

Illustration: Lee Ann Engle

Surgeon General Reports on Bone Health

The first-ever U.S. Surgeon General's report on bone health announced that diseases such as osteogenesis imperfecta and Paget's disease can lead to a decline in one's quality of life and health including the ability to stand up, walk, or perform routine tasks such as getting dressed. It also can lead to an early death.

"This report will shape the way we approach, talk, and act about bone diseases," said Health and Human Services Secretary

Tommy G. Thompson. "The more we learn, the more we realize that so many diseases are preventable, from obesity to many types of cancer, and now bone disease. I want to thank Dr. Carmona and all the scientists and researchers who worked on this report. I look forward to the impact this new information will make in the health of communities."

U.S. Surgeon General Richard H. Carmona, MD, MPH, warned that in 15 years, an estimated half of all American cit-



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Correction

Photos were incorrectly positioned in “A Case for Absolute Anchorage,” by Frank Celenza, DDS, which appeared in the December 2004 issue of the *Journal of the California Dental Association*. A corrected version of the article can be found on CDA Online, www.cda.org.

izens older than the age of 50 will be at risk for fractures due to low bone mass and osteoporosis if immediate action is taken by those affected individuals, health systems, doctors, and policymakers.

In the publication, *Bone Health and Osteoporosis: A Report of the Surgeon General*, approximately 10 million Americans over the age of 50 have osteoporosis, while another 34 million are at risk for developing the common bone disease. What’s more, roughly 1.5 million people suffer a bone fracture that’s osteoporosis related.

Other findings in the report:

- Hip fractures account for 300,000 annual hospitalizations each year.

- Twenty percent of those with a hip fracture land in a nursing home within a year.

- Twenty percent of senior citizens who sustain a fractured hip die within a year of the break.

- The direct care costs are up to \$18 billion each year for osteoporotic fractures alone. That figure is expected to increase if preventative measures are not taken immediately.

“Osteoporosis isn’t just your grandmother’s disease. We all need to take better care of our bones,” Carmona said. “The good news is that you are never too old or too young to improve your bone health. With healthy nutrition, physical activity every day, and regular medical check-ups and screenings, Americans of all ages can have strong bones and live longer, healthier lives. Likewise, if it’s diagnosed in time, osteoporosis can be treated with new drugs that help prevent bone loss and rebuild bone before life-threatening fractures occur.”

Osteoporosis is considered a “silent” condition because many Americans are unaware their bone health is in jeopardy. One of the most dangerous myths about osteoporosis is that only women need to worry about bone health. Osteoporosis affects both women and men, and crosses racial barriers. While bone weakness manifests in older Americans, strong bones begin in childhood.

The Surgeon General’s report is a call for Americans to maintain and improve healthy bones. Among the recommenda-

tions to decrease the likelihood of developing osteoporosis are:

Get the recommended amounts of calcium and vitamin D. High levels of calcium are found in milk, soybeans, leafy green vegetables, cheese, and yogurt. Vitamin D is produced in the skin by exposure to the sun and is found in fortified milk and other foods. For those who don’t get enough calcium and vitamin D via their diet, supplements may help. The average adult under the age of 50 needs about 1000 mg of calcium daily, and 200 International Units of vitamin D. One cup of vitamin D-fortified milk provides 302 mg of calcium and 50 IU of vitamin D.

Maintain a healthy weight, obtaining at least 30 minutes of physical activity for adults; 60 minutes daily for children. Weight-bearing activities improve balance and strength.

Minimize the risk of falling by removing potential tripping hazards, improve lighting and encourage routine vision tests and regular exercise to increase coordination and balance.

“I always worried about heart disease and cancer, but was never concerned about the health of my bones,” said Abby Perelman, who currently is being treated for osteoporosis. “I wish I knew then what I know now — that a healthy diet and physical activity can make bones stronger and healthier.”

The Surgeon General’s report asks health care professionals to assist Americans achieve and maintain healthy bones by evaluating risks for patients of all ages, recommending bone density tests for women older than 65, and for any man or woman who suffer even a minor fracture after the age of 50. Additionally, the report also calls on health care professionals to look for “red flags” indicating someone is at risk, including those under the age of 50 who have had multiple fractures, or patients who take medications or have a disease that may lead to bone loss.

“All health care professionals need to be aware of the early indicators of bone disease,” said Lawrence Raisz, MD, of the University of Connecticut Health Center, one of the scientific editors of the report.



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U.S. SURGEON GENERAL
RICHARD H. CARMONA, MD, MPH

“Many of my patients had no idea their minor fracture was an indication of a larger problem. The health care system can do a better job of helping patients protect themselves from bone disease.”

