today HKIDEAS included

DENTAL TRIBUNE

The World's Dental Newspaper · Asia Pacific Edition

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(DTI/Photo: Apple Inc., USA)

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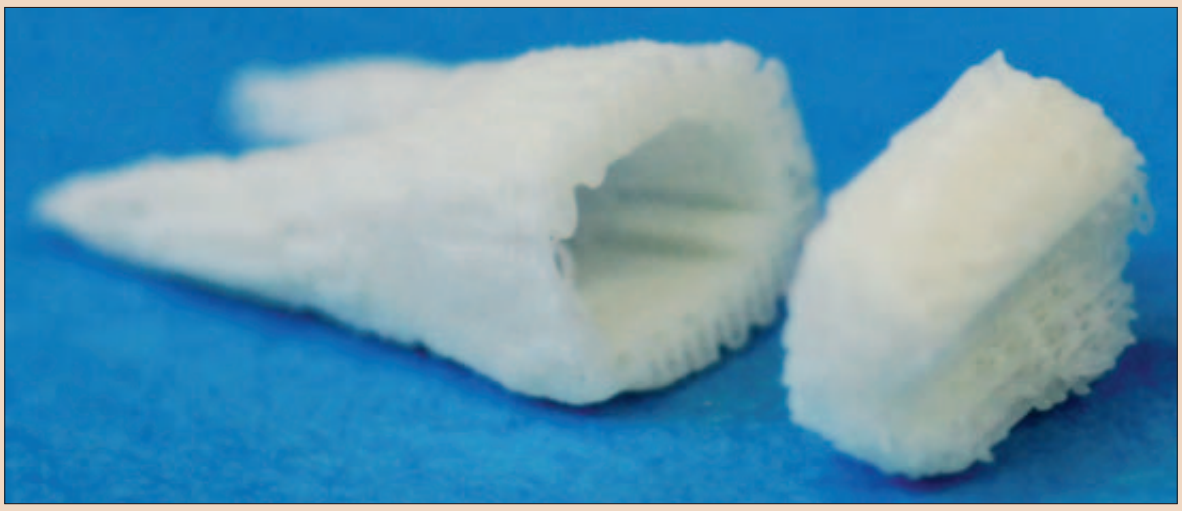
Columbia University announces breakthrough in tooth regeneration

Stem-cell-infused scaffold holds potential for replacing dental implants

Daniel Zimmermann
DTI

NEW YORK, USA/LEIPZIG, Germany: Dental implants could soon become a secondary choice for replacing natural teeth. According to new research from the College of Dental Medicine at Columbia University in New York, three-dimensional scaffolds infused with stem cells yield an anatomically correct tooth in as soon as nine weeks once implanted. The new technique, developed by Columbia University Prof. Jeremy Mao, has also demonstrated the potential to regenerate periodontal ligaments and alveolar bone, which could pave the way for re-growing natural teeth that are able to integrate into the surrounding tissue.



Picture of a human molar scaffold used for harvesting stem cells. (DTI/Photo courtesy of Columbia University, USA)

Previous research on tooth regeneration has focused on cultivating stem cells directly on dental implants to improve osseointegration or outside the body, in which case the tooth is grown under laboratory conditions and implanted once it has matured. Mao's technique, which has been tested on animal models, moves the cultivation process directly into the socket where the tooth can be grown orthotopically.

"A key consideration in tooth regeneration is finding a cost-effective approach that can translate into therapies for patients who cannot afford or who aren't good candidates for dental implants," Dr Mao told *Dental Tribune Asia Pacific*. "Our findings represent the first report of regeneration of anatomically shaped tooth-like structures in vivo."

Latest studies from Sweden have demonstrated that bone loss, one of the main reasons for dental implant failure, remains a challenge for dental clinicians.

Dr Mao's study was published in the recent edition of the *Journal of Dental Research* and will be presented at this year's International Association of Dental Research congress in Barcelona.

Columbia has announced that it has patient applications on file regarding the engineered tooth and is actively seeking partners to help commercialise the technology through its technology transfer office, Columbia Technology Ventures. DT

Dentistry in India faces regulation

The Minister for Health and Family Welfare in India, Ghulam Nabi Azad, has announced legislation seeking to establish a new government-run agency to replace all existing regulatory medical bodies in the country.

