

Matt Mullin



Lemons in Dentistry

BY DAVID W. CHAMBERS, PHD

In the most recent Gallup poll where Americans were asked whether they trust dentists, the profession ranked fifth out of 25, with a 62 percent approval rating. That is the same ranking, but an 11 percent increase in approval over the past quarter century that the survey item has been used.

By contrast, the most recent Gallup data for used car salesmen gives them a 6 percent trust rating. The difference between dentists and used car salesmen is instructive. In 1970, G.A. Akerlof wrote a famous paper called "The Market for 'Lemons.'" His conclusion: "Bad products drive out good products and threaten the very existence of markets, all because current owners know more

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Oral Bacteria Disease and Obesity: Is There a Link?

Researchers are looking into the possibility that oral bacteria may contribute to obesity.

In a study, published in the *Journal of Dental Research*, researchers J.M. Goodson, D. Groppo, S. Halem, and E. Carpino collected saliva from more than 300 women who each had a body mass index ranging between 27 and 32. A DNA probe analysis measured the bacterial populations and compared these levels with a group of 232 healthy women from studies of perio disease.

"The median percentage difference of seven of the 40 bacterial species measured was greater than 2 percent in the saliva of overweight women," according to a press release. Additionally, an analysis showed that 98.4 percent of the heavier women could be "identified by the presence of a single bacterial species (*Selenomonas noxia*) at levels greater than 1.05 percent of the total salivary bacteria."

Based on these findings, researchers said it is a possibility that bacterial species such as these could serve as biological indicators of a developing overweight condition. Additionally, and sure the subject of future research, is the possibility that oral bacteria may participate in the pathology that leads to obesity, according to a report.

To view the complete study, go to jdr.sagepub.com/cgi/content/full/88/6/519.



gumEase by Olympic Dental and Medical Devices

→ gumEase is the first FDA-approved cryoanesthetic device that provides the same effect as traditional anesthesia, without the patient risk, extra time and cost, and without the use of a single needle. gumEase is a stand-alone device and is



effective for extractions, braces adjustments, scalings, fillings, cleanings, and other procedures. gumEase is easily placed in the mouth for fast pain relief that works. For more information, go to olympicdmd.net.



American Dental Association Statement: FDA Action on Amalgam

The American Dental Association has issued a statement that it concurs with the U.S. Food and Drug Administration's decision not to place limitations on dental amalgam use.

"The FDA has left the decision about dental treatment right where it needs to be — between the dentist and the patient," stated John Findley, DDS, ADA president. "This decision underscores what the ADA has long supported — a discussion between dentists and patients about the full range of treatment options to help patients make educated decisions regarding their dental care."

The FDA ruling recently issued categorizes encapsulated dental amalgam as a class II medical device, the same class as gold and tooth-colored composite fillings.

In 2002, the FDA first proposed the class II designation for dental amalgam, an idea the ADA has long supported.

Over the years, many scientific studies have been completed on the subject. Among them, two trials published in the April 2006 *Journal of the American Medical Association* that showed dental amalgam as a valuable and safe cavity-filling material. In a review this year of scientific literature on the safety of amalgam, the ADA's Council on Scientific Affairs reaffirmed evidence that amalgam continues to be reliable and safe choice for dental patients.

"Dentists are doctors specializing in oral health care," said Findley. "We encourage people to talk with their dentists if they have any questions about their oral health."

For more information, go to ada.org.

Banishing Bad Breath

Consuming garlic is great for warding off vampires, but if you're trying to get sentimental with your sweetie, then the byproduct of the pungent herb may put the kibosh on the mood.

Well, thank goodness for the developer of "OkayToKiss."

Similar to the theory of the portable device capable of estimating blood alcohol content, OkayToKiss, which is in development, gives the user definitive information on whether they're good to smooch.

The tester would stealthily put a little saliva on a window of the kit, which may be the size of a chewing gum package. If the resultant color is blue, that means halitosis. OkayToKiss inventor and developer Mel Rosenberg, a professor at Tel Aviv University, said his device tests for gram-positive and gram-negative bacteria, both conniving culprits in creating the offending odor.

Rosenberg, who is editor of the *Journal of Breath Research* and creator of a two-phase mouthwash, also wrote a book, *Save Your Breath*, an account of his research on halitosis for the past two decades.



Comings and Goings at the National Museum of Dentistry

Thirteen is a lucky number for the National Museum of Dentistry. The museum — which now enters its teenage years — celebrated its birthday recently with the unveiling of new exhibits and a preview of new projects.

