



Illustration: Lee Ann Engle

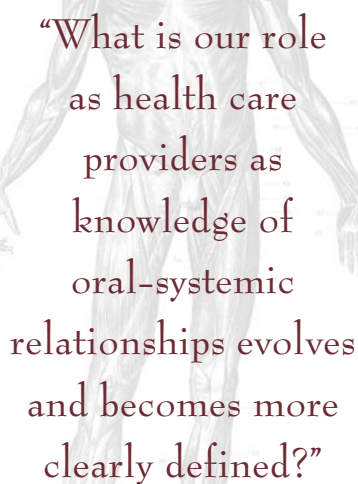
Exploring the Connection Between Oral Health and Overall Health

As research continues to uncover links between medical health and oral health, is it possible that dentists may become more active in their patients' overall health care?

Last summer, the American Dental Association Board of Trustees learned about the developments that could facili-

tate detection of disease in the dental practice as well as the science behind oral-systemic relationships. There also was discussion of how dentists can be responsive to scientific evidence and their patient's well-being.

The overarching question, posed Daniel M. Meyer, DDS, ADA associate executive director of the Division of



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DANIEL M. MEYER, DDS

Science, is “What is our role as health care providers as knowledge of oral-systemic relationships evolves and becomes more clearly defined?”

Timothy DeRouen, PhD, executive associate dean for academic affairs and research at the University of Washington-Health Sciences School of Dentistry, examined past studies showing associations between oral conditions and medical conditions, especially periodontitis. Though numerous studies showed associations between a variety of systemic diseases and periodontitis, the studies don't present a clear consensus on casual versus causal relationships or statistical versus clinical significance.

The most dramatic association, DeRouen emphasized, is smoking as a risk factor for periodontal disease and many medical conditions.

“Maybe the best thing a dentist can do is to convince patients that smoking has many health risk factors and get them motivated to quit,” DeRouen said.

Providing a summary of research connecting medical and oral disease — particularly difficult pregnancies and heart disease — was James Beck, PhD, professor of dental ecology at the University of North Carolina School of Dentistry.

“Treating periodontitis may be a cost-effective strategy for insurance companies, but researchers need to continue to study and develop more sophisticated testing, and the health professions, the public, and state and federal officials need more education about the relationships and what they really mean.”

Daniel M. Malamud, PhD, professor of biochemistry at the University of Pennsylvania School of Dental Medicine, along with other researchers, are working on methods to screen for and diagnose cancer, diabetes, and infectious diseases using saliva. “Everything in blood is also in saliva,” he said. “And researchers are working

on the challenges to develop oral tests.”

Treating oral disease can affect systemic conditions and treatment of systemic conditions can affect oral health, said Michael Glick, DMD, professor and chairman of the department of diagnostic sciences at the University of Medicine & Dentistry of New Jersey, New Jersey Dental School. But as scientific evidence continues to emerge, health care providers — and dentists — need to take on the responsibility for a patient's medical health as boundaries between medicine and dentistry are frequently redefined.

“For example, just taking blood pressure is an opportunity, a noninvasive way, for dentists to dramatically affect a patient's health,” said Glick, who also is editor of *The Journal of the American Dental Association*. “Should dentists be in the business of checking blood pressure? According to the ‘Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure,’ all health professionals should be active in hypertension prevention and management. And dentists can also have a role in trying to promote behavioral changes in patients that can improve overall health.”

John F. Schneider, MD, PhD, chair designate of the American Medical Association Council on Scientific Affairs, welcomed dialogue between physicians and dentists that would ultimately result in better overall health for patients.

“What is needed from the next generation of reproducible scientific studies is greater clarification on cause and effect relationships,” said Meyer at the end of the forum, “and how specific oral health interventions affect general health.”

The ADA Board directed the development of a position statement for the profession and the media on the current state of knowledge on oral-systemic relationships.