The Surgeon General published a companion *People’s Piece*. The full-color, magazine-style pamphlet provides information on how people can improve their bone health. This is the second *People’s Piece* Carmona produced, as part of his commitment to improving the health literacy of Americans while providing the best scientific information in a manner everyone can understand and use to live healthier, longer lives. The first *People’s Piece*, released in May 2004, discussed the health

consequences of smoking.

“Thirty years ago, doctors thought weak bones and osteoporosis were a natural part of aging, but today we know they are not. We can do a lot to prevent bone disease,” Carmona said. “Everyone has a role to play in improving bone health, and this report is a starting point for national action on bone health. Let’s get started by taking action today in homes, health care settings, and communities across our nation.”

To obtain *The 2004 Surgeon General’s Report on Bone Health and Osteoporosis: What It Means To You*, as well as the *People’s Piece*, call (866) 718-BONE or go to www.surgeongeneral.gov.

More Evidence Confirms Association Between Coronary and Periodontal Diseases

Research is being conducted to assist health care professionals in further understanding how periodontal diseases are linked to cardiovascular disease. A study published in a recent issue of the *Journal of Periodontology* sheds light on why those with periodontal diseases have a higher risk for coronary artery disease.

“The results of this study showed that periodontitis in cardiac patients was significantly more frequent than in noncardiac patients,” said E.H. Rompen, of the Department of Periodontology – Dental Surgery in Liège, Belgium. “We found that 91 percent of patients with cardiovascular disease suffered from moderate to severe periodontitis, while this proportion was 66 percent in the non-cardiac patients.”

The study looked at 108 patients with coronary artery disease with a mean age of 59.2 +/- 10.9 years, and a group of 62 people without coronary artery disease with a similar mean age (57.7 +/- 8.7 years).

It appears periodontitis influences the occurrence and the severity of coronary artery disease and increases the risk of stroke or heart attack. The study proposes two hypothesis for this occurrence. One theory is that periodontal pathogens could enter the bloodstream, invade the blood vessel walls and ultimately cause atherosclerosis, a multistage process set in motion when cells that line the arteries are damaged from smoking, toxic substance abuse, or high-blood pressure.

The second theory is based on several studies that determined periodontal infections may correlate with increased plasma levels of inflammation such as fibrinogen, creating blood clots; C-reactive protein; or several hormone proteins.

“This study supports earlier findings, and even showed a significantly higher prevalence of periodontal diseases in cardiac patients.

There is still much research to be done to understand the link between periodontal diseases and systemic diseases, such as cardiovascular, and difficult-to-control diabetes,” said Michael P. Rethman, DDS, MS, and American Academy of Periodontology president. “The data in this study shows the importance of regular dental checkups to ensure a healthy, disease-free mouth.”

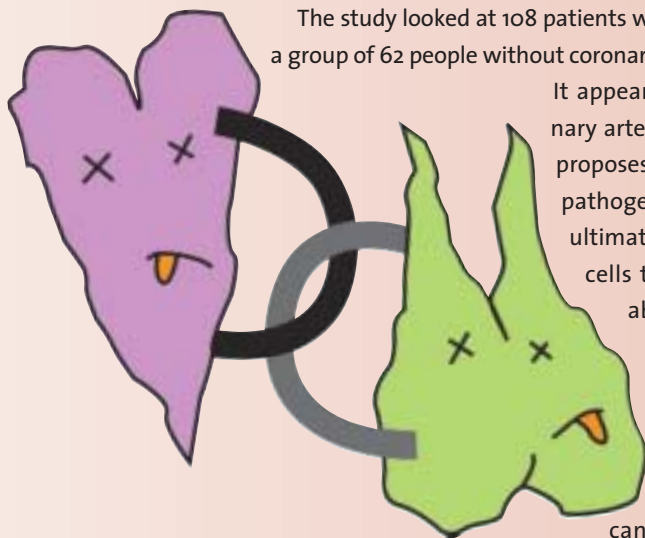


Illustration: Katie Richardson



HHS Awards to Help Improve Care and Patient Safety

The U.S. Department of Health and Human Services recently announced grants totaling \$6.2 million have been earmarked for California to promote the use of health information technology.

“Increased adoption of information technology will speed the transformation of health care services in this nation,” said Health and Human Services Secretary Tommy G. Thompson.

“We’re heeding the call to improve patient safety and quality of care. Technology can help to efficiently and effectively deliver the information caregivers need to take better care of their patients. The funding provided to California will help us ensure that the right patients are getting the right care at the right time.”

The awards, through the Health and Human Services Agency, provides insight into how best to use health information technologies to improve patient safety by reducing medication errors; reducing duplicative and unnecessary testing; increasing the use of shared health information between providers, laboratories, pharmacies and patients; and helping ensure safer patient transitions between health care settings, including hospitals, doctors’ offices, and nursing homes.

In addition to giving health care providers additional support and improving care for patients, health information technology has the potential to produce savings of up to 10 percent of the nation’s total yearly spending on health care.