The National Council for Human Resources in Health bill, which follows a similar but unsuccessful 2005 political campaign by former Health minister Ambumani Ramadoss, is also intended to limit tenures of appointed executive officials.

Currently, health-related professions in India are represented by a number of regulatory bodies, such as the Medical Council of India (MDI) and the Dental Council of India (DCI). Their main tasks are to observe and maintain educational standards in India and abroad. Corruption charges against the incumbent heads of the DCI and the MCI have recently placed pressure on the government to institute reform of the country's existing regulatory system. DT

Prof. Jill Fernandez doing field exams. As one of three paediatric experts from the New York University College of Dentistry she will attend the 7th biennial congress of the PDAA in the Philippines. (DTI/Photo courtesy of News York University, USA) TRENDS & APPLICATIONS page 15

Filipinos claim salary upgrade

The Filipino government has been called on to include public school dentists and assistants in the next update of the Salary Standardization Law III in July. The legislation, signed by President Gloria Macapagal-Arroyo last year, aims to standardise basic salaries, allowances, benefits and incentives for 1.5 million government employees. It also secures the annual increase of public salaries until 2013.

Currently, more than 700 public school dentists and assistants work in the Philippines, treating a population of 21 million, according to the Department of Education Dentists' Association. The Association says that because dental workers have to undergo regular continuing education programmes and purchase necessary dental equipment such a demand can be justified. DT

Europe defies economic gloom

Most major dental markets in Europe achieved growth rates above 3 per cent last year, a new report by the Association of Dental Dealers in Europe in Switzerland has revealed. France had the highest growth rates in 2009 with 20 per cent, followed by the United Kingdom (7,4 per cent) and Germany (3,2 per cent). DT

Sniff your dental pain away

US clinicians have found that intranasal drugs travel through the main nerve in the face and collect in high concentrations in the teeth, jaw, and structures of the mouth. The discovery could lead to a more effective and targeted method for treating dental pain, trigeminal neuralgia and other conditions. DT

Patients in Malaysia go on record

HONG KONG/LEIPZIG, Germany: Malaysia Healthcare, a medical tourism facilitator in Malaysia, is offering a medical record storage device to foreign medical tourists and domestic patients who wish to go abroad for treatment. The individual Personal Health Electronic Record (iPHER) USB device, which is produced by a US company based in Florida, is able to carry basic patient data, such as blood type, allergies and dental records. It allows medical professionals to access a patient's medical history quickly.

Physicians and dentists in Malaysia and most Asian countries are currently not required to store their patient's medical data in digital format. Malaysia Healthcare is the first provider to offer such a service to patients in Malaysia. At a medical tourism congress in Kuala Lumpur last month, CEO Suresh Ponnudurai told reporters that his company is offering the iPHER device because of the low Internet penetration rate in many parts of South East Asia. A self-contained device like the iPHER can make patient records accessible in places without Internet connectivity, he added.

iPHER device (DTI/Photo courtesy of Social Ventures, USA)

Digital storage of medical records is increasingly becoming big business in the health care sector as broadband Internet becomes available in more parts of the world. Computing companies like Microsoft and Google already offer web-based platforms that can store and exchange medical records and data. Data protection specialists, however, have warned against the massive outsourcing of medical record transcription and storage, which has the potential to violate patient–physician confidentiality by allowing unauthorised persons access to critical patient data. DT

Japanese students lack interest in private dental schools

From news reports

TOKYO, Japan: Enrolment in private dental schools in Japan has decreased again during spring term, a survey by the Japanese Association of Private Dental Schools has found. Figures released by the organisation last month show that almost 70 per cent of the schools missed their intake quota. The total number of students who wrote entrance examinations for private dental colleges was 4,318, a sharp fall from over 10,000 in 2006.

