Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

Published in London | November 12 - 18, 2012 | Vol. 6 No. 26

News in Brief

Magical mystery tooth tour

John Lennon's tooth is to go on a tour of dental practices in a bid to promote awareness of oral cancer. Author, dentist and celebrity tooth collector Michael Zuk paid £19,000 for the tooth at auction. Part of the tooth has now been turned into a necklace by Beverly Hills jewellery designer Ari Soffer. Named the John Lennon DNA Tooth Necklace, it has been valued at £15,600. Over the next few weeks, the tooth necklace is being passed around 16 practices to highlight Mouth Cancer Action Month, which will include free mouth screenings, promotions and fundraising events at each of the practices. Lennon originally gave the tooth to his former housekeeper Dot Jarlett at some point between 1964 and 1968, who in turn gave it to her daughter.

No laughing matter

For the second time in a few days, the staff of a Californian children's dental office came to work to find their nitrous oxide cylinder missing, according to a story reported in the *Times Herald*. Theft of the large containers of nitrous oxide is a common problem for dentists in the area. "It happens every year, they come along and try to steal our nitrous," Stacy Tolman-Cordero, dental assistant at Vaelljo Children's Dentistry said. "This is the third time this year." Tolman-Cordero said this is not a new problem, and that she suspect the thieves are using the gas to get high or selling it to others for that purpose, despite its being potentially deadly.

Outstanding student award

Nick Dilworth, Managing Director of Practice Plan, proudly presented a Warwick Dentistry 'Outstanding Student Award' 2012 to James Stafford - who was studying his Masters in Implantology. The annual awards aim to recognise those who have proved to be outstanding in their studies. Every nominee would have demonstrated a passion for their studies, achieved excellent grades and surely made some sacrifices along the way. James received his award for achieving the highest overall percentage in his Masters of Implantology.

News

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Avoid UK graduate foundation training fiasco, BDA warns

Association calls for action over DFT places

The British Dental Association (BDA) is calling on the Department of Health (DH) to ensure that this year's dental graduates are not left without a dental foundation training (DFT) place when they have graduated.

This is in response to the situation last year, which left 35 UK dental graduates without a DFT place, and comes after the announcement by COPDEND (The UK Committee of Postgraduate Dental Deans and Directors) that 1,139 applicants, of whom 1,026 are students or recent graduates of UK dental schools, have been invited to take part in the assessment centres to compete for an estimated 952 funded training posts in NHS practices.

Commenting on the situation, Dr Judith Husband, BDA Chair of Ethics, Education and the Dental Committee, said: "COPDEND's announcement raises the spectre of another year of heartbreak for dental students and squandered public money. Denying UK graduates who want to undertake foundation training a place serves the interests of neither patients, taxpayers nor the graduates themselves. The Department of Health must consider this an early warning and act now to ensure that 2013 does not see a repeat of the senseless situation that has been witnessed this year."

Dental Tribune spoke to CDO for England Dr Barry Cockcroft about the BDA's concerns. He stated: "Last year over 97 per cent of UK graduates got a place on a foundation training scheme at the first time of asking and I suspect, although I don't know, that the people who didn't have now applied in this year as well.

"On top of that, the actual number of applications this year is lower than last year. We do know that some people who have applied to the scheme have applied in Scotland as well. We also know that last year the National Health Service came up with extra training places later on in the year when the financial situation was clearer and I would fully expect that to happen again.

"I think there were lessons learnt last year and the communications to students will be better and also better timed this year; but for the vast majority of students they will get a greater degree of security from this process much earlier than they used to do under the old system.

"At the end of the day the fact is that legally this is employment. We know that last year a significant number of graduates, from the Irish Republic especially, were successful in getting places in open competition. However, as it is employment we cannot discriminate against applicants from the EU in applying for these posts when actually the salary is very attractive. It's very attractive in comparison to other graduates in England and certainly very attractive when you compare it to other countries in Europe as regards dentistry."

A spokesman for COPDEND commented: "COPDEND has issued a press statement that accurately describes the current situation regarding dental foundation training applications.

"We won't know for sure until next June how many UK undergraduate applicants will have passed their finals, nor how many of those who have applied will choose not to take up a place in England, Wales and Northern Ireland, if they are offered one. We also won't know until April if any additional training places will be approved or funded. We acknowledge that these figures may cause some anxiety for applicants to dental foundation training, and would like to reassure them that we are doing all we can to ensure a fair and equitable process and to recruit as many high quality training practices as we can. Dental Foundation training is a period of employment and we are complying with UK employment law." DT

Move over Movember, this month is all about action against oral cancer

Mouth Cancer Action Month takes over November once again, fighting the battle against oral cancer.

