



Matt Mullin

The State of America's Health: The CDC Reports

Almost one in five American adults, an estimated 40 million, said they don't have adequate access to the health care they need because they can't afford it.

According to the Centers for Disease Control and Prevention's Health, United States, 2007 Report, nearly 20 percent of adults said they needed but could not afford one or more oral health, prescription medicine, medical, mental health, or vision services.

"Access problems varied among the 25 most populous states," the report said. The 567-page annual health status report is a compilation of previously released data supplemented with health interview analysis and new access features.

"The majority of Americans do not report having problems accessing health care," noted a special section on access to health care. Data spans several years for

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The Dental Record, a division of WDA Professional Services, Inc., announced new Tamper-proof Prescription Forms

New Tamper-proof Prescriptions Pads and Tamper-resistant Paper are now available for purchase from The Dental Record. These prescription pads and paper offer unprecedented security, and adhere to federal mandates required for prescriptions covered by

Medicaid slated for early 2008. Features include hidden security measures that appear if prescriptions are photocopied and thermochromatic ink that shows a "secure" mark when heated. In addition, the forms can be customized with your contact information. For additional information, visit www.dentalrecord.com, or call (800) 243-4675.

Obesity Linked to Weak Antibacterial Immunity in Mice

A team from Boston University Goldman School of Dental Medicine has linked obesity to weakened antibacterial immunity.

Through experimental research, Salomon Amar, DDS, MS, PhD, associate dean for research, and his team looked at how obese and control mice fought *P. gingivalis* infection. They infected the mice using silk thread that had been coated with bacterial broth and tied around their molars for the study. It was determined that obesity acutely compromised the immune responses to gum infection, as well as infection of the entire body based on the bone loss and bacterial counts of the mice.

"These findings are significant because they are the first to demonstrate an immune paralysis related to obesity," said Amar. "Based on this knowledge, substantial attention to antibacterial immunity will now be required in the treatment of obese individuals."

More information about Amar's research team appeared in the Dec. 10, 2007, *Proceedings of the National Academy of Science*.



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Had the patients used the clinicians' detailed approach to include assessing tooth shade, spacing, crowding, or lip lines, their opinions *might* have been different.

Patients: The Teeth and Eyes Have It; Dentists: Not So Much

Beauty is in the eye of the beholder. And a difference of opinion may depend on what side of the dental chair you're sitting.

In a new study out of Norway, people tended to rate their smiles higher than their dental counterpart. What's more, eyes and teeth topped the list of important features of an attractive face, with those under the age of 50 finding satisfaction with their grins.

The study, published in a recent issue of the *Journal of the American Dental Association*, asked 78 patients in Norway to rate their own smiles on a 100-point satisfaction scale. The patients' regular dentist and an independent periodontist subsequently rated each patient's smile from photographs, using an identical scale.

The results were that patients were more satisfied with their own smiles than their dentists, rating them an average 59.1 on the 100-point scale. However, the dentists' ratings of the patients' smiles averaged 38.6 (independent periodontist) and 40.7 (patients' own dentist).

It may be difficult to understand what a smile satisfaction level of 59 really means, researchers said, adding it might be more accurate to say patients are "accepting of, or contented with, their smiles."

The study participants, 50 women and 28 men, were not actively seeking cosmetic dental treatments, and averaged 51 years of age (range, 22-84 years).

"The fact that the patients had much higher opinions of their smiles than we dentists did is interesting," said the researchers, explaining that while dentists made their assessments from photographs, patients expressed their opinions from memory. The researchers speculated that had the patients used the clinicians' detailed approach to include assessing tooth shade, spacing, crowding, or lip lines, their opinions *might* have been different.

"Dentists should be aware that patients who seek esthetic services may have different perceptions of their smiles than patients who do not express such desires," researchers said.

Registration for ADA/Kellogg Executive Management Program Now Open

The American Dental Association and Northwestern University's Kellogg School of Management have announced that the registration deadline for the 2008 session of the ADA/Kellogg Executive Management Program for dentists is May 31.

Since 2004, the executive program is designed for dentists wanting to learn more about business management from one of the nation's top-rated management schools.

"It takes business training for dentists to another level, exposing them to the many dynamics involved in effectively managing an organization in the 21st century," said James B. Bramson, DDS, ADA executive director.

The program's content is based on the core curriculum of matriculating Kellogg MBA students, including business strategy, organizational leadership, marketing, finance, accounting, economics, quantitative methods, and information systems.

The 2008 program consists of three sessions separated by seven-week intervals and is conducted at Northwestern University's Chicago campus. The session dates are July 1-16, Sept. 12-17, and Nov. 6-10.