The institution that suffered most from the lack of new students was Ohu University in Koriyama, Fukushima Prefecture, which only had 32 new students enrolled for a quota of 96, according to the survey. Matsumoto Dental University in Shiojiri, Nagano Prefecture, had 35 students enrolled compared with its quota of 80, while the School of Dentistry at the Health Sciences University of Hokkaido in Tobetsucho, Hokkaido, enrolled only half of its 96-student quota.

Private dental schools in Japan have been struggling to attract a sufficient number of students in recent years because the dental workforce in the country has increased significantly in the last 20 years, despite stable total dental care costs. In 2006, Japan had 96,000 dentists compared with only 71,000 in 1990, according to figures from the Ministry of International Affairs and Communications.

Dental experts said the drop in the number of private dental institution applicants suggests that fewer young people have a positive image of dentistry as a lucrative and desirable profession. They pointed out that if the trend continues, private dental colleges and schools will not be able to select students with sufficient academic quality. DT

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AAAD elects Japanese dentist for president

Claudia Salwiczek
DTI

HONG KONG/LEIPZIG, Germany: Dr Hisashi Hisamitsu from Japan was recently appointed President of the Asian Academy of Aesthetic Dentistry (AAAD). The 62-year-old dentist from Kawasaki City succeeds Dr Sim Tang Eng from Malaysia, who has served as President for the last two years. Dr Hisamitsu is currently Chairman of the Department of Clinical Cariology and Endodontology at Showa University School of Dentistry in Japan.

The presidency take-over took place at the AAAD meeting in Kuala Lumpur in May. In addition, Dr Wang Guang Hu from China has been appointed President-Elect. He will be elected President at the next AAAD meeting, which will be held in 2012 in Japan. The AAAD General Assembly also appointed Dr Takashi Nakamura from Japan as General Secretary.

AAAD meetings take place every two years. This year's gathering, with the theme *High Definition Aesthetic Dentistry*, drew 349 delegates to Kuala Lumpur. It was organised jointly with the Malaysian Association of Aesthetic Dentistry and offered well-known speakers in the field including Drs Mauro Fradeani (Italy), Didier Dietschi (Switzerland), and Bruce Matis and Rhys Spoor (USA), who also conducted two hands-on workshops at the University of Malaysia.

The AAAD was originally founded in 1990 at the Prince Philip Dental Hospital in Hong Kong. Since then, the Academy has grown annually and the number of member countries has increased from three to twelve, including China, Hong Kong, India, Indonesia, Malaysia, Nepal, the Philippines, Taiwan and Thailand. It is also a founding member of International Federation of Esthetic Dentistry. DT

Dr Sim Tang Eng (left) handing over AAAD presidentship to Dr Hishashi Hisamitsu. (DTI/Photo Dr Sushil Koirala)

Sea animals could cement cavities

HONG KONG/LEIPZIG, Germany: Students at the Hwa Chong Institution in Singapore are currently investigating the adhesive properties of barnacles for use in dentistry. Their research, which received a Gold Award at this year's Singapore Science and Engineering Fair, may offer a new means of attaching dental braces or cementing cavities in teeth.

Barnacles are marine invertebrates that live in shallow or tidal waters. They attach themselves permanently to hard substrate like rocks or ships with the help of a protein-based adhesive, called barnacle cement. Shipping companies spend millions every year to remove massive accumulations of these animals, which can slow down ships and increase fuel consumption.

Worldwide, more than 1,220 barnacle species have been identified.

The students explored biocompatibility, speed of polymerisation and acid resistance in the cement secreted by a barnacle species called *Amphibalanus amphitrite*. They found that the cement is water insoluble and has strong mechanical properties, but is safe for humans to use in the mouth. The researchers observed, however, that the cement lacks resistance to long-term exposure to strongly acidic conditions. Its adhesiveness was compromised by acidic substances, such as orange juice and soda, they said.

The team, which is supported by the National University of Singapore, is now working with a new experimental design that can better simulate oral conditions in humans. If successful, the outcome could also be beneficial for other medical applications, such as joining bones in surgery. DT

Dear reader,

Daniel Zimmermann
DTI

By the time you are finally holding this edition of *DT Asia Pacific* in your hands, the first matches of the FIFA 2010 World Cup will have already been played. For four weeks in June and July, the eyes and minds of billions of people around the world will turn to South Africa in hope that their team will win the world's most coveted trophy in sports.