“These projects will provide the momentum needed to move forward with the creation of a safer U.S. health care system based on proven health information technologies, especially in the rural and small communities throughout America where the need is so great,” said Carolyn M. Clancy, MD, Agency for Healthcare Research and Quality director. “Health care systems across the country can learn from our grantees’ experiences and follow their lead.”

The award to California is part of a larger, \$139 million health information tech-

nology initiative that includes:

- More than 100 grants to hospitals, providers, health care systems and communities to assist in all phases of development and use of health information technology. The grants were given to 38 states, particularly focusing on rural and small hospitals and communities. First-year funding is \$41 million and will total nearly \$96 million over three years.

- Five-year contracts to five states — Utah, Colorado, Indiana, Tennessee, and Rhode Island — or their designees to help them develop statewide networks that are secure, make an individuals’ health information more available to health care providers, and ensure privacy of health information. Participants include major purchasers of health care, hospitals, public and private payers, home health care providers and long-term care providers, and ambulatory care facilities. First-year funding is \$1 million for each state and will total \$25 million over the course of the contracts.

- The creation of the National Health Information Technology Resource Center aid grantees and other federal partners by providing technical assistance, providing a focus for collaboration, serving as a repository for best practices, and disseminating needed tools to help providers explore the adoption and use of health information technology to improve patient safety and quality of care. The two-year contract, renewable for up to three years, was awarded to a national organization for research at the University of Chicago. First-year funding is \$4 million, with an estimated value of \$18.5 million over the course of the contract.

“I view these awards as a building block to advance the adoption of electronic health records,” said David J. Brailer, MD, PhD, national coordinator for Health Information Technology. “These projects will encourage real world laboratories for innovation and provide models for other organizations as we move forward in developing an electronic health record.”

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TOMMY G. THOMPSON

Dental Workers: Are There Enough to Go Around?

An estimated 20 percent of the United State's populace live in what's called Health Professional Shortage Areas, according to the Academy of General Dentistry's publication *AGD Impact*.

Equally startling is an American Dental Association workforce study that reported 37 states consider their current number of practicing dentists to be lacking in one or more regions within their borders.

Experts, however, disagree whether it's a maldistribution or a true shortage causing the problem.

"The manner in which the government agencies have determined dental shortage areas has come under a good deal of criticism," said Myron J. Bromberg, DDS, CDA member and chair of the Academy of General Dentistry's Council on Dental Care. "It's not a surprise that there was a decline in dentists between 1991 and 1998. In the 1970s and 1980s, the dental profession was impacted by an oversupply of dentists, thanks to government grants to dental schools. In the 1990s, the ratio started evening itself out and now is approaching a more reasonable number."

"There's no doubt that dentists do not care to migrate to certain regions," Bromberg said. "This does not indicate a shortage of dentists, but rather a maldistribution of dentists. There are shortages in the country and that issue must be dealt with, but increasing the number of dentists does not resolve the problem. Dentists will still not gravitate to certain areas."

Some involved in the debate believe reshaping the oral health care tier may be the answer. In July 2004, the American Dental Hygienists' Association passed a resolution creating an advanced dental hygiene practitioner position. A dental hygiene practitioner would treat patients in an expanded role. This is similar to the 1960s when the nurse practitioner position was created.

"We are encouraged by the successful evolution of the nursing field and by the achievements certain states have made in expanding the role of the den-

tal hygienists. We don't see the traditional role of the dental hygienist changing," said Helena Gallant Tripp, RDH, president of the American Dental Hygienists' Association. "We're looking at this as an additional role. We know that the number of dentists gradually is decreasing while the number of hygienists is increasing. We're looking for a long-term solution."

