



Illustration: Lee Ann Engle

Dental Education Under Review



With the surgeon general designating dental disease as a “silent epidemic” and nationwide oral health care access issues, a group of 60 leaders in dentistry and other health care professions met to examine an emerging crisis in American dental education, and to plan strategies for major reforms.

Salon participants included dental school deans such as Harold Slavkin, DDS, of the University of Southern California School of Dentistry; the president of the ADA; the assistant U.S. surgeon general; the country’s chief dental officer, as well as numerous representatives ranging from dental practitioners to officers of public policy organizations. The objective of the

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LARRY MESKIN, DDS, MSD, MPH, PHD

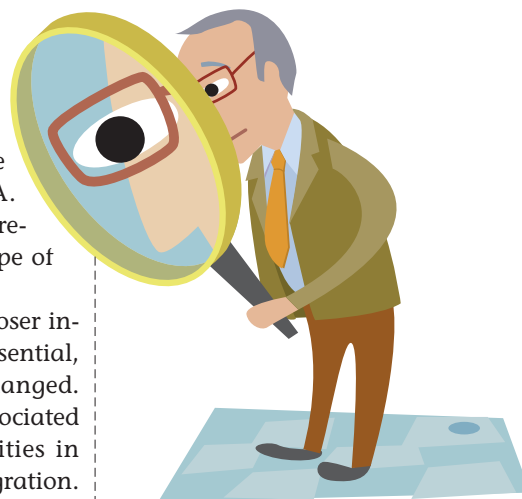
salon, which met in late 2004 at the University of the Pacific Arthur A. Dugoni School of Dentistry, was to create a system that produces a new type of oral health professional.

The leaders said they believe a closer integration with medical training is essential, noting that society’s needs have changed. Among the factors are aging and associated chronic diseases, increasing disparities in health and access to care, and immigration. Participants also said that graduates of U.S. dental schools must change to reflect these new realities.

The surgeon general’s report documented that oral and systemic problems often are associated, and oral disorders and diseases can compromise one’s health and well-being over a lifetime. The report also concluded that solutions are hindered by issues involving oral health disparities, the erosion of the dental work force, barriers to care for growing segments of the population, and the relative inability of the public to benefit from scientific advances. While dental schools are in a position to attack these problems, the participants said the current dental education system is threatened by escalating costs of education, mounting student indebtedness, among other things.

“Because dental schools are not providing the kind of education modern practitioners need to function competently in today’s biologically, pharmacologically, and technologically driven health care environment, the dental delivery system cannot keep pace with, nor be responsive to shifting population demographics, changing patient expectations, evolving interdisciplinary practice requirements, emerging technologies and demands for quality improvement,” said Dominick P. DePaola, DDS, PhD, president and CEO of the Forsyth Institute.

Participants said the single most important factor responsible for the crisis in American dental education is the “silo” approach that traditionally has been the hall-



mark of the curriculum. In opting for an isolated, insular approach to training future dentists instead of for integration of dentistry within a comprehensive interdisciplinary health care education and training system, dental schools have created a gap between advances and incorporation into dental education and clinical practice.

Slavkin noted that while the salon is the first step in what is planned as a broad-based national effort to overhaul dental education in the United States, certain imperatives already have emerged. For example, there was consensus that status quo in dental education and practice no longer is desirable or acceptable; that dentists should be leaders in the health care community; that thought leaders in dentistry need to be developed; that collaboration among the health professions is more important than ever; and that a mechanism is required to make the credentialing process, including a National Dental Board Examination, more relevant to technological and scientific advances, and to society’s expectations and needs.

“The fact that 80 percent of dental disease occurs in 20 percent of the population, that 110 million Americans lack dental insurance, and that there is a growing shortage of dentists to treat the needs of certain populations — especially children — obligates us to move quickly toward reform,” Slavkin said.

Larry Meskin, DDS, MSD, MPH, PhD, president of the Santa Fe Group, a nonprofit, nonpartisan organization that seeks to

advance the shape the future of health care, said "Meeting the challenges facing dental education and embracing the astonishing advances in genomics, proteomics, pharmacotherapy, and systems biology will require not simply a change in curriculum, but a reform of the entire dental education process, including changes in prerequisites, admissions, credentialing, and quality assurance. Dentistry must get students more engaged in communities where they are needed, and our students need to become more representative of the populations they serve."