Unfortunately, the word *hope* cannot be applied to the host country itself. South Africa, though still one of the Black Continent's most advanced nations, remains a deeply divided and troubled nation with problems that even the best organised World Cup will not be able to erase from the political and social landscape any time soon. The lack of oral health care is just one of the minor problems in the country.

According to the latest figures from UNAIDS, almost 6 million or 12 per cent of the South African population is living with HIV/Aids. The mortality rate linked to the disease has doubled from slightly over 300,000 in 1997 to over 600,000 in 2006. Half of these deaths are within the most productive age groups, which significantly affects the country's economic output and development. To make things worse, South Africa has increasing numbers of tuberculoses infections (TB).

The government in Pretoria has announced a National Strategic Plan to fight the spread of HIV/Aids and TB and to increase testing as well as HIV/Aids awareness amongst the population until 2011. For the success of this campaign, the country will also need support from outside its borders. The tournament can help raise awareness but only if the world is willing to not only watch for the winning goal, but also look beyond the pitch and at the millions of people suffering in the townships of Durban, Cape Town and Johannesburg.

We will try to keep our eyes open. DT

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International

Dental Tribune welcomes comments, suggestions and complaints at feedback@dental-tribune.com

Oral health and care in South Africa

Prof Sudeshni Naidoo
South Africa

Despite great achievements in the oral health of populations globally, problems remain in many communities around the world. The decline of oral diseases in industrial countries means that the burden of oral diseases can be prevented and controlled with fairly simple interventions. Advances in knowledge and technology and preventive interventions in health can virtually eliminate the pain, suffering and loss of quality of life that accompany oral diseases. In South Africa, the availability of such advances is not universal. The distribution and severity of oral disease varies in different parts of the country.

A recent survey found that almost a fifth of the South African population reported oral-health problems and this relatively high level of perceived oral-health problems implies that oral health should be of greater priority. Furthermore, levels of edentulousness are unacceptably high and of concern, not only as dental caries and periodontal disease are preventable and treatable conditions, but also because of the increased risk regarding blood-borne infections such as HIV/Aids and hepatitis in a region where these conditions are rife. A shift from the endemic curative philosophy to an approach to oral health care that is more promotive and integrated, both amongst the public and health-care professionals, is urgently required.

In general, there is a low utilisation of oral-health services and this may be due to factors of accessibility, affordability and the type of services provided. Difficulties pertain to: (i) the structure and management of oral-health services in most of the provinces; (ii) the dentist-driven public oral-health services; (iii) the palliative and demand-driven nature of the services; (iv) inequities in oral health care in the provinces; and importantly (v) the mainly urban location of oral health-care services.

In South Africa, optimal intervention in relation to oral disease is not universally available or affordable because of escalating costs and limited resources. This, together with insufficient emphasis on primary prevention or oral diseases, poses a considerable challenge. Opportunities exist to expand oral disease prevention and health promotion knowledge and practices amongst the public through community programmes and in health settings.

The major challenges for the future will be to translate knowledge and experiences of disease prevention into proactive programmes. Social, economic and cultural factors, as well as the changing population demographics, affect the delivery of oral-health services. Reducing disparities requires far-reaching, wide-ranging approaches that target at-risk populations regarding specific oral diseases, and involves improving access to existing care. DT

"Optimal intervention in relation to oral disease is not universally available."

Contact Info

Sudeshni Naidoo is Professor at the Department of Community Oral Health, Faculty of Dentistry, University of the Western Cape, in Cape Town in South Africa. She can be contacted at suenaidoo@uwc.ac.za.

Transparent dentistry, the need of the hour in India

Dr Ashok Dhoble
Hon Secretary General
Indian Dental Association

The Indian government recently announced a single regulatory body for professional education in the country that will oversee professions related to medicine, dentistry, pharmacy, public health and allied health sciences. Its function will be to coordinate the entire gamut of medical and health education, which hitherto was done by independent bodies, such as the Dental Council of India (DCI).

