



Illustration: Dan Hubig

## Dentists Encouraged to Consult Reliable Sources in Potential Influenza Pandemic

**T**he American Dental Association has issued a report on the possible global spread of severe influenza and how dentists can be responsive to such an event in the United States.

“The threat of an influenza pandemic is real, and prediction of a pandemic’s onset or immediate containment remains impossible,” said Albert H. Guay, DMD,

ADA chief policy adviser.

“Yet, this is not a reason for hysterics or panic. Instead, I urge dentists to pay attention to health reports from around the world, and to look for balanced information from reliable sources — not from alarmist opinions.”

In his report, Guay outlined the historical characteristics and typical progression of an influenza pandemic. In

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ALBERT H. GUAY, DMD

discussing the federal government’s strategies to handle a future event, Guay clearly noted that no predetermined plan will be absolutely the best for whatever situation may occur, since information about the exact nature of a pandemic must await its emergence. Nonetheless, a well-developed plan will allow a mechanism to establish for the most rapid response, Guay said.

“How badly a potential pandemic might affect the United States is anybody’s guess, but we do know that our public health infrastructure in the United States is vastly different than in the past, when devastating influenza pandemics hit with little warning,” said Guay.

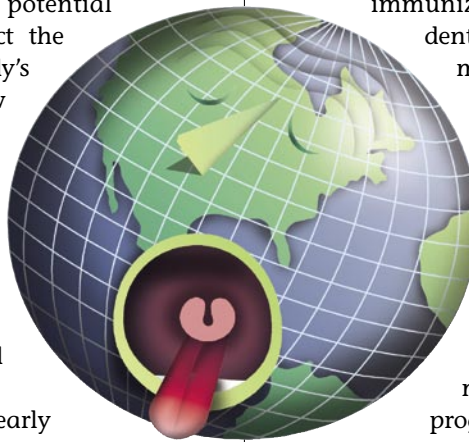
Surveillance and early detection are major steps to containing the initial outbreak of a new and potentially severe strain of influenza. Sick patients would likely go first to the medical community with flu-like symptoms, rather than go to the dentist for treatment.

“Dentists’ role would be ancillary,” Guay said, “but their vigilance concerning patient behaviors could still aid in the early detection of an influenza outbreak.”

However, in the event of a full-scale pandemic, the medical community would not be able to control or monitor the situation on its own. Local medical resources could be overwhelmed.

“The surge capacity would be over the top, and dentists may need to play a hands-on and vital role to counteract the spread of disease and safeguard the public health,” Guay said.

Infection control procedures, for example, would likely need to increase, as well as apply beyond the operator and dental treatment into the waiting room. Dental



offices may be required to close down, except for emergency treatment. Two ADA councils, according to Guay, are considering which expanded infection control practices may be appropriate for dental offices to employ in the event of a severe influenza situation.

Dentists might also be mobilized in ways similar to a response to bioterrorism, such as administering medications and immunizations or using their dental offices as temporary medical centers, Guay said.

“Which is why the ADA is urging dentists to be familiar with their state dental society’s emergency response plan to keep themselves up-to-date with mass disaster training programs and, above all, to pay attention and keep informed by monitoring world health events from reliable sources.

“The ADA will help by providing information to dentists in a timely manner,” Guay added.

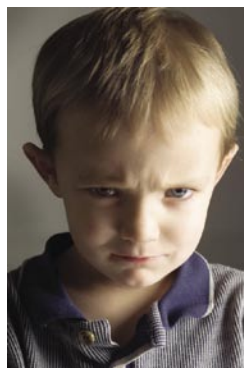
In the 20th century, there were three influenza pandemics. The most recent occurred in 1968 with the Hong Kong Flu outbreak, which resulted in close to 34,000 deaths in the United States alone. Eleven years earlier, the Asian flu claimed approximately 70,000 people. But the worst of all was the Spanish flu in 1918 that caused illnesses to an estimated 20 to 40 percent of the world’s population and claimed more than 50 million individuals throughout the globe. Between September 1918 and April 1919, 675,000 Americans died from the Spanish flu.

The new report, “Influenza Pandemic,” is available online in the dental topics content area of ADA.org or by calling the ADA, (800) 621-8099, Ext. 2844.

## Study Shows Greater Caries Prevalence in ADHD Children

Children diagnosed with attention-deficit/hyperactivity disorder have a higher prevalence of caries compared to nondiagnosed children used as controls, reported researchers in a recent issue of *Journal of Clinical Pediatric Dentistry*.