The campaign, co-ordinated by the British Dental Health Foundation, takes place from 1 - 30 November, with the aim to improve awareness of the symptoms, risk factors and early warning signs of the disease. Signs include ulcers that do not heal within three weeks, red and white patches in the mouth, lumps in the neck and unusual changes in the mouth.

More than 1,800 people die from mouth cancer in the UK each year, with almost 6,000 new cases being diagnosed annually. As it stands, people with mouth cancer are more likely to die than those with cervical cancer or melanoma skin cancer.

As part of Mouth Cancer Action Month, dental practices across the UK are offering free mouth cancer screenings. The East Yorkshire practice Perfect 32 is taking part, and will be holding screenings every morning from Monday 12th to Friday 16th November.

Practice Manager Nicki Rowland said: "Last year we screened 54 people completely free of charge in one day. This year we are offering free screening for a full week because we want to encourage as many people as possible to be screened. We want to invite any one over the age of sixteen to come in particularly if they smoke, drink, are sexually active and have a poor diet, or are exposed to any combination of these predisposing factors. Hopefully by raising awareness of this terrible disease we will encourage more people to self-check and visit their dentist for the regular examinations that could save their life."

The British Dental Health Foundation is also holding a reception at the Houses of Parliament in aid of the campaign. Professor Simon Rogers, a consultant oral and maxillofacial surgeon at Aintree University Hospital and professor at the Evidence-based Practice Research Centre, Edge Hill University will be speaking at the event, highlighting current treatment and advances in the field, and also the work being done around patients' quality of life and experiences. DT

Photodynamic therapy under spotlight

The US-based University of Rochester Medical Center (URMC) and Lucifics, a photomedical technology start-up company, have been awarded a grant from the National Institutes of Health (NIH) to develop and test prototypes of a new generation of medical devices to treat oral cancer.

URMC and Lucifics have been awarded the Small Business Technology Transfer Phase I grant from the NIH's National Cancer Institute (NCI) to build and evaluate single-use photodynamic devices. The partners will collaborate on the development of an initial set of devices which are anticipated to be ready for clinical testing within a year. The devices will be tailored to treat common oral cancer sites, including the lateral border of the tongue, ventral tongue, gumline, and floor of the mouth.

"Photodynamic therapy has a lot to offer patients suffering from cancer of the oral cavity, but the complex anatomy and the difficulties created by scattered treatment light illuminating and potentially damaging sensitive normal tissue present significant technical challenges", said Thomas Foster, PhD, a professor of Imaging Sciences at URMC.

Photodynamic therapy combines a class of drugs with light to selectively destroy cancer cells. The drug is injected into the patient and absorbed by the body's cells. The drug tends to remain in cancer cells for a longer period of time. When exposed to a specific wavelength of light, often administered by a laser, the drugs produce a form of oxygen that kills nearby cells. This therapy is currently used to treat certain forms of oral cancer, in addition to other cancers. However, current oral cancer technologies have the potential to damage other healthy cells in the throat and mouth during treatment.

Lucifics – founded in 2011 by University of Rochester graduate William Cottrell – is developing a new technology that more effectively focuses photodynamic treatment on cancer cells and shields other parts of the oral cavity from the reflected light that can cause the drug to activate and damage healthy tissue.

"It is an outstanding opportunity to advance treatment for oral cancer in partnership with the University of Rochester," said Cottrell. "It is estimated that by 2030, there will be 790,000 cases of oral cancer worldwide, Our goal is develop a way to treat oral cancer effectively, but limit the traumatic side effects and aftermath that come with the current treatment methods." DT

It takes just 90 seconds to save a life!

The Mouth Cancer Foundation is launching its 2012 Mouth Cancer Awareness Week initiative by calling for dentists across the UK and Ireland to take part in a pilot scheme for a brand new thorough screening accreditation initiative.

The Mouth Cancer Screening Accreditation Scheme recognises dental practices that demonstrate a visible commitment to increasing public awareness of mouth cancer screening to all patients and to establish a documented referral pathway with a local specialist department.

Awareness is integral to achieving early detection of head and neck cancers, thus saving lives. The Mouth Cancer Foundation will accredit dental practices that routinely participate in oral cancer screening. The programmes will include professional development and training programmes suitable for all members of the practice team to ensure regular screening benefits practice patients.

The Mouth Cancer Screening Accreditation Scheme aims to improve outcomes for head and neck cancers in accordance with the British Dental Association's occasional paper for the early detection and prevention of oral cancer and NICE guidelines.

Dr Vinod Joshi, founder of the Mouth Cancer Foundation said: "A thorough head and neck cancer screening can be carried out by dentists in just 90 seconds.