The main task of the DCI is to ensure maintenance of uniform standards of education, grant professional recognition and permission to establish new colleges, supervise and monitor the activities of dental colleges, approve additions to courses and student intakes, and, above all, regulate the dental profession.

Management of the independent bodies has come under public criticism and judicial censure. Evidently, there is an urgent need for innovation in health education. Corruption charges have been laid, but these are allegations that need to be proved. The current system lacks transparency in all matters, and in dealing with public more transparency is required. Corruption, whatever its extent, needs to be dealt with severely and heavy punishment, apart from dismissal, should be meted out. This calls perhaps for a change in the legal system.

Whatever the regulatory body, it should be managed by experts of high calibre and integrity, independent of government control, with the good of the country and community in mind. Whether a single body would be able to address the challenges of the various professions remains to be seen, but this can only be determined through investigation and experimentation.

The new regulatory body, whenever it is established, is not expected to effect miracles. But if it is staffed by those with integrity, honesty and a commitment to public health, it will prove beneficial to the community. DT

Contact Info

Dr Ashok Dhoble is Honorary Secretary-General of the Indian Dental Association. He can be contacted at ashokdhoble@ida.org.in.

"Automated external defibrillators should be present in every health-care environment"

An interview with Dr Morton Rosenberg, USA, about medical emergencies in the dental practice

Dr Morton Rosenberg, USA

Dentists must always be prepared to manage medical emergencies, which are most likely to occur during and after local anaesthesia. Although studies have found that most of these complications are mild, around 10 per cent of all incidences should be considered serious. Recently, an updated list of emergency medications and equipment for dental providers, including an emergency preparedness checklist, was developed by Dr Morton Rosenberg of Tufts University School of Dental Medicine in the United States. *Dental Tribune Asia Pacific* spoke with Dr Rosenberg about the list and the importance of the training of dental staff.

Dental Tribune Asia Pacific: ***Medical emergencies in dental offices are rare but likely to happen at some point during a dentist's career. Have the types of medical emergencies changed in the last couple of years?***

Dr Morton Rosenberg: Although it is very difficult to gather data on this topic, the perception of most experts is that the incidence of medical emergencies is increasing in the dental office. The types of medical emergencies are still centred on the cardiovascular and respiratory systems.

What are the reasons for the increase?

We have an ageing population and we are now treating elderly patients with comprehensive dental needs using techniques that did not exist 15 years ago. Additional reasons include the growing use of prescription drugs, herbal supplements, and recreational drugs—all have the potential of interacting with each other and interacting with the many drugs dentists now administer, including the popularity and growth of all forms of sedation.

You recently published a new strategy guide on medical emergencies in dental offices. Do you consider the current knowledge outdated?

Rather than use the term *outdated*, it is important to understand that preparing for a medical emergency is an *evolving* standard of care. One of the major changes has been the availability and use of automated external defibrillators (AED), which should be present in every health-care environment. The American Heart Association 2005 guidelines have placed early defibrillation as an integral part of the Basic Life Support (BLS) 'chain of survival' for the treatment of cardiac arrest. The immediate availability of an AED has been demonstrated to increase the success of resuscitation.

In the US, some states (Florida, Washington, Illinois) have mandated the presence of an AED in dental offices.

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"An increasing number of patients have allergic reactions to latex."

Other changes include continuing education courses that incorporate task training and high-fidelity human simulators. These stress crisis management for lifelike practice in managing medical emergencies and are gaining popularity amongst dentists and their clinical staffs.

In your opinion, are dentists and dental staff today adequately prepared for most medical emergencies?

Many offices have purchased basic emergency equipment, but it is the combination of a dentist and staff well trained and current in Basic Life Support for Healthcare Providers (BLS-HCP) that will make a difference in outcome. Every office should have the capability, at a minimum, of being able to deliver oxygen under positive pressure.

What medications should be available to manage the more common emergencies?

Oxygen should be in stock, as well as epinephrine, diphenhydramine, nitroglycerine, a bronchodilator, glucose, aspirin and aromatic ammonia. These medications should also be checked regularly to ensure they have not passed their expiration dates.

Allergic reactions to certain types of medication are an increasing problem in clinical settings. What medications do you consider problematic in this respect?