Commission Created to Work on Supporting and Bolstering Medicaid

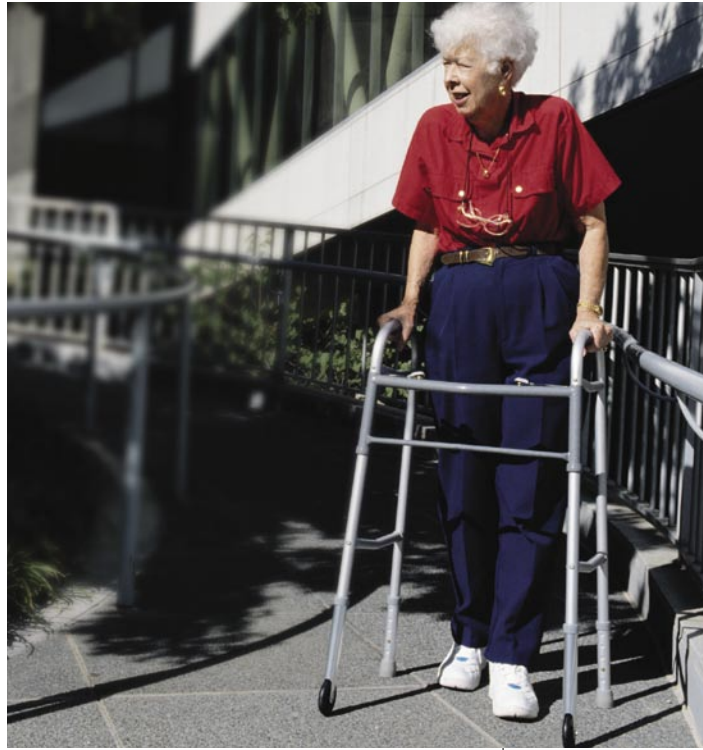
Health and Human Services Secretary Mike Leavitt today established an advisory commission that will help identify the reforms necessary to stabilize and strengthen Medicaid so it can continue to serve the nation's most vulnerable citizens.

"For generations, Medicaid has served the health care needs of the truly needy in America, but today the program is no longer meeting its potential," said Leavitt. "It is rigidly inflexible and inefficient, and worst of all, it is not financially sustainable. I look forward to working with this commission in an open and bipartisan manner to reform and modernize Medicaid. The time to reform Medicaid is now, and this commission will help the administration, Congress, and the states create a plan to ensure Medicaid can meet its goal of providing quality health care in a financially sustainable way."

The Medicaid commission must submit two reports to Leavitt. The first outlines recommendations for Medicaid to achieve \$10 billion in savings during the next five years, as well as ways to start significant long-term enhancements that better serves beneficiaries. The commission, for its first report, also will consider potential performance goals for Medicaid.

The second report provides recommendations to ensure the long-term sustainability of Medicaid. The proposals will address key issues such as:

- How to expand coverage to more Americans while still being fiscally responsible;
- Ways to provide long-term care to those who need it;
- A review of eligibility, benefits design, and delivery; and
- Improved quality of care, choice, and beneficiary satisfaction.



The second report also considers how to address the major issues affecting Medicaid under three different scenarios: an assumption that federal and state spending continues at current paces, an assumption that Congress chooses to lower the rate of growth in the program, and an assumption that Congress may increase spending for coverage. The report will assume the basic federal-state match for Medicaid will continue.

Leavitt is expected to appoint up to 15 voting members to the commission, including at least three representatives of public policy organizations involved in health care policy for families, individuals with disabilities, individuals with limited incomes, and the elderly. The commission also may have former or current governors, former or current state Medicaid directors, and other individuals with expertise in health, administration or finance. In addition to the voting members, the commission will have up to 23 nonvoting members including advisers with interest or specific health care expertise in Medicaid, and as many as eight policy experts designated by several Congressional leaders.

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MIKE LEAVITT, HEALTH AND HUMAN SERVICES SECRETARY

"THERE IS STILL GREAT NEED FOR ASSISTANCE, AND WE ENCOURAGE CONTRIBUTIONS TO THE ADA DISASTER RESPONSE FUND."

ARTHUR A. DUGONI, DDS

Additional Support Sought for Hurricane Victims

The American Dental Association Foundation has distributed more than \$1.3 million in grants from its disaster response fund to dentists affected by Hurricanes Katrina and Rita, and is seeking more support.

"There is still great need for assistance, and we encourage contributions to the ADA Disaster Response Fund," said Arthur A. Dugoni, DDS, ADAF president.

The grants were issued to dentists who



sustained major damage to their practice, homes or both. The grants, up to \$2,500, help the affected dentists with immediate emergency needs such as shelter, food, and clothing. Dugoni, dean of the University of the Pacific dental school that bears his name, said the board has extended its deadline to apply for grants to Feb. 28. Grants also are available to nonprofit or publicly funded groups to provide dental services to affected areas.