"If a clear referral pathway is established, head and neck cancers will be caught earlier so as well as lives being saved the costs on the NHS and Irish Healthcare Authorities will reduce dramatically."

The Mouth Cancer Screening Accreditation Scheme is open to any dentist registered with the GDC or any dental practice whose clinicians are registered with the GDC. Dentists who take part in the pilot scheme will receive associate accreditation when the Mouth Cancer Screening Accreditation Scheme launches.

For more information or to take part in the pilot scheme please contact the Mouth Cancer Foundation via **info@mouthcancerfoundation.org** or **call +44 (0) 1924 950 950** DT

Chewing Betel Quid increases risk of cancer

Chewing betel quid - the fourth most popular psychoactive substance in the world after tobacco, alcohol and caffeine - exposes its 600 million users to substances that act as direct carcinogens in the mouth, according to a new study in ACS' journal Chemical Research in Toxicology.

Betel Quid (BQ) consists of nuts from the areca tree, sometimes combined with spices, such as cardamom or saffron, and other ingredients. Available in commercial forms, BQ is popular among people in China, India and other Asian countries, and people of Asian heritage living in other countries. Scientists have known for decades that chewing BQ can lead to oral cancer, and showed recently that the substances in BQ could be changed into carcinogens in the body. The authors of this study explored whether there were any substances in the areca nut that can cause cancer directly, without any need for the body to change or "activate" them.

They discovered that compounds in the areca nut can "alkylate" the genetic material DNA, causing changes that increase the risk of cancer, and they are present in betel quid in amounts high enough to do so.

"Our study showed that these alkylating agents are present at levels sufficient to cause DNA damage and could potentially have adverse implications to human health, particularly in the case of the development of oral cancer for BQ chewers," said study authors Mu-Rong Chao and Chiung-Wen Hu. DT

Editorial comment

"Is it me or has it gotten cold all of a sudden? It can only mean one thing – we are now well into the month of November. Soon we'll be singing Christmas Carols and wondering where the year went!

Of course November has extra significance for dental professionals. As well as being the time for the menfolk to be sporting strange caterpillar-like growths under their nose for the men's health campaign of 'Movember', it is also the time where we can raise awareness in the public's consciousness about oral cancer.

Practices around the country have been offering free mouth cancer screening and awareness of the symptoms; and this week sees a reception at the House of Commons to support Mouth Cancer Action Month.

Please send me in pictures etc about what you and your practices are doing to promote Mouth Cancer Action Month; it is always great to hear what you are doing. And remember, if in doubt, check it out! DT"

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to:
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Party for Crisis

To help raise money for the homeless charity CRISIS, Dr Nilesh R Parmar is holding an exclusive 'Ice White Xmas Party' charity event on 1st December at London's trendy Holborn House venue.

Nilesh said: *"I'm very committed to working closely with charities, and, this year, my aim is to bring together family, friends and colleagues to raise lots of money for the worthwhile charity CRISIS, at a time of year when the homeless need it most."*

Sponsored by Astra Tech (Dentsply Implants), Digimax, Enlighten and Manan Ltd, the fun-filled charity event will also host a raffle, which will see guests win some fantastic prizes. Prizes up for grabs include an iPhone5, spa day, luxury driving experience day, a personal training session, teeth whitening treatment and a week's stay in an apartment in Puerto Banus, Spain. All proceeds from the raffle will go to CRISIS.

Guests will also enjoy a champagne reception accompanied by canapés and live entertainment. Tickets to this exclusive event are available by invitation only, so to receive your invitation, email **icewhiteparty@gmail.com**

Donations are greatly appreciated, and can be made on the night, or via the Just Giving website **http://www.justgiving.com/theice-whitexmasparty** DT

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Manchester practice a BDA winner

A dental practice in Manchester has been named British Dental Association (BDA) Good Practice Scheme Practice of the Year. Maple Dental Care Ltd, in the Brooklands area of Manchester, won the award following a rigorous selection process, which included a visit to the practice by judges for the Scheme.

The practice is one of roughly 1,800 members of the Good Practice Scheme, which has now been running for over ten years. The Practice of the Year award is judged on criteria covering many aspects of practice management and care delivery such as patient communications and the care pathway, health and safety and infection control, team training and team working, and corporate social responsibility.

Judges this year were particularly impressed with Maple Dental Care's commitment to delivering 'a caring pathway of evidence based dentistry for patients'. They also praised the range of treatment options and additional services the practice provided, and its commitment to lifelong learning amongst its staff.

Clinical Director of the practice, Ian Hunt, said: "We're delighted to win this accolade, it reflects a real team effort and is a wonderful reward for the hard work and care the team provide each day."