Without a doubt, antibiotics are always at the top of the list of medications that are administered to many patients in the course of dental treatment and which have the potential of being a trigger for a host of allergic reactions. It is also important for the dentist to know that an increasing number of patients have allergic reactions to latex.

Dr Morton Rosenberg at the annual meeting of the American Association of Oral and Maxillofacial Surgeons in Toronto in 2009 where he co-directed a three day hands-on course on simulated anesthesia emergencies. (DTI/Photo courtesy by Tufts, USA)

What types of equipment do you recommend?

The equipment that should be readily available includes a portable E cylinder of oxygen, oral pharyngeal airways, as well as devices for the administration of supplemental oxygen, including a bag-valve-mask. I further recommend Magill forceps, an AED, a stethoscope, a sphygmomanometer and a wall clock with a second hand.

Proper risk assessment and documentation could prevent many of these medical emergencies. What are the first indications that identify a high-risk patient?

It is only through a detailed medical history, a thorough review of the positive responses by the dentist, focused physical examination and vital signs, and appropriate consultations that patients at high risk for medical issues during dental procedures can be identified.

What are the best strategies for prevention?

The hallmarks of a well-prepared office are meticulous preoperative assessment, appropriate and basic emergency equipment, and dentists and staff current in BLS-HCP. Constant review and, most importantly, unannounced drills will make the office immediately able to recognise, call for help, and address the immediate needs of the dental patient with a medical emergency.

Thank you very much for the interview. DT

Help for Haitian dentists still lacking, HDA president says

Javier M. de Pisón
DT Latin America

PUERTO VALLARTA, Mexico: The President of the Haiti Dental Association (HDA), Dr Samuel Prophete, told *Dental Tribune Latin America* that people are working again and that his country has begun functioning to some extent, but that large tent cities remain, posing great sanitation and security problems.

Dr Prophete participated in the conference held as part of the *A Smile for Haiti* initiative of the Ibero-Latin American Dental Federation thanks to a grant from the International Congress of Oral Implantologists and specifically to the efforts of its Latin American Director, Dr Alvaro Ordóñez from Miami.

Two months after *DT Latin America* brought Dr Prophete to the Chicago Midwinter Meeting for talks with the Chicago Dental Society and American Dental Association officials on ways to help Haitian dentists, little aid has trickled down to the Haitian dental community. Asked about the reaction of his colleagues to the campaign for Haitian dentists, he said that after the trip to Chicago he called a meeting to explain the commitments to help made by American dental organisations. "I told them, 'I cross my fingers and wait for the resources to come', but for the time being I'm selling hope to them."

Dr Prophete said his association will use the initial aid received to help the 12 dentists most affected by the earthquake, the ones who lost everything, of the 35 dentists in need of help.

"Haitian dentists have partnered to work together with the ones who have lost their practices," Dr Prophete said. "This has allowed dentists to survive, but they are still waiting" for aid from several dental organisations and other sources in the dental industry.

Looters ransacked dental offices after the earthquake, leaving many professionals without tools or materials. While institutions such as New York University College of Dentistry have donated dental chairs that are being shipped to Haiti by Henry Schein, Dr Prophete said that more immediate help could be obtained by purchasing equipment or materials from Haitian dental depots for Haitian dentists.

Dr Prophete pointed out that this is an important way for dentists to gain supplies to tend to their patients' needs and it keeps the economy moving forward for Haitians. There is a real concern that dentists who cannot work in Haiti will migrate, leaving a country with already very low rates of dental services in an even worse situation. DT

Haiti supporters gather in Mexico. (DTI/Photo Javier M. de Pisón)

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If you want to send donations to your colleagues in Haiti please use the following bank details:

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For donations in kind, such as used dental equipment, please contact Dr Samuel Prophete at samprophete@gmail.com.

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"Dentistry nowadays has become a field of constant technological challenge"

An interview with Guido Bartels, Sales Fellas, Germany

Guido Bartels

Latest reports from the industry suggest that dental manufactures were affected little by the global recession. However, changing productions methods and customer behaviour have recently begun to change the market. *Dental Tribune Asia Pacific* spoke with industry veteran and Asia consultant Guido Bartels, Germany, about the state of the industry and new developments that are going to shape its future.