In conducting the study, Michael Todd Grooms, DDS, MS; Martha Ann Keels, DDS, PhD; Michael Roberts, DDS, MScD; and F. Thomas McIver, DDS, MS, examined pediatric patients at Duke University Medical Center Pediatrics and Pediatric Dentistry clinics. Subjects were divided into non-ADHD and ADHD groups,



with participants distributed by socioeconomic status as well.

The parents/guardians of all children completed a questionnaire concerning their child's oral health including oral hygiene, diet, and fluoride use, etc.

The study was not able to identify the exact contributing factors that led to an increase in caries in ADHD children. In fact, there were no detected differences between non-ADHD and ADHD children in key preventive practices such as systemic fluoride exposure and flossing, and brushing teeth with fluoridated toothpaste. There also was no noticeable difference in diet.

The authors emphasized that dentists, knowing that ADHD children are prone to more caries incidences, may want to undertake more aggressive preventive programs for those patients.

## Dentistry Taking Lead in Bioengineering

Dentists quickly are becoming the leading bioengineers of the 21st century, according to authors in an issue of *Today's FDA*, the journal of the Florida Dental Association.

In the issue, Nova Southeastern University's Peter Murray, PhD; Jonathan Coffman, PhD; and Franklin Garcia-Godoy, DDS, highlighted their work to show advances in three various areas.

Murray is working on a way to use adult stem cells to grow replacement teeth in a laboratory. The ability to create teeth that can be used to restore extracted or lost teeth has long been a goal of dentistry. Stem cell research, the authors believe, is at the forefront of achieving that goal.

Coffman is working on a bioengineering therapy. His research involves identifying adhesion proteins of oral bacteria and investigating methods to genetically change those proteins while retaining the bacteria in the mouth, thereby establishing a delicate balance of having bacteria in the oral cavity but with diminished ability to adhere to tooth surfaces.

Garcia-Godoy, meanwhile, is working to improve the stability, longevity, and tissue integration of biomaterials. He and his research team are creating new formulations of biomaterials that include medicines to try to improve recovery speed and minimize the incidence of complications.

"Bioengineering to prevent oral diseases will represent a major milestone in preventive dentistry," the authors stated, adding, "Dentistry is well-placed to take the lead position in introducing bioengineering therapies to the general population."





Dentists should know HIPAA security regulations apply only to electronic-protected health information.

## New HIPAA Kit Available

An easier-to-use version of the American Dental Association's Health Insurance Portability and Accountability Act Security Kit is now available.

HIPAA security, like all HIPAA regulations, applies to dental practices that transmit electronic transactions for which the U.S. Department of Health and Human Services has established a standard either directly, through a vendor, or clearinghouse.

Electronic claims are the standard transactions most commonly used by dentists. Dentists should know HIPAA security regulations apply only to electronic-protected health information. HIPAA regulations, in contrast, apply to protected health information in all forms, whether oral, written, or electronic. The security regulations impose different requirements for safeguarding electronic-protected health information in addition to those contained in the privacy regulations. The security compliance deadline was April 20, 2005. Dentists with any questions can contact the ADA HIPAA helpline via e-mail: [hipaa@ada.org](mailto:hipaa@ada.org) or by calling (312) 440-4608.

The revised security kit, item No. J685, provides a step-by-step plan for learning

and understanding the regulations, conducting a practice-specific risk assessment, and implementing changes that lead to compliance. The member price is \$99.95; \$149.95 for nonmembers. The kit includes:

- A CD-ROM with customizable forms, policies, and procedures in both Word and PDF formats,
- A PowerPoint employee training presentation,
- A HIPAA Security glossary or regulatory terms, and
- A list of additional HIPAA Security print and Internet sources.

The new HIPAA Security Seminar DVD, item No. X531, and video, item No. X530, features a two-hour seminar conducted by the ADA's legal and informatics experts, who break down each of the security requirements into manageable tasks. The DVD and video, which can be used for staff training, is available by calling (800) 947-4746 or through the ADA product catalog. The member price is \$99.95; \$149.95 for nonmembers. The DVD and video include the opportunity to earn five continuing education credits.

Dentists who already have a HIPAA Security Kit do not need the revised version to meet compliance.