The practice will be presented with their award at the BDA's Honours and Awards Dinner which takes place in London at the end of November. DT

Study to help identify potential cavity sites

The results of a four-year, $3.4m National Institutes of Health-funded study led by a researcher from the Indiana University (IU) School of Dentistry will help dental professionals identify which at-risk sites on teeth are likely to become cavities if no preventive action is taken.

The study, published in the *Journal of Dental Research* and led by Andrea Ferriera Zandona of the IU dental school, is believed to be the first extended examination of the natural history of dental caries since 1966.

A total of 565 children between the ages of five and 13 were recruited for the study in 2007. Of these, 338 children completed all examinations. The children were examined at regular intervals over 48 months.

According to Zandona, a lot is known about caries, but little is known about the process that leads from early caries lesions to cavities. Caries lesions are an early sign that a cavity might develop.

To date, the practice has been to wait and watch lesions until they reach the point where the dentists believe a filling is required, Zandona said.

The purpose of the study was to evaluate whether lesions could be evaluated using the International Caries Detection and Assessment System (ICDAS), a standardised visual examination that requires no special equipment, to identify with greater predictability which ones were more likely to become cavities.

"What we were trying to see was if we could identify when lesions reach the point that they will become cavities," Zandona said. "Are there some signs we see on teeth that signal when it is progressing towards cavitation?"

IU researchers developed the ICDAS examination with a small group of international scientists. In the study, examiners used the ICDAS to give lesions a score, ranging from 1 to 6 - with one representing a lesion so small that it was difficult to see and scores greater than 5 indicating what is usually considered a cavity -- and judged whether a lesion was active or not. The lesions were tracked during the 48 months, with some registering higher and higher scores until they progressed to cavities.

After analysing data collected in the study, the researchers concluded "characterisation of lesion severity with ICDAS can be a strong predictor of lesion progression to cavitation."

"The study shows dentists can identify which teeth are likely to develop cavities," Zandona said. "They can then institute a preventive measure such as a sealant or a fluoride treatment instead of waiting for lesions to become cavities" DT

Singing dentist raises thousands for charity

A singing dentist has raised more than £5,000 for diabetes after performing at a concert in East Sheen.

Andrew Bain, 39 (*pictured*), took to the stage at the All Saints' Church on Saturday, October 13, to raise money for the Juvenile Diabetes Research Foundation.

Mr Bain, who has worked at the Park Dental Clinic in East Sheen for four years, was joined on stage by Ruth Kerr and an orchestra led by Bernie Lafontaine.

Anuja Wagner, who doctors diagnosed with diabetes at the age of 13 months, was involved with the organisation and promotion of the concert.

She said: "The response has been overwhelming. I can't believe that people have been so kind and supportive. I am so thrilled they enjoyed the show and that we managed to raise so much money.

"Thank you so much to everyone who has supported this cause." DT

Rochdale Youngsters get their teeth into new dental scheme

Health chiefs are hoping to put brighter smiles on the faces of hundreds of local school children with a scheme to improve the oral health of youngsters in the Rochdale Borough.

Determined to stop the march of teeth decay among the area's children, NHS Heywood, Middleton and Rochdale (NHS HMR) is working with Pennine Care NHS Foundation Trust's (Pennine Care) Oral Health Unit to roll out an enhanced fluoride scheme in primary schools.

Dr Rebecca Craven, Consultant of Dental Public Health for NHS HMR, said: "The 'Smile Time' programme is inspired by its success in Scotland which saw the percentage of three-year-olds in Glasgow with decayed teeth fall from 26 per cent to 17 per cent.

"Good oral health is vital – and it's important that youngsters never forget the importance of looking after their teeth, mouth and gums. I'd urge all parents involved to support the programme which will make a real difference to their children's oral health."

The initial pilot programme involves three schools – St Peter's CE Primary School, Rochdale; Belfield Community Primary School, Rochdale and Bowlee Primary School, Langley, Middleton. And health chiefs are then keen to roll-out the scheme across the Rochdale Borough once the pilot has been evaluated.

Andrew Forrest, Oral Health Manager at Pennine Care, said: "With support and supplies from our oral health specialists, school teachers will supervise children aged 5 to 7 brushing their own teeth once during the school day. Teachers will be trained to ensure that only a pea-sized amount of toothpaste will be used for tooth brushing which is the recommended amount for primary school-aged children.

"Children in the Rochdale Borough have some of the highest rates of tooth decay in the country so we want to reverse this trend and ensure our children have happy, healthy smiles." DT

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GDC alerts registrants to MHRA warning

The Medicines and Healthcare products Regulatory Agency (MHRA) has issued an alert about medical devices and medicinal products containing chlorhexidine.

There is a risk that some people may suffer an anaphylactic reaction to the chemical antiseptic.