For more information about the disaster grants, visit http://www.ada.org/ada/prod/adaf/prog_charitable_disaster.asp#grants. To download a donation form, go to <http://www.ada.org/goto/hurricane> and return via fax to (312) 440-3526, or mail to the ADA Foundation, Disaster Response Fund, 211 E. Chicago Ave., Chicago, Ill., 60611. Donations also may be phoned in with a credit card to (800) 621-8099.

Since 1991, the ADA Foundation has disbursed an estimated \$27 million to support charitable activities. In addition to providing grants for dental education, research, access to care and scholarships, the foundation supports charitable assistance programs ranging from relief grants to dentists and their dependents who are unable to support themselves because of an injury, medical condition or advanced age, as well as those who are victims of disasters.

Stay up to Date on Drug Trends

With an estimated 12 percent of the American population 65 years of age or older and a good portion of them living with some type of chronic disease, dentists are discovering they must constantly keep up with the latest drugs, their uses and side effects, and possible drug interactions.

In a recent issue of *Northwest Dentistry*, James Little, DMD, MS, said it is not uncommon to find dental patients taking up to 10 drugs. The most commonly prescribed are antibiotics. The website, www.rxlist.com, provides the top 200 most prescribed drugs. The top 10 are:

- Hydrocodone/APAP (generic) — Pain relief
- Atorvastatin (Lipitor) — Elevated cholesterol
- Levothyroxine (Synthroid) — Hypothyroidism
- Atenolol (generic) — High-blood pressure, chest pain, and may be prescribed following a heart attack
- Azithromycin (Zithromax) — Various bacterial infections such as pneumonia or other respiratory conditions
- Amoxicillin (generic) — Bacterial infections of the chest, throat, and ears. Also can be prescribed for certain patients to prevent infection of the heart.
- Furosemide (generic) — Edema, including pulmonary edema, high-blood pressure, heart failure and kidney failure patients
- Hydrochlorothiazide (generic) — High-blood pressure, and edema of the hands and feet
- Amlodipine (Norvasc) — High-blood pressure, and sometimes prescribed for chest pain
- Lisinopril (generic) — High-blood pressure, heart failure, and to protect the kidneys of diabetic patients

Network Links Job Seekers and Academia

For those looking for a position in academic dentistry or institutions wanting to fill a vacant dental school spot, the American Dental Education Association's Academic Dental Careers Network has a free-of-charge database.

The online network, www.adea.org/adcn, pairs individuals seeking dental and allied dental faculty positions with those academic dental institutions searching to fill the vacancies.

To include a CV for consideration or to search vacancy listings, one must first create a personal profile and a username/password. There are instructions to post a resume or search for open positions. Those eligible for the faculty loan repayment program should include that on their profile. Job seekers also can access a number of resources on academic careers in dental education, including ADEA's video "Academic Careers in Dentistry."

Institutions using the site can register and post ads. The ADEA creates a provider username/password enabling them

to search CVs, post vacancy announcements, and submit announcements to the ADEA's *Journal of Dental Education* and/or the *Bulletin of Dental Education*.

Only those at academic dental institutions with responsibility for hiring can access this information and view hundreds of posted CVs.

In the nearly two years since its release, there currently are more than 1,140 registered users on the site. An estimated 260 individuals from 124 institutions, including 53 of the nation's 56 dental schools have registered for a provider account. Since March 2004, 166 ads have been posted.

For more information, to obtain a provider account, or to post an ad, contact Jackie Chmar at chmarj@adea.org or (202) 289-7201.



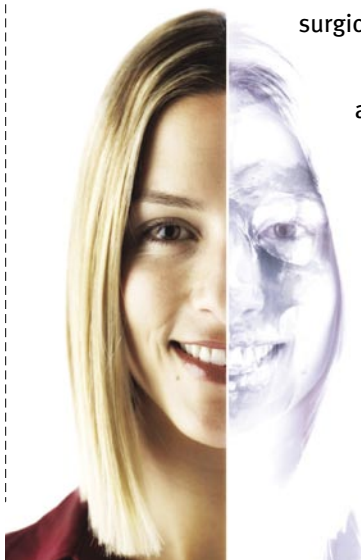
Study Models and X-rays? How quaint!