UPCOMING MEETINGS

2008

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| May 1-4 | CDA Spring Scientific Session, Anaheim, 800-CDA-SMILE (232-7645), cda.org . |
| May 2-3 | Evidence-based Dentistry Champion Conference, ADA headquarters, Chicago, ada.org/goto/ebdconf . |
| May 4 | International Conference on Evidence-based Dentistry, ADA headquarters, Chicago, ada.org/goto/ebdconf . |
| May 6-9 | Conference for Oral Health in the Americas, Lima, Peru, http://www.fdiworldental.org/public_health/3_1conferences.html . |
| Sept. 12-14 | CDA Fall Scientific Session, San Francisco, 800-CDA-SMILE (232-7645), cda.org . |
| Oct. 16-19 | American Dental Association 149th Annual Session, San Antonio, Texas, ada.org . |
| Oct. 25-29 | American Public Health Association Oral Health Section's annual meeting and exposition, San Diego, www.apha.org/meetings . |

2009

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| May 14-17 | CDA Spring Scientific Session, Anaheim, 800-CDA-SMILE (232-7645), cda.org . |
| Sept. 11-13 | CDA Fall Scientific Session, San Francisco, 800-CDA-SMILE (232-7645), cda.org . |
| Oct. 1-4 | American Dental Association 150th Annual Session, Honolulu, Hawaii, ada.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.



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comparative purposes and for reporting trends, but the access section focuses on 2005. Additionally, the data is increasingly more up to date and timely. These annual reports are prepared for the president, Congress, and health policy makers.

In the 31st annual report, dental data cited include that:

- One-third of all children living below the poverty level did not have recent dental visit in 2005 compared with less than one-fifth of children from higher income families.

- Those living below 200 percent of the poverty level (the average poverty threshold for a family of four was \$19,971 in 2005) were substantially more likely to have had no dental visit in the past year than individuals in families with higher income.

- Sixty-one percent of adults had dental coverage in 2001 compared to 86 percent of adults with medical insurance.

- In 2003, on average, Americans paid

out-of-pocket for about half of the costs of their dental care.

- About one-quarter of those age 65 and older in 2005 were edentulous.

- Between 1988-1994 and 2001-2004, roughly 25 percent of adults age 20-64 had untreated dental caries, which is down from nearly 50 percent in 1971-1974.

A CDC commentary on the data addressed the complexity of “dental care utilization” with footnotes on the data references.

“Lack of regular dental care can result in pain, infection, and delayed diagnosis of oral diseases, including periodontal or gingival diseases, and oral cancers. Barriers to accessing dental care include paying for care; navigating government-assistance programs; finding a dentist who will accept Medicaid; locating a dentist close to home — especially true for inner-city and rural residents — getting to a dental office; and cultural or language barriers,”

according to the report.

“For some people, lack of knowledge concerning the need for periodic oral health care is also a barrier to seeking care. Certain subpopulation groups — the poor, black persons and persons of Mexican origin — were more likely to have untreated dental caries. Untreated dental caries indicates that needed dental care was not received,” the report said.

The report also noted that “accessing dental care may be more difficult than accessing medical care because a smaller percentage of Americans have dental insurance than medical coverage.”

The report is available at www.cdc.gov/nchs/hus.htm. For more information, call (800) 232-4636; menu prompts are “1” for English and “4” to order publications.



Portions of Dental Practice Act Posted on CDA Web Site

Requirements of the Dental Practice Act, with some exceptions, have been summarized and organized by subject, and have been posted to [cda.org](http://www.cda.org) at http://www.cda.org/library/pdfs/guide_to_dpa_compliance.pdf. You can access this guide from two pages on the CDA Web site — the Regulatory Compliance page, http://www.cda.org/advocacy_&_the_law/regulations/regulatory_compliance, and the Dental Board of California page, http://www.cda.org/advocacy_&_the_law/regulations/dental_board_of_california. The guide is only accessible to CDA staff and members.

Simply click on a section title in the guide's Table of Contents to forward to the page where the section begins. The links to the pertinent regulation or statute are embedded in the guide.

Survey of Dental Services Rendered Report Completed

Greatly expanded since its 1999 report, the Survey Center now has ADA information on the number of dental procedures completed by U.S. dentists. The 2005-2006 Survey of Dental Services Rendered report includes estimates of the number of dental procedures completed by U.S. dentists during one year: from the second quarter of 2005 to the first quarter of 2006.

Additionally, the report includes tables showing the numbers of patients receiving each procedure by age.

The cost of the report (catalog number SDSR-2006) is \$100 for ADA members; \$150 for nonmembers; and \$300 for commercial firms, plus shipping and handling. As with all new Survey Center reports, a PDF file of the report can be downloaded for the same price at www.adacatalog.org. A hard copy of the report can also be ordered by calling (800) 947-4746.