## Kids Like to Color Their World... and Their Teeth

A way to make children feel more involved in the placing of restorations in their primary teeth is to let them choose a specific color of filling, said Christine Schaefer, DMD, in an issue of *Dentistry Today*.

Schaefer used clinical examples to show that young patients who choose the color of their restorations were more likely to accept the idea of treatment. Additionally, Schaefer wrote, "The success of the treatment is aided even further by the dentist's explanation to the children that the fillings will continue to look good as long as the patient properly maintains them."

By utilizing colored filling materials available on the market, dentists can help kids achieve a better level of oral hygiene. Children, Schaefer said, usually are very proud of their new blue, green, or red fillings. This can make it easier for dental professionals to educate them on proper dental hygiene.



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RICHARD HAUG, DDS

## Low Complication Rate of Third-Molar Surgery in Adults

Third-molar surgery in patients 25 years of age and older has a minimal impact on the quality of life and a low incidence of complications, that's according to the results of the American Association of Oral and Maxillofacial Surgeons' Age-Related Third Molar Study, published recently in an issue of the *Journal of Oral and Maxillofacial Surgery*.

The national study of 3,700 patients and 8,300 third molars extracted by 63 oral and maxillofacial surgeons between January and December 2001 showed that "the removal of third molars in an adult patient population is a safe surgical procedure with minimal morbidity, no mortality, and no long-term negative impact on the patient's quality of life," said Richard Haug, DDS, principal author.

"This study offers the largest prospective evaluation to date of patients aged 25 years and older undergoing third-molar surgery," said Haug, who also is professor of oral and maxillofacial surgery and executive associate dean at the University of Kentucky College of Dentistry in Lexington. "It also provides oral and maxillofacial surgeons with reliable data related to preoperative risk factors and postoperative complications for this specific population. Previous studies have relied on smaller samples, all age ranges or retrospective analysis, limiting the ability for direct comparison."

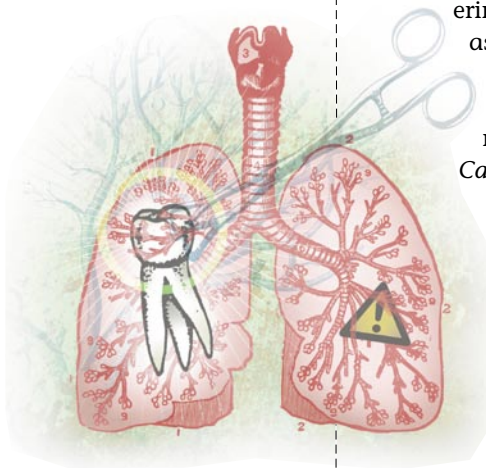
Nearly one-third of patients, 31.2 percent to 34.1 percent, had only minimal inconvenience associated with their surgery, and neither missed work nor curtailed their normal activities. Intraoperative complications occurred with a frequency of less than 1 percent. None of the patients required a blood transfusion, there were no deaths, and none of the patients expe-



rienced problems with their airways after surgery, although the frequency of airway compromise was 0.5 percent.

With the exception of alveolar osteitis, which occurred with a frequency of two or three per thousand extractions, 0.2 percent and 0.3 percent, for maxillary wisdom teeth and slightly more than 1 in 10, 11.9 percent to 12.7 percent, for mandibular wisdom teeth, postoperative complications occurred with very low frequency. Numbness or tingling of the chin, lower lip, and jaw, the second-most common complication occurred with a frequency of 1.1 percent to 1.7 percent.

The study provided additional information about third-molar patients and surgery, Haug noted. For example, nearly half, 43.5 percent to 53.3 percent, of extracted teeth will be associated with some form of pathology, most frequently decay, 17.6 percent to 20.3 percent; gum disease, 11.6 percent to 17.6 percent; and infection, 6.3 percent to 16.7 percent. Most frequent third-molar extractions will involve all four third molars, 26.5 percent, followed by a combination of two molars, 0.7 percent to 5.2 percent; a single tooth, 7.2 percent to 13.2 percent; and three teeth, 2.6 percent to 2.8 percent.



## Treating Patients With Aspirated Teeth

The aspiration of deciduous teeth is surprisingly unusual; especially considering how often young children aspirate other small objects, said Jeffrey Ludemann, MD, and Juan Ospina, MD, in a recent issue of the *Journal of the Canadian Dental Association*.

Aspiration of dental materials and teeth mostly occurs as a result of