Dental Tribune Asia Pacific: ***Mr Bartels, recent market surveys show that the dental industry appears to have defied the global recession. Have we finally overcome the crisis?***

Guido Bartels: In the past, this industry has been one of the industrial sectors first affected by changing consumer behaviour and decreasing investments. At the same time, the industry has also been the first to recover from a crisis. However, we must not forget that even in economically challenging times, the dental industry in Germany, for example, is strongly supported by the public-health insurance system. This will definitely change in the future. Owing to the demographic shift in our societies, existing social security systems will be altered, leaving individuals with greater responsibility regarding their health. This development will possibly influence the outcome of future crises.

What conclusion should the industry draw from the crisis?

Change always entails the recognition of new opportunities. The industry has visibly been on the road to change in recent years. At first, this change happened gradually, mainly because precious metals manufacturers tried their utmost to keep their dominant position in the market against alternative ceramic materials. There are a number of new materials available now, especially ceramics, that can make the production of dental prosthetics more cost-effective in the long run. Similar to other industries, dentistry nowadays has become a field of constant technological challenge in implementing innovative thinking for technically advanced solutions. Considered product concepts and cost reduction are only one side of the coin. Paradigms concerning consumer loyalty and service have to be revised, as the way we communicate and gather information in our society has changed dramatically through the Internet.

Mergers and acquisitions have become part of daily business in dentistry. Are we experiencing market concentration?

In this regard, while the dental industry is a latecomer, it will not be able to escape this global market trend. Once again, the main reason for this is the constant availability of goods and services through the Internet. The resulting increase in international economic competition has become a driving factor behind thought patterns not only in production processes, but also in consumer expectations. This trend cannot be halted and will be further driven by concentrated development of promising business concepts.

Should companies focus on their core competencies in the current situation or invest in additional, rather unfamiliar product segments?

Business concepts focusing on core competencies will always be successful in the long run. Other competences that are controllable through good management, however, can be bought in through business acquisitions or mergers. The latest examples from the industry demonstrate that companies with all-in-one solutions can be successful and that the market is open to their offerings.

Significant investments are flowing into the digital manufacturing of dentures. Is this a novel market potential, and will traditional production processes be replaced?

While other industries have already undergone similar developments, we are experiencing only the beginning of a new development chain. Centralised and low-cost production will have a significant effect on dental industries in the long run. Apart from digital imaging and CAD/CAM technologies that are already available, there will be a trend to medium-sized and large production centres that will replace the laboratory next door.

The responsibilities of dental technicians in the future will also differ significantly from the tasks they perform today. The profession and its requirements will change drastically. Dental technicians will become 'refiners', responsible only for partial tasks in the production process. I do not foresee any role for the all-in-one dental technician.

What other developments do you think will shape the market?

It is increasingly obvious that our health care systems are drastically changing and starting to compete not only for patients, but also for health professionals. Following this trend, insurance companies will likely develop new concepts that focus on loyalty towards patients, health professionals and medical centres. In dentistry, I consider that competitive edge and lower costs for dental prostheses will be decisive factors.

Many dental companies have announced large investments in the Asian market. Is the market potential really that high?

In terms of market potential, India and China indeed offer enormous business opportunities.

"Business concepts focusing on core competencies will always be successful in the long run."

Approximately 250 million Chinese, residing primarily in and around large cities like Shanghai, already have an average monthly salary of €6,000 at their disposal and the Chinese government is working on further improving the prosperity of their population in accordance with its five-year plan. The country is also striving to establish some of its own commercial brands on the global market within the next five years. Therefore, you can expect some prominent acquisitions of international brands and companies by Chinese manufacturers. However, when you consider the market potential in Asia you have to remember that it is often difficult to gain access to these markets because of differences in culture and consumer behaviour. Often, importing goods there entails costly registration processes, which means that small and medium-sized companies are reluctant to enter these markets.

Thank you very much for the interview. DT

(Translation provided by Annemarie Fischer)