A "revolution from within, our objective is to act as a catalyst to influence change by providing a forum in which health care professionals, policy leaders, and decision makers from multidisciplinary backgrounds can come together in a

neutral environment to share opinions freely, without institutional constraints," Meskin said. He added that the timing is right for reform since the first surgeon general's report on the country's oral health, published in 2000, highlighted the growing crisis and provided a social rationale for taking action.

Dushanka V. Kleinman, DDS, MScD, chief dental officer for the U.S. Public Health Service, emphasized the need for the conference. "It is good that thought leaders are beginning to consider the reformation of dental education, because there is much that the dental profession must accomplish in the coming years."

The salon ended with a series of recommendations for strategic actions which dental schools, governmental agencies, for example, could implement.



Dental X-rays Can Identify Osteoporosis in Women

A study published in the *American Journal of Roentgenology* last December shows that panoramic dental radiographs may be utilized to identify postmenopausal women with low skeletal bone mineral density.

That means screening for spinal osteoporosis could begin in the dentist's office, said Akira Taguchi, DDS, PhD, Department of Oral and Maxillofacial radiology at Hiroshima University Hospital in Japan, and one of the study's authors.

Dental X-rays, by showing the width of the jaw and cortical shape, can be a good indicator for additional bone mineral density testing, Taguchi said, noting that the best way to determine whether a patient has spinal osteoporosis is through standard questionnaires.

The study is available in full and for free at the American Roentgen Ray Society's website, www.ajronline.org/cgi/content/full/183/6/1755.

Nominations Accepted

New York University College of Dentistry is accepting nominations for the 2005 Irwin Smigel Prize in esthetic dentistry. The award recognizes Smigel's pioneering achievements in the field as well as others' significant contributions to esthetic dentistry.

The honor, which includes a \$5,000 stipend and an award designed by Calvin Klein, will be presented at a future symposium sponsored by the university's Continuing Dental Education Program. The first recipient of the award was Ronald E. Goldstein, DDS, followed by K. William "Buddy" Mopper, DDS.

Nominations, support letters, and a curriculum vitae must be sent by May 1 to the Smigel Prize Committee, NYU College of Dentistry, 345 E. 24th St., New York, N.Y., 10010, attn: Kendall Beacham, assistant dean. Submissions also may be sent via e-mail to: kendall.beacham@nyu.edu.

Study Shows Negative Impact of Third Molars



People over the age of 52 with visible third molars are 1.5 times more likely to suffer periodontal disease in the area adjacent to the second molar compared to similar adults who have had their third molars removed.

An ongoing study, sponsored by the American Association of Oral and Maxillofacial Surgeons and the Oral and Maxillofacial Surgery Foundation, appeared to confirm previous research that the presence of third molars may have a negative impact on periodontal health well later into one's life.

The study, published in the February issue of the *Journal of Oral and Maxillofacial Surgery*, looked at more than 6,700 adults between the ages of 52 and 74 from North Carolina, Maryland and Minnesota. They were participants in the Dental Artherosclerosis Risk in Communities substudy. Of the group, 30 percent retained one or more third molars.

Researchers from the University of North Carolina Chapel Hill School of Dentistry

measured the periodontal probing depth surrounding the existing third molar to determine whether periodontal disease was present. A probing depth of 5 mm or greater with 2 mm or more attachment loss on the distal of a second molar or around the adjacent third molar was a determining factor for periodontal disease. The team also considered the presence of gingival bleeding on the adjacent second molar, as compared to those patients without a visible third molar.

Of the patients, third molars were not present in 4,758 or 30 percent of the patients. Of the 30 percent with at least one visible third molar, probing depths of 5 mm or greater were likely to occur 1.5 times more than in the control group whose third molars had been removed. A correlation was found in the area of gingival bleed on the adjacent second molar, where patients with at least one visible third molar were 1.3 times more apt to be affected than those in the control group.

Researchers said their findings lend credence to the ongoing negative impact of visible third molars on periodontal health, and the issue should be studied further.