The exhibit, “Smile Experience,” allows guests to take a digital photo of their smile and upload it to a monitor located in the gallery. Visitors also can test their celebrity intelligence by accurately pairing a smile to the corresponding star in the game, “Guess the Smile.” A video presentation chronicles the Mayans who adorned their pearly whites with jade as well as other interesting oddities throughout history up to the introduction of tooth bonding.

The father of esthetic dentistry, Irwin Smigel, DDS, was honored during the festivities and also has an exhibit in which guests can explore his real-life smile transformations.

And while the museum celebrated its birthday by ushering in new exhibits and projects, it also said goodbye to a good friend. After a decade as the museum’s executive director, Rosemary Fetter retired. At the event, Fetter was honored for her contributions and efforts.



Marketing Effort Ended



Due to major operational and production snags, ADA Intelligent Dental Marketing is being phased out. Full refunds for paid undelivered goods and services will be issued to customers within 60 days. A special team was created to assist in resolving customer issues.

ADA Intelligent Dental Marketing, ADAidm, was formed in February 2007, a shared venture with ADA Business Enterprises, Inc., ADABEI, (a wholly owned subsidiary of the ADA) in an effort to help ADA members create and market their

dental practices. Services and products, developed to help dentists attract and retain customers, included branding, marketing, Web site development, and direct mail.

Recognizing the difficulties with the program, the Board of Trustees recently took action, appointing an ADA trustee to chair ADABEI and to resolve the ADAidm issues, as well as to oversee the successful ongoing ADABEI programs, according to a press release. Additionally, the ADA board directed teams at ADABEI and ADAidm to resolve the ADAidm situation.

Students Persuade Mississippi to Fluoridate the Water

A team of graduate students in the University of North Carolina at Chapel Hill, Gillings School of Global Public Health’s Department of Health Policy And Management, has persuaded the Mississippi Legislature to require communities in the state to fluoridate their water.

Nick Mosca, DDS, Mississippi state dental director and a student in the school’s distance education Doctor of Public Health program in health policy and management, along with students Lauren Brown, Kim Hammersmith, DDS, Ashley Kranz, Presha Patel, and Bhav Shukla were instrumental in convincing policy-makers to pass the statewide law.

To read the full article, go to fridayletter.asph.org/article_view.cfm?FLE_Index=10135&FL_Index=1575.



“Success is not
the key to happiness.
Happiness is the key to success.
If you love what you
are doing, you will
be successful.”

ALBERT SCHWEITZER



LEMONS, CONTINUED FROM 693

about the quality of the item to be exchanged than do potential buyers.”

It is understood, even if we do not like thinking about it, that there are a few dentists who would count as lemons. Nationally, the rate of disciplined licenses is about 1.5 in 1000, well less than 1 percent. But there may be more whose occasional lapses matter. Most would assume that these lemons sour the public on the profession and hold down the Gallup trust numbers.

How does that come about? A critical part of the process comes from patients' inability to assess the quality of the care they receive. This applies equally to the patients of the most talented and honest dentists and the patients of those who are slipshod or disreputable. The likelihood of getting a dental lemon is determined almost entirely by the dentist and not the patient's skill at detecting lemons. This means that the public cannot be counted

on to provide a reasonable check on the spread of lemons.

The next step in the argument is critical: Bad dentists drive out good ones. Thomas Gresham, a London financier, advised Queen Elizabeth I against minting new coins to stop the widespread practice of clipping (shaving off a bit of the edge and collecting these shavings to sell as precious metal while circulating the clipped coins at face value). His reasoning — which is absolutely correct — was that citizens would hoard the new coins and pay their taxes in clipped ones. This phenomenon is called Gresham's Law. Brighter smiles, misleading pricing, and procedures that quack circulate more quickly than fundamental, health-based dentistry.

Think of the reluctance of potential patients to commit to dental care they cannot accurately evaluate as requiring a tax paid to patients to compensate them

for the possibility that they will have an unjustifiably negative dental experience. All dentists have to pay the tax.

The final step in the argument is that lemons damage both particular individual buyers and the buying public in general. The market becomes tainted. Patients demand more of all dentists now in order to protect themselves from the possibility of the few bad actors.

The nub:

- 1 Inform and educate patients so they can recognize good dentistry.
- 2 Challenge the lemons that will move the cost of bad dentistry from you to them.
- 3 Be a champion for the profession and comprehensive, continuous, competent, compassionate dentistry.

David W. Chambers, PhD, is a professor of dental education, Arthur A. Dugoni School of Dentistry, San Francisco, and editor of the Journal of American College of Dentists.