A variety of medicinal products and medical devices contain chlorhexidine, including some over-the-counter products. Examples include: antiseptic creams, wipes, cleansers and skin preparations, antiseptic mouthwashes, toothpastes and dental implants.

The General Dental Council is reminding all registrants that its 'Standards for dental professionals' says: 5.3 Find out about current best practice in the fields in which you work. Provide a good standard of care based on available and up-to-date evidence and reliable guidance. DT

Business recognition for Brush-Baby

An infant dental-care company has reached the final of the Nectar Business Small Business Awards, a national competition to reward and recognise the importance of small businesses to the economy.

Brush-Baby was awarded Highly Commended in the Innovation of the Year category at an Awards Ceremony hosted by Karren Brady, UK business woman and star of BBC 1's 'The Apprentice'.

As a mum wanting the best dental care for her baby, Brush-Baby founder Dominique Tillen, struggled to find a suitable product for her baby daughter. Therefore perceiving a gap in the market based on her own needs, she researched, manufactured and developed a Chewable Toothbrush. Ergonomically-designed and endorsed by dentists, and loved by infants who literally "chew" on the toothbrush initially to soothe teething gums and then to clean emerging teeth, it has gone on to establish itself as an award-winning product in the Brush-Baby range of dental products.

Dominique said: "I am delighted that Brush-Baby was so highly respected and ultimately rewarded. However, I am even more pleased from a dental angle as this recognition might increase the presence of the importance of dental health for parents and dental professionals alike. Recent statistics concur more than one million British children under five have at least two fillings and forty seven per cent of youngsters under 12 have been told they have dental decay. As a nation our attention to infant dental health is woeful – we pay more attention and money to fashionable items of clothing which are often discarded due to changing tastes and yet teeth which are with us, hopefully for a lifetime, seem to get forgotten – yet if looked cared properly can be a person's best fashion asset!

"Brush-Baby is not only a business but is committed to increasing the importance of infant dental-health. We are due to roll out a pre-school and nursery campaign with a leading dental charity in the new year, and this award win certainly gives us kudos and the impetus that infant dental education needs." DT

L-R Karren Brady and Dominique Tillen

Dental nurse struck off

Shetland-based dental nurse Melanie Inkster has been struck off by the General Dental Council following a public hearing which she failed to attend.

Ms Inkster was employed as a dental nurse at 90 St Olaf Street, Lerwick, Shetland. The GDC's Professional Conduct Committee found that over a 12-month period, she overcharged patients for their treatment; falsely recorded lower payments as having been received; and took the sum overcharged for her own use.

The hearing was told that Ms Inkster admitted her actions during her employer's disciplinary process, when it was recorded that she said "It was not something she would normally do but it started and got out of hand".

The Committee said: "Ms Inkster's actions fell far short of the standards of the profession, and her conduct was inappropriate and dishonest. Ms Inkster's action was a serious breach of patient trust and disregarded basic tenets of the profession. Her actions in stealing from patients and the practice were dishonest, systematic and sustained conduct over a period of time."

Whilst recognising that dishonesty does not inevitably lead to erasure from the GDC's register, the case also involved breaches of patient trust. Ms Inkster's behaviour has been deemed so unacceptable to the reputation of the profession that erasure is the only appropriate and proportionate sanction.

Ms Inkster has until 2 December 2012 to lodge an appeal to the Court of Session DT

Fund for aspiring researchers

Looking to get into clinical research? A £4.5M start-up fund has been established for medical and dental professionals engaged in research to help kick start their scientific career by allowing them to pursue academic work alongside patient care.

The money will be distributed in grants of up to £30,000 to clinical lecturers (dentists/doctors who hold a PhD/MD and are working towards completion of specialty training) to help them gather preliminary data and strengthen their applications for longer term fellowships and funding. The grants will be awarded biannually from 2013 for four years through the Academy of Medical Sciences Starter Grants for Clinical lecturers Scheme.

The Starter Grants for Clinical Lecturers scheme was launched in 2008 by the Academy of Medical Sciences in partnership with the Wellcome Trust. Since then the scheme has awarded £4.4m in grants to more than 150 clinical lecturers who have gone on to secure substantive research funding, set up their own laboratories, authored articles in high-ranking peer-reviewed journals and secured senior research posts.

A review of the first three rounds of the Starter Grants for Clinical Lecturers scheme found that 86 per cent of award holders had generated preliminary data that formed the basis for substantive research funding, and despite the scheme being new, 48 per cent had already noted significant career developments or promotions since receiving their award, and 38 per cent had already authored a peer-reviewed article as first author in high impact journal publications including The New England Journal of Medicine, Nature Genetics and Lancet Neurology.