Thanks to the introduction of radiological computer-assisted imaging, diagnoses and treatment planning in oral surgical procedures have advanced to an elevated level of precision.

Nearly 15 years ago, noted Gilbert Tremblay in the August 2005 *Oral Health*, most diagnosis and treatment planning were based on study models and standard radiology procedures. Now, however, computed tomography allows dentists to make assessments with greater precision the position of the dental implants to important structures such as the nasal cavity or inferior alveolar canal.

For example, in the case of a 52-year-old woman who needed implant-supported prostheses, Tremblay demonstrated how an incision guide and CT significantly enhanced the procedure and the patient's outcome.

"One may say that electronic surgery, GT surgical guides, bone osteotomy guides are time-consuming to prepare, but my experience with this case was the extra preparation procedure is largely compensated by the fact that the surgery can proceed faster, reduce operatory time ... and is more beneficial for the patients' healing."

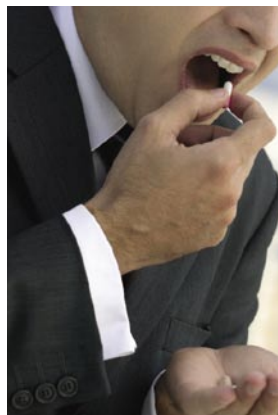


Honors

Robert L. Boyd, DDS, has been honored as recipient of the Dr. Frederick T. West Endowed Chair in Orthodontics. Boyd, a professor and chair of the Department of Orthodontics, became the first named endowed chair in orthodontics at the University of the Pacific Arthur A. Dugoni School of Dentistry.

The American Association of Oral and Maxillofacial Surgeons awarded **A. Thomas Indresano, DMD**, with its Donald B. Osborn Outstanding Educator Award. Indresano is professor and chair of the Department of Oral and Maxillofacial Surgery at University of the Pacific Arthur A. Dugoni School of Dentistry. The annual award is given to a single educator in the U.S. exemplifying the highest standards in education and patient care, as well as cultivates research in oral and maxillofacial surgery.

Donald S. Clem III, DDS, a private practitioner periodontist in Fullerton, Calif., assistant professor at Loma Linda University School of Dentistry, and adjunct clinical professor at the University of Texas, San Antonio, was honored with an American Academy of Periodontology award. The special citation was presented to those who have made a specific contribution to the academy through a special project, committee assignment or other activity in recognition of various outstanding contributions to the AAP.



Avoid Being Scammed by Drug Abusers

It's not always easy to tell the difference between a legitimate patient seeking dental care and a drug abuser looking to score illegally, that's according to the Drug Enforcement Agency website, www.deadiversion.usdoj.gov, on the abuse of prescription medications.

In an effort to help, the agency has provided health care practitioners with ways to identify potential abusers. When added up, drug-seeking patients exhibit certain behaviors that indicate

their true purpose in going to dental or other medical offices.

In a recent issue of the newsletter of the Oregon Dental Association, indicators include the need to be seen immediately; wanting an appointment at the end of the day; stating they have an allergy to specific non-narcotic drugs or that they do not work; feigning psychological or physical problems; or mentioning they are traveling, visiting friends or relatives. Other red flags can include statements their prescriptions were stolen or lost and need immediate replacement; using guilt, threats, or sympathy to pressure the practitioners into obtaining drugs; or pretending to be a patient of a practitioner who is unavailable; or refuses to reveal the name of a primary or reference dentist or physician.

Upcoming Meetings

2006

March 1-5	Academy of Dental Practice Administration 50th Anniversary, Dana Point, Calif., (800) 689-7515.
March 15-18	Academy of Laser Dentistry, Tucson, www.laserdentistry.org .
April 27-30	CDA Spring Session, Anaheim, (866) CDA-MEMBER (232-6362).
May 16-20	American Academy of Cosmetic Dentistry 22nd Annual Scientific Session, San Diego, (800) 543-9220.
Sept. 15-17	CDA Fall Session, San Francisco, (866) CDA-MEMBER (232-6362).
Oct. 16-19	ADA Annual Session, Las Vegas, (312) 440-2500.
Dec. 3-6	International Workshop of the International Cleft Lip and Palate Foundation, Chennai, India, (91) 44-24331696.

To have an event included on this list of nonprofit association 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.