sarah Murray, who discussed shining examples of good dental hygiene practice during a joint panel on Friday afternoon.

Today also saw the official launch of Philips's latest version of its flagship product in oral health care. Labelled the most intelligent toothbrush in the world, the new Sonicare DiamondClean Smart features smart sensor tech-

nology in both the toothbrush and the brush head with the purpose of helping patients to improve their brushing technique. The sensors track the brushing and communicate with a smart device app that provides real-

time feedback and guidance to the user. Furthermore, the company's interproximal cleaning device Sonicare AirFloss has received an upgrade and now features a new charge and fill docking station.

AD

Technar loupes



Main Features

Manufactured to your specification by us, in the U.K.

Available in magnifications 2.5, 3.0, 3.5 & 4.0x

Working distance 32-55cms

Choice of frame colours and finishes

Complete with Lumibrite 2 high power illumination

light intensity greater than 31,000 lux @ 34cms.

10 hour run time on full power. Recharges in 4 hours

Limited prescriptions available.

Call 01442-890744 to book an Appointment



C&D (MICROSERVICES) LTD. UNIT 24, SILK MILL INDUSTRIAL, BROOK ST. TRING HERTS. HP23 5EF
U.K. TEL. 01442-890744 Mob. 07973218769 EMAIL: GDMICRO42@AOL.COM GDMICRO.CO.UK

Dentists receive new tool to combat enamel erosion

Unilever introduces REGENERATE serum in the UK

By DTI

LONDON, UK: Teeth in this day and age are constantly under attack. While sugar has been considered to do the most harm to our pearly whites, a new concern has recently

After three years of development, Unilever launched a new premium oral health line in May exclusively designed for dental professionals that is claimed not only to halt ongoing enamel loss but also to reverse it. According to

3 minutes, the treatment starts in the practice with an initial application of the REGENERATE serum by the dentist and this is followed by two applications over the next two days by the patient at home. Studies have confirmed that, through this three-day regimen once a month, the system was able to help recover 82 per cent of surface microhardness compared with standard fluoride toothpaste.

Brushing twice with the REGENERATE toothpaste additionally supports the re-hardening of acid-affected enamel, the company said.

In addition to patients with highly acidic diets, the system is recommended for patients who have lost enamel through erosion while undergoing specific clinical procedures such as tooth whitening or who have medical conditions that cause reduced salivary flow, for example. Since erosion is difficult to detect, Unilever said it provides

aids for users to diagnose enamel loss in the early stages. This includes the Basic Erosive Wear Examination Assist Guide in order to determine a patient's risk score for erosive wear, along with a number of patient education materials.

The REGENERATE Professional Advanced Enamel Serum for the three-day application comes as a complete kit containing the serum, an activator gel and two soft mouth trays. Monthly refill packages without the trays are also available from the company. In the UK, the system is exclusively available through CTS Dental Supplies in Redhill.



The new REGENERATE serum complements the toothpaste with the same name. (© DTI)

emerged with the increasing consumption of soft drinks and acidic foods that are sold to millions in supermarkets and corner shops throughout the country every day.

Around 54 per cent of young adults in the UK are estimated to have significant tooth wear, according to a recent study conducted at King's College London, for this and other reasons. If left untreated, erosion can lead not only to weakened enamel but also to other negative symptoms, like yellowing, higher transparency and sensitivity.

the company, the REGENERATE serum complements the toothpaste with the same name that is already available in high-street shops in the UK and other markets in Europe, the Middle East and South America. Used in combination, they form an effective clinical solution in the practice and at home to reverse the consequences of erosion, Unilever said.

The NR-5 technology in the serum and toothpaste is based on calcium silicate, which occurs naturally in limestone, and sodium phosphate, which combine to form hydroxyapatite. Lasting only

Carestream software available with full DEPPA integration

By DTI

BIRMINGHAM, UK: Dentists in the UK now have the option to start DEnplan PreViser Patient Assessment (DEPPA) examinations right from the clinical screen in Carestream's CS R4+ management software without logging in separately, the company told reporters at the Dentistry Show in Birmingham. The new functionality is aimed at saving dentists time and making the management of patients easier and faster.