Honors

Robert Allan Handsides, DDS, associate professor and an eight-year veteran of Loma Linda University School of Dentistry, Department of Endodontics faculty, has accepted the chairmanship of the department vacated by the semi-retirement of Leif K. Bakland, DDS, who occupied its chair for 28 years.

A graduate of Loma Linda, Handsides established a solo practice in Kingston, Canada, in 1994, and returned to Loma Linda in 1999 to study in the School's Advanced Education Program in endodontics, which he completed in 2001. He then joined the department faculty and took on the responsibility of teaching preclinical endodontics.

Jane Weintraub, DDS, MPH, the Lee Hysan professor and chair, Division of Oral Epidemiology and Dental Public Health at the University of California, San Francisco, School of Dentistry, has been named the 2009 Faculty Research Lecturer for her outstanding achievements in the field of science related to oral and craniofacial health.



Robert Allan Handsides, DDS



Jane Weintraub, DDS, MPH

Weintraub will be honored at the school's annual Research and Clinical Excellence Day on Oct. 8. Weintraub has advanced the science of dental public health through her efforts to establish and lead multifaceted research teams that study many aspects of caries and health disparities.

“I have worked with Jane for many years, and I am so pleased that she will be honored in this way this year,” said UCSF School of Dentistry Dean John D.B. Featherstone, PhD. “Her work over several decades has been outstanding and has contributed strongly to improvements in oral health for our nation.”

Patients on Multiple Meds Susceptible to Xerostomia

An estimated 91 percent of dentists reported patients are grumbling about dry mouth because of multiple medications, according to a national survey of members by the Academy of General Dentistry. Xerostomia affects about 1 in 4 Americans, which means approximately 25 percent of the population is at risk for caries.

“The number of xerostomia cases has increased greatly over time because people are taking more and more medications,” said Cindy Kleinman, RDH, BS, who presented a course during the AGD’s 57th annual meeting. “General dentists are seeing this trend in their offices, which is why they are trying to learn all they can about this condition. The more they know, the better they will be at diagnosing and treating patients.”

“Antidepressants, painkillers, diuretics, antihistamines, tranquilizers, and anti-hypersensitives can all contribute to dry mouth,” said Raymond K. Martin, DDS, MAGD, of the more than 400 prescription and nonprescription drugs associated with xerostomia. “People who take several of these medications are more susceptible.”

Medical problems such as Alzheimer’s disease, rheumatoid arthritis, cystic fibrosis, Sjögren’s syndrome, hypertension, anemia, diabetes, HIV/AIDS, Parkinson’s disease, stroke, and mumps have been associated with dry mouth. Nerve damage, some types of cancer treatments, smoking, dehydration, and chewing tobacco also have been linked with xerostomia.

As indicated by the AGD survey, the most common symptoms reported by patients include constant thirst and difficulty eating, swallowing, or speaking, according to a press release. Additionally, tongue irritation, a burning feeling inside the oral cavity, stringy or foamy saliva, ulcerations that are painful, and dentin hypersensitivity are other dry mouth indicators. In time, the condition can lead to widespread decay, gum disease, and tooth loss.

Other interesting facts from the survey included:

- An estimated two-thirds consider dry mouth to be a very serious condition, as it relates to the promotion of tooth decay;
- Approximately 68 percent say constant thirst is the most common symptom communicated by patients; 44 percent say patients have difficulty eating, swallowing or speaking;
- More than 92 percent report that patients attempt to increase salivary production by drinking water; less than 58 percent say patients try taking over-the-counter saliva substitutes, chewing sugar-free gum, or sucking on hard candy; and
- More than 60 percent of those surveyed consider diagnosing a patient with



xerostomia after he or she exhibits or reports symptoms of dry mouth.

So, what’s there to do? Palliative efforts can range from using a moisturizer on the lips, flossing and brushing with a fluoride paste at least twice a day, choosing sugarless gum and candy (sour or noncitrus-flavored confections are better), staying adequately hydrated, and avoiding caffeine, alcohol, smoking, citrus juices, dry food, and overly salted food.

UPCOMING MEETINGS

2009

Sept. 30-
Oct. 4

American Dental Association 150th Annual Session, Honolulu, Hawaii, ada.org.

Nov. 2-4

National Network for Oral Health Access National Primary Oral Health Conference, Nashville, Tenn., Luana Harris-Scott (619) 279-5879 or nnoha.org.

Nov. 8-14

United States Dental Tennis Association fall meeting, Scottsdale, Ariz., dentaltennis.org.