The deadline for the next round of applications is 4 March, 2013 DT

Antidepressant eases pain of oral mucositis

An oral rinse of the antidepressant doxepin significantly eased pain associated with oral mucositis in patients receiving radiation therapy for cancers of the head and neck, a study led by Mayo Clinic found. The findings were presented at the American Society for Radiation Oncology annual meeting in Boston.

"Oral mucositis or mouth sores is a painful and debilitating side effect of radiation therapy," says principal investigator Robert Miller, M.D., a radiation oncologist at Mayo Clinic. "Our findings represent a new standard of care for treating this condition."

Doxepin rinse does not cause the side effects associated with narcotic pain medicines, Dr. Miller says.

The Phase III study assessed the effectiveness of doxepin oral rinse versus placebo in 155 patients receiving radiation therapy for head and neck cancer. Patients received a single blinded dose of doxepin on day one and crossed over to the opposite study arm on a subsequent day.

Patients reported pain associated with oral mucositis n a pain questionnaire with a scale of 0 to 10 administered at baseline and then at five, 15, 30, 60, 120 and 240 minutes after rinsing with doxepin. Patients could continue doxepin after the study, and 64 percent did so. Doxepin was well tolerated, though stinging, burning, unpleasant taste and drowsiness were reported as side effects. DT

BDHF smokeless tobacco leaflet launched

Oral health charity the British Dental Health Foundation has produced a new public information leaflet on the topic of smokeless tobacco.

Presented in a Q&A format, 'Tell Me About: Smokeless Tobacco' contains information about the effects of smokeless tobacco, particularly addressing its relationship with mouth cancer.

The leaflet also explains the health benefits of giving up smokeless tobacco, as well as offering advice on how to quit.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, says more work needs to be done to improve education of smokeless tobacco, especially in South East Asian communities and believes dental professionals are in the ideal position to communicate the key messages.

Dr Carter said: "There is currently a lot of on-going confusion about the risks of smokeless tobacco, which is particularly worrying given the number of people, mainly those in ethnic minority groups, who use it.

"That is why we have produced an information leaflet specially focussing on smokeless tobacco – what it is, what it is made of, and why it is so dangerous. The leaflet can be displayed in waiting rooms, or handed out to patients who might be at risk. It is written using non-technical language and has been awarded the Plain English 'approved' logo, which is a guarantee that the language is straightforward and easy to understand by the general public.

"We encourage all dental practices, particularly those with high ethnic minority patients, to stock this leaflet and help eliminate one of mouth cancers growing risk factors."

'Tell Me About: Smokeless Tobacco' is freely available to view online at **www.dentalhealth.org/tell-me-about/topic/mouth-cancer/smokeless-tobacco** while printed versions can be purchased in packs of 100 from the Foundation's shop. DT

Lecture programme announced

ALPHA OMEGA

The Alpha Omega dental fraternity has announced its lecture programme for the 2012/2013 period. Lectures include:

- 29/1/ 2013: *The therapeutic gradient, a medical concept for actual dentistry?* - Dr Jean Pierre Attal
- 12/2/13: *Wearing away* - Prof David Bartlett
- 30/4/13: *Some psychogenic/ neuropathic aspects of restorative dentistry - 28 years of clinical experience* - Dr Michael Wise
- 21/5/13: *Biology and aesthetics – are all crowns equal?* - Dr Ailbhe Mcdonald
- 28/6/13: Annenberg Lecture featuring Dr Didier Dietschi

All evening lectures will be held at the BDA, 64 Wimpole Street, London, with registration at 6:30pm for a 7:15pm start. These evenings are all free to members, with guests welcome at no charge for one meeting.

The annual Annenberg Lecture will be held at the RAF Museum, Grahame Park Way, London. This special event will feature lectures from 9am-4:30pm and will include a trade show available during the lecture break periods.

This special event is available for £300 to AO members and £340 to non-members, with special rates available to those who book before 28th February 2013.

For more information visit www.ao.org. DT

AOG 2013 tour announced

UK-based dental organisation the AOG has announced that it is organising a research trip to New Zealand, with the option of extending the trip to include a visit to Australia, offering the experience of a lifetime.

The trip to New Zealand will take place January 21-1 February, travelling around the country from Auckland to the sulphur thermal pools and Maori culture of Rotorua and then Hawke's Bay in the North, before heading south to Christchurch, the glacier of Franz Joseph and the breathtaking scenery in and around Queenstown.

The Australia extension then flies to Sydney, Cairns and Brisbane, visiting Sydney Harbour, the Blue Mountains, and the Great Barrier Reef before coming to an end on the Sunshine Coast on 8 February.

The AOG is a charitable organisation that believes in setting up and supporting sustainable projects around the world. AOG members will use this trip to find ways in which they can work with the dental associations in New Zealand and Australia, and help further improve people's quality of life.