Brushing Devotees Are Healthier, Slimmer

Frequent toothbrushing may keep fat at bay.

According to a recent survey of the daily habits of nearly 14,000 people in their mid-40s, researchers found that those who brushed their teeth after every meal managed to be slimmer than those who didn't.

Overweight men sometimes went more than a day without brushing their teeth, according to Takashi Wada, whose study was published in the *Journal of the Japan Society for the Study of Obesity*.

Wada, director of the Health and Medical Science Center at Jikei University School of Medicine, and his team compared the lifestyles of people whose body mass exceeded 25, the level doctors define as overweight, with the habits of their slimmer counterparts. The survey included the habits for eating, drinking, sleeping, working, and exercising.

"It's a sign that these people are careful about their health," the study said about the frequent brushers. "They want to maintain the appearance of their teeth and prevent bad breath. We think actively encouraging the habit of toothbrushing would play a role in maintaining health and would help prevent obesity."

The authors noted the results do not mean that brushing in itself constitutes a fat-burning exercise.



New Treatment for Gum Disease

A new procedure utilizing lasers can now replace scalpels as a method of treating periodontal disease, which affects more than 50 percent of adults.

In the fall 2004 issue of *General Dentistry*, the Academy of General Dentistry's peer-reviewed journal, a laser-assisted new attachment procedure offers a scalpel-free way for treating diseased gums. The procedure works by using the lasers to zap diseased tissue. The lasers only seek out their target, leaving healthy gum tissue behind. The lasers are used again to heat the area until a clot is created to protect the gum tissue wound by keeping it closed. Once the clot heals, new tissue is left behind.

"This is the first ever stand-alone procedure for the laser to replace surgical methods," said Robert H. Gregg, DDS, co-

author of the study. "The data shows you can treat periodontal disease without using sutures or amputating the gums."

Gregg said that although stitches are not needed with the new procedure and may result in fewer follow-up trips for care, patients still must receive a local anesthetic.

"These findings are very interesting," said Eugene Antenucci, DDS, and spokesman for the Academy of General Dentistry. "Lasers have been proven to be extremely effective for many purposes in the dental office. As additional research is done on this procedure and similar procedures, we'll learn more about how lasers can improve periodontal health."





Cafeteria Bandit Leaves Toothy Proof

There was no need for Swedish police to take a bite out of crime, the suspect did it himself.

A man who broke into a cafeteria in southern Sweden left compelling and incriminating evidence of his visit: his false teeth, which also included his Social Security number. Police simply used dental records to identify the man.

After being presented with the evidence, the 43-year-old man admitted to breaking into a hospital cafeteria in Karlshamm, about 370 miles south of Stockholm. He told police he left the cafeteria after not finding anything valuable. He dropped his teeth while fleeing the building.

Correction

The article "Enhanced Periodontal Debridement with the Use of Micro Ultrasonic, Periodontal Endoscopy," by John Y. Kwan, DDS, in the March 2005 issue contained a few errors.

Figure 2 should read: Screw-in tips (not recyclable)

Figure 8 was not labeled accurately, and one of the photos was incorrectly printed in the *Journal*. The correct legend for Figure 8 is: (top) scaler, probe and micro ultrasonic insert, (bottom) angled insert, modified curved/angled insert, and furcation probe.

The legend for Figure 13a is: Patient No. 2 before treatment, and Figure 13b: Patient No. 2, 14 months after treatment.

The legend for Figure 15a is: Patient No. 3 before treatment, and Figure 15b: Patient No. 3, 18 months after treatment. Additionally, below is the correct image for Figure 15b.

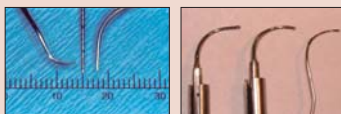


Figure 8 (top).

Figure 8 (bottom).



Figure 15b.

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.
Dec. 3-6	International Workshop of the International Cleft Lip and Palate Foundation, Chennai, India, (91) 44-24331696

2006

April 27-30	CDA Spring Session, Anaheim, (866) CDA-MEMBER (232-6362).
Sept. 15-17	CDA Fall Session, San Francisco, (866) CDA-MEMBER (232-6362).
Oct. 16-19	ADA Annual Session, Las Vegas, (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.