Introduced in 2013, DEPPA is an innovative patient assessment tool that, according to Denplan, pro-

vides an instantaneous online report of a patient's oral health score, with a detailed assessment of his or her future risk of developing several dental diseases. It is currently available free to all Denplan Excel-certified dentists or for a £100 per month subscription fee to Denplan members. With the integration, the full DEPPA patient assessment form can now be launched in R4+'s clinical patient record and completed there in any order.

In addition to its software upgrade, Carestream presented new devices for dental imaging in Birmingham, including the multi-

functional four-in-one imaging solution CS 8100SC 3D and the intra-oral scanner CS 3600. First launched in March at the International Dental Show in Cologne in Germany, the new scanner allows easier and faster capturing of digital impressions than ever before, the company said. Featuring an intelligent matching system and no fixed distance, it was designed to deliver accurate images in full high-definition 3-D. A side-oriented tip is intended to make lingual, buccal and distal scanning easier. Designed with an open architecture, files obtained with the device can be shared easily with the referral or dental laboratories.

Techceram receives distribution rights for Singaporean 3-D printing tech

By DTI

BIRMINGHAM, UK/Singapore: 3-D printing is poised to become one of the fastest-growing fields in dentistry. West Yorkshire provider of CAD/CAM solutions Techceram has recently gained access to a larger share of the market through a partnership with Singapore company Structo, which develops and builds 3-D printers for dental applications.

Under the agreement, which already came into effect last month, Techceram will be allowed to distribute Structo's full range of products to its UK customer base.

tion-based approach to product development will significantly benefit the adoption of digital dentistry in the region. According to Structo, its proprietary MSLA (mask stereolithography) technology allows faster printing than with conventional SLA printers.

"We have identified Europe as a key market for Structo and I am looking forward to seeing how this partnership can improve on-ground support for our customers," he said.

Techceram 3-D Director Richard Buckle added that, in addition to increasing its product offering,



Richard Buckle with the Structo printer. (© DTI)

The first public showing was this weekend at the Dental Technology Showcase in Birmingham, where visitors were able to experience Structo's OrthoForm 3-D printer for orthodontics.

Structo offers control systems and software, in addition to its 3-D printing technology, for which it has formulated its own photopolymer materials. According to founder Huub van Esbroeck, the partnership with Techceram is the first step to further expanding the company's reach in the European market. Structo having just launched its latest MSLA-equipped DentaForm printer, which can print at up to 50µm accuracy at record speeds, he said he is confident that the company's applica-

tion-based approach to product development will significantly benefit the adoption of digital dentistry in the region. According to Structo, its proprietary MSLA (mask stereolithography) technology allows faster printing than with conventional SLA printers.

"Structo's products provide a powerful combination of market-leading speed and accuracy, and we believe that our established presence in the UK will be a good platform for their further growth here," he said.

Based in Shipley, near Leeds, Techceram currently supplies ceramic substructures and equipment for in-house CAD/CAM, including milling machines, scanners and furnaces, to over 200 dental laboratories in the UK.

Cutting-edge design based on 45 years of experience



Jack Hahn, DDS



Color-coded platform for matching restorative components

Machined collar to facilitate soft tissue maintenance

Sharp buttress thread for good primary stability in all bone types

Tapered body for use in anatomically constricted areas

Industry standard conical prosthetic connection for excellent seal, stability, and strength

Coronal micro-threads for crestal bone preservation

Proven resorbable blast media (RBM) surface with proprietary processing to promote osseointegration

Dual-lead thread pattern with self-tapping grooves for swift insertion

Hahn Tapered Implant is a trademark of PrismaTik Dentalcraft, Inc.

For more information

+49 69 50600-5312

glidewelldirect.com | orders@glidewelldental.de

Glidewell Direct is actively seeking distribution channels

GLIDEWELL DIRECT EUROPE
CLINICAL AND LABORATORY PRODUCTS