To take advantage of this amazing opportunity and find out more about the Tour, go to **www.aoguk.org** DT

Dentists' fund calls for Christmas aid

In a time of global economic crisis, the Benevolent Fund has received the highest ever number of applications for assistance. When tragedy strikes, be it an accident or ill health, or there is another reason why a dentist cannot work, it may not be long before financial worries become serious problems.

Christmas adds an additional burden and, together with escalating winter fuel bills, leaves some dentists unable to cope and fearful for their family's future. The BDA Benevolent Fund offers grants where appropriate to help UK dentists and their families during the hardest of times.

One grateful recipient of the Fund's assistance said: *"Thank you for informing me that the BDA Benevolent Fund are able to help support me and my family over the coming months, since my husband's stroke. I cannot tell you the relief and gratitude I feel. Your letter made me cry. I am so touched by the generosity of the charity and of friends, neighbours and even complete strangers. The world is a kinder place than I ever gave it credit for."*

Please give a gift to the Fund's Christmas Appeal and help your colleagues and their dependents when they need it most.

Visit www.bdabenevolentfund.org.uk or send a cheque to **BDA Benevolent Fund, 64 Wimpole Street, London W1G 8YS.** DT

Performing Dentistry

Neel Kothari discusses UDAs and Associates

It is my contention that dental associates have suffered the most following the 2006 overhaul of the NHS dental system. Far from being the beacon of the self employed world in full control of what goes into the patient's mouth at the point of delivery, dental associates are now more commonly finding themselves tenuously close to the definition of an employee, being told how many points are needed to be collected every month, the value of each point irrespective of how hard it is to achieve it and increasingly what work they can and cannot carry out on the NHS.

The official term 'performer' clearly does not do justice to the complex and intricate relationship between a dentist (or any healthcare professional) and their patients. Whilst technically associates are 'performing' a service, this service is almost impossible to perform to best practice guidelines within the auspices of only three bands. Whilst a label is just a label, I am concerned that the respect of associates within the profession is slowly disintegrating. Labels have an emotional attachment for many people, so as a profession what do we want, dentists practising their profession or performing within a contract?

In a recent job advert placed online by an unnamed corporate group, the position was for an associate GDP to 'perform' 8,613 UDAs for a 'competitive' salary and a 50 per cent contribution for lab fees. Sounds pleasant, but how will this work? If we assume that one takes six weeks off work for holidays and one week for CPD, this works out 38.3 UDAs per day needing to be achieved for the target to be met. I'm sure some will think 'fine', whilst others may frown, however one thing that I really can't figure out is how on earth this relates to clinical need. Can one really carry out 8,613 UDAs a year without knowing how much actual dentistry is needed to meet their allocation or does this simply place an unfair and perverse incentive on the dentist in order to 'perform' their associate agreement?

> *"I'm sure some will think 'fine', whilst others may frown, however one thing that I really can't figure out is how on earth this relates to clinical need"*

Let's not forget that many of these UDAs will often include 'new patients', who could require a ridiculous amount of work in order to achieve three or 12 UDAs. What sort of incentive does this place on associates aiming to meet their UDA allocations: large fillings or gold onlays? Treat all cavities or watch some? Available on the NHS or Private only? Root canal therapy or extraction? Of course as a mere dentist, I dare not suggest that clinical decisions are being affected by financial incentives rather than the patient's best interest. Thankfully the Health Select Committee did that for me (2nd July 2008).

Along with completely irrelevant UDA targets with little sensible link to treatment need, dental

associates all too frequently are placed in a very difficult position, whereby in order to get a job they have to accept UDA targets not really designed for them, levels of remuneration based on the realities of supply and demand rather than clinical need and the full liability of clinical decision making should something go wrong. This cocktail of ingredients may work for the architects of the nGDS contract, but surely there must be a trade off in front line services and the professional integrity of those dentists who are often placed in this position.