2010

April 11-17

United States Dental Tennis Association, Amelia Island Plantation, Fla., dentaltennis.org.

April 26-28

National Oral Health Conference, St. Louis, Mo., nationaloralhealthconference.com.

May 13-16

CDA Presents *The Art and Science of Dentistry*, Anaheim, 800-CDA-SMILE (232-7645), cda.org.

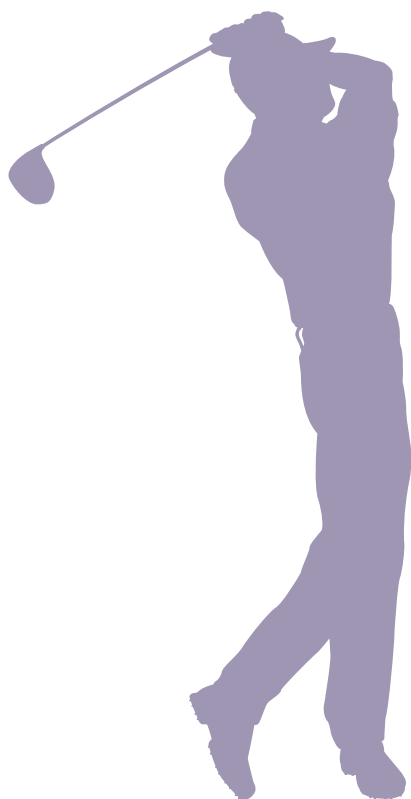
Sept. 9-11

CDA Presents *The Art and Science of Dentistry*, San Francisco, 800-CDA-SMILE (232-7645), cda.org.

Nov. 7-13

United States Dental Tennis Association, Grand Wailea, Hawaii, dentaltennis.org.

To have an event included on this list of nonprofit association continuing education meetings, please send the information to *Upcoming Meetings*, CDA Journal, 1201 K St., 16th Floor, Sacramento, CA 95814 or fax the information to 916-554-5962.



The small number of dentists treating this special needs group may be a component to the challenges in getting adequate care.

'Kids in the Klinik' Benefits from Golf Classic

Duffers united and the result was more than \$80,000 that benefits children's dental services throughout the San Francisco Bay Area and Central Valley.

More than 175 linksters participating in the annual "Kids in the Klinik" 18-hole golf classic, which was held June 29 at the Olympic Club in Daly City, Calif., included donors, supporters, and alumni of the Arthur A. Dugoni School of Dentistry.

Once they were off the green, participants could bid on prizes in a silent auction. Dinner and a live auction ranging from travel packages, PGA Players Championship tickets, and wine tours, capped the day-long event.

"The Kids in the Klinik endowment helps make it possible for our school

to provide the best possible treatment regardless of a family's ability to pay," said Patrick J. Ferrillo, Jr., DDS, dean of the Dugoni School of Dentistry. "This fundraising event is very important, especially in this period of economic uncertainty. These contributions help underwrite consultations, restorative dentistry, preventative dental education for children and parents, and many other vital services."

Funds from the Kids in the Klinik endowment cover preventive care, treatment for cleft lip and palate, dental restorations, orthodontics and dental education, according to a press release. The school's dental clinics annually deliver care at reduced rates to children who could not otherwise afford it. The recent event helps Kids in the Klinik endowment goal of raising \$2 million.

Some Children With Medicaid Face More Struggles Than Their Private Insurance Peers

Based on the type of insurance they have, children with cleft lip and/or palate may encounter dental care challenges as those with Medicaid are refused care more often, have fewer checkups, and state more frequently that they are dissatisfied with their dental care.

Caregivers and parents of the 171 cleft lip and/or palate-affected children were involved with the study, which was published recently in the *Cleft Palate – Craniofacial Journal*. While 84.8 percent of the youths received regular dental care, their counterparts who mostly had public insurance did not. The study did not find distance to a dental care facility to be a factor, according to a press release, but perhaps the small number of dentists treating this special needs group may be a component to the challenges in getting adequate care.

Although some dentists take public insurance, including Medicaid, the authors said that only

50 percent of dentists treat children with Medicaid coverage. In a Michigan study conducted earlier, there was a 32.3 percent bump in the number of children getting dental care after a particular program was implemented. The program had reimbursement rates for Medicaid that nearly rivaled the figures provided by private insurance.

More research is needed to figure out if raising the reimbursement rate will expand the number of dentists to accept these special needs patients with Medicaid coverage, said the authors in the *Cleft Palate – Craniofacial Journal* study, "A Survey of Cleft Team Patient Experience in Obtaining Dental Care."