Dental Fee Survey Published and Now Available

In addition to the just-released 2005-2006 Survey of Dental Services Rendered report, results of the ADA Survey Center's 2007 Survey of Dental Fees has just been published. The 240-plus-page report lists mean, median, and percentile

fees for almost 200 different dental procedures as reported by private practicing dentists in the United States. Along with the fee information, each procedure includes a brief description as well as its

corresponding CDT-2007/2008 code. Results are provided for nine regions of the country for general practitioners and nationally for each of six specialties.

A copy of the report can be purchased by calling ADA Catalog Service at (800) 947-4746 or visiting online at <http://www.adacatalog.org>. The cost of the report (catalog number SDF-2007) is \$125 for ADA members, plus shipping and handling.

Some Patients Do Need High Doses of Pain Meds

The diversion of pain medication is a serious problem, and physicians, dentists, and other health professionals who prescribe opioids without taking into consideration this possibility could be described as irresponsible, so wrote C. Kerry Stratford, MD, and Lynn Webster, MD, in an issue of *UDA Action*, published by the Utah Dental Association.

Despite the real problem of addiction and the occasional wrongful use of prescription drugs, it simply is incorrect to say, as a Salt Lake County Sheriff's official recently did, that "90 to 100 hydrocodone pills at a time is irresponsible."

As Stratford and Webster noted in their article, some patients dealing with intractable pain need the help that opiate painkillers can provide. "They are not addicts. They are not criminals. They are people in pain who need the kind of help that only a physician can give." The authors said that Norco10, containing 10 milligrams of hydrocodone, can be taken at a dosage of up to 12 tablets per day.

Stratford and Webster also commented that law enforcement officials should not take it upon themselves to imply that a certain amount of any prescription medicine is too much. "Let's be wary of any blanket medical judgments made by someone without a medical degree to back it up."

Stratford is president of the Utah Medical Association and Webster is president of the Utah Academy of Pain Medicine.



Diabetics Should Pay Special Attention to Oral Health

To emphasize the association between diabetes and gum disease, the FDI World Dental Federation has teamed up with the International Diabetes Federation.

Both organizations, during the FDI Annual World Dental Congress convened a symposium on the subject that resulted in a call to action for dentists, physicians, and their respective organizations.

At the symposium, which was held in Dubai late last year, participants learned about the relationship between diabetes and gum disease. Attendees did not have to go far to learn what region is one of the highest in the world: The United Arab Emirates has the dubious honor of being second, according to IDF's Diabetes Atlas, third edition, with the tiny island country of Nauru, in the Micronesian South Pacific, topping the list.

"There is a strong relationship between oral health and diabetes," commented

Massimo Massi-Benedetti of the IDF. "On one hand, people with diabetes are much more susceptible to developing periodontitis or severe gum disease. On the other hand, emerging research suggests those with periodontitis may have difficulties in controlling their diabetes because severe gum disease may impact the metabolic control and nutritional status of people with diabetes."

Burton Conrod, DDS, president of FDI, said that by educating both physicians and dentists about the relationship between oral health and diabetes, "we can work to increase the quality of care for those who suffer from diabetes."

"For people living with diabetes, it is important that they are aware of the increased risk factors for each of the different disease areas and take the preventative measures necessary to control these risks."

Scientific papers based the symposium will be printed in journals of both health organizations.



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MASSIMO MASSI-BENEDETTI

Carefully Handling Suspected Domestic Abuse

That domestic abuse victims keep dental appointments strongly demonstrates trust in the profession. As such, it is important for dentists and their staff to know what to do when abuse is suspected, said authors in an issue of *UDA Action*, published by the Utah Dental Association.

In their article, Steven Steed, DDS; Joanne McGarry, MSPH; and Peggy Bowman, RDH, also suggested some steps that can be taken in instances of domestic abuse intervention:

- Ask. In a nonjudgmental way, screen patients for possible abusive situations at home, expressing concern.
- Validate. In cases where abuse is confirmed, tell the patient that her victimization is not her fault. Let the victim know abuse is a crime and is never acceptable.
- Document. Make notes in the patient's chart recording suspected abuse; also note your comments to the patient. Make sure to document statements verbatim ("My husband hit me").
- Refer. Always provide victims with phone numbers to local resources, such as shelters or victim advocates.
- Report. Domestic violence is a crime. Dentists and other health professionals, in all states, are required by law to report injuries that have resulted from abuse.

The authors also provided a link to the California Dental Association's Foundation that provides a free online training kit: www.cdafoundation.org/learn/dental_professionals_against_violence.