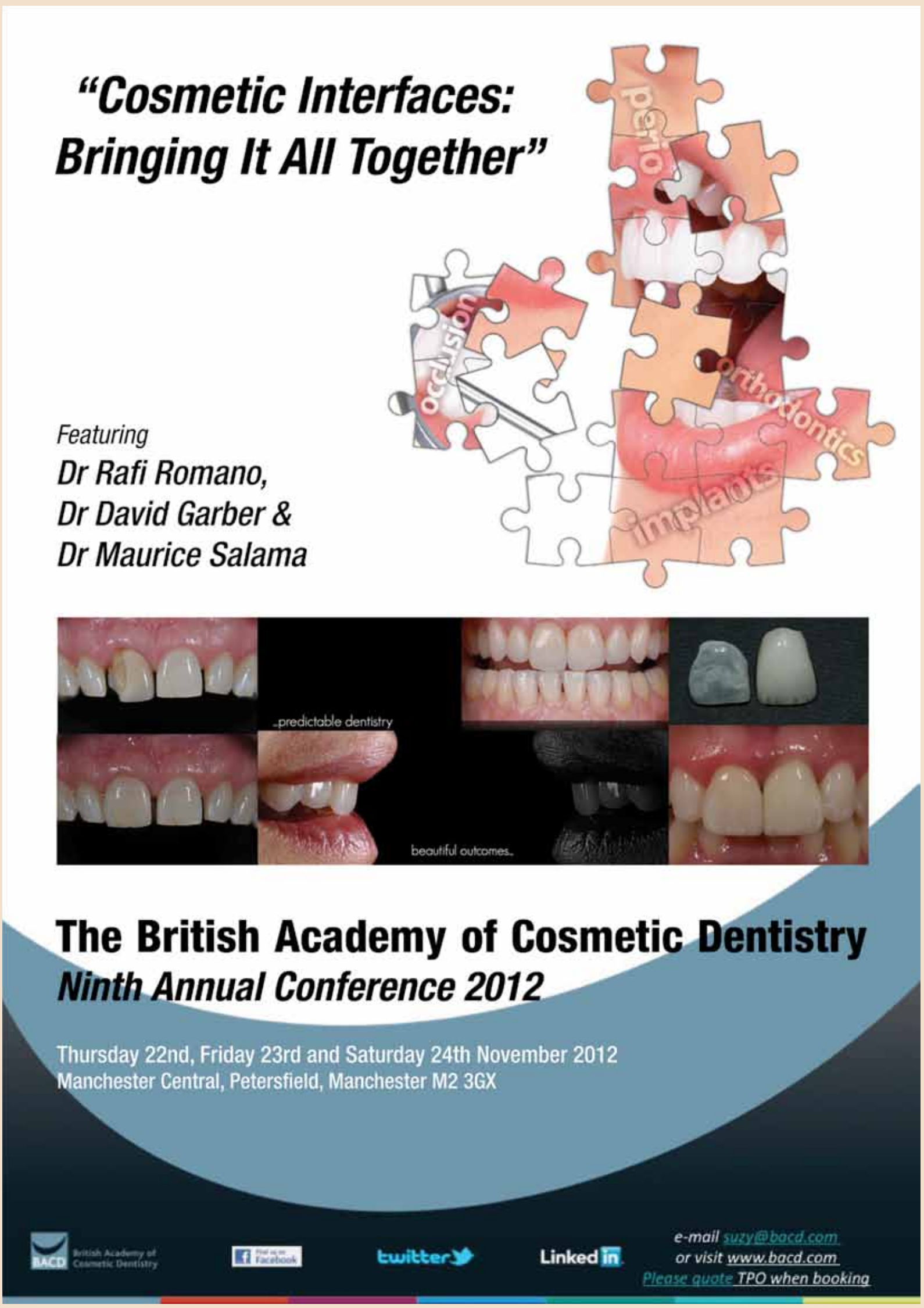
Whilst many within the industry may complain of how they have been affected, I personally feel that the worst affected are dental associates, especially those just entering into the profession. The complexity of providing quality NHS dental services seems to be traded off in a system designed to make professionals meet targets and score points based on formulas designed by a series of accountants rather than focusing on quality dental care.

> *"The ability to use the youngest members of our profession in an attempt to meet a ridiculous number of points for a fee scale designed to encourage a swing away from best practice is unfair, untried and untested."*

Over the past few years I have had many conversations with colleagues on the basis of 'what do you provide on the NHS?' The availability of NHS provision is not really a postcode lottery but probably more a case of how the dentist interprets the 2006 contract and what funding they have in place. Whilst the vast majority of dentists are most likely in agreement over what constitutes standard treatment, we come back to the age old question of 'what exactly should be available on the NHS.' The standard DH answer to this question is whatever is clinically necessary. In some cases 'clinically necessary' ranges from a full acrylic denture to an all on four implant supported bridge!

Now corporate organisations may not like this next bit, but oh well.

The ability to use the youngest members of our profession in an attempt to meet a ridiculous number of points for a fee scale designed to encourage a swing away from best practice is unfair, untried and untested. It deliberately abuses the self employed nature of an associate and their ability to retain control, whilst at the same time heavily promoting business agendas which are not always in the patient's best interest. This dilutes professional integrity in a worse way than when Mercedes Benz released their A class (original design not the latest version which starts on the road from £18,945). DT

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge as a principal dentist at High Street Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL Eastman Dental Institute.