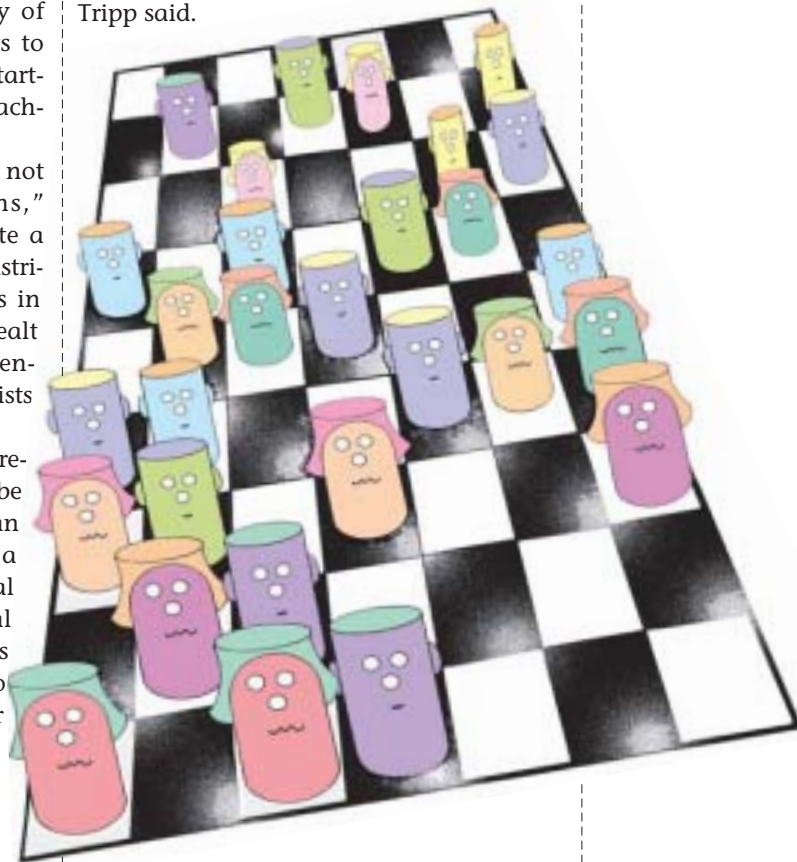
Answering that call are Nevada and Arizona, which opened dental schools in the last two years. In 2007, a third dental school in southwestern Virginia is scheduled to open its doors.

At the core of the debate is access to care. Whether a maldistribution or a shortage of oral healthcare workers, staffing figures show the access issue continues to get more serious.

"Even if there was a system in place to allow all people access to care, I still think there would be a shortage," Tripp said.

"This does not indicate a shortage of dentists, but rather a maldistribution of dentists."

MYRON J. BROMBERG, DDS





Kids Anti-Caries Campaign Continues

The "Save the World from Cavities" program, a collaborative effort of the ADA and the Colgate-Palmolive Company, will continue until June 30.

Children can receive a free battery-powered toothbrush by simply obtaining a special Save the World from Cavities form off the Internet, at participating dental offices, or retail outlets. Dental staff simply stamp the form and the child sends it to Colgate along with a proof of purchase.

Dentists can obtain a Save the World from Cavities Kit online at www.colgateprofessional.com. The kit, which is free of charge, comes with an easel and a tear pad of the forms for office display.

Allergies, Enlarged Tonsils May Affect Bite

Obstructions from chronically congested nasal passages or enlarged tonsils may affect a child's face development.

Long face syndrome describes the elongated, narrow face of children who suffer from uncontrolled allergies or an obstruction of the upper airway, resulting in an inability to breathe through one's nose, according to an article in the American General Dentistry's peer-reviewed publication, *General Dentistry*.

"Narrow nostrils, shadows beneath the eyes and constantly open lips may also be associated with blockage of the upper airway or allergies," said Jane A. Soxman, DDS, lead author of the report.

Mouthbreathing results if a child cannot breathe through their nose. This may affect overall health since vital nasal functions are bypassed. As air passes through the nose, it is warmed, humidified and cleaned of pollen, bacteria and foreign particles.

"In addition, dry air carries less oxygen than moist air to the lungs, causing these children to fatigue more rapidly," Soxman said.

The child's bite also might change. Unbalanced muscle forces squeeze the

upper jaw and the tongue may protrude through the front teeth, forcing them outward. Should constriction of the upper jaw reposition the molars, the upper jaw may be expanded with an appliance, which often improves breathing.

In some children, a severe upper airway blockage can cause sleep apnea. These children may not develop normally due to the energy they expend trying to breathe during the sleeping hours.

It is suggested parents use an audio recorder or videotape to document the child's sleep disturbances. A physician may suggest removing the adenoids if sleep apnea is due to obstruction of the upper airway.

If allergies are the source of the problem, the causes should be determined and treated.

Suspect sleep apnea? Use the BEARS system:

- Bedtime problems such as nightmares
- Excessive daytime sleepiness
- Awakening at night
- Regularity and duration of sleep
- Snoring.

Upcoming Meetings

2005

April 6-9	Academy of Laser Dentistry 12th annual Conference and Exhibition, New Orleans, (954) 346-3776.
April 12-16	International Dental Show, Cologne, Germany, www.koelnmesse.de
May 12-15	CDA Spring Session, Anaheim, (866) CDA-MEMBER (232-6362).
Aug 17-20	Sixth Annual World Congress of Minimally Invasive Dentistry, San Diego, (800) 973-8003.
Sept. 9-11	CDA Fall Session, San Francisco, (866) CDA-MEMBER (232-6362).
Oct. 6-9	ADA Annual Session, Philadelphia (312) 440-2500

To have an event included on this list of nonprofit association meetings, please send the information to Upcoming Meetings, *CDA Journal*, P.O. Box 13749, Sacramento, CA 95853 or fax the information to (916) 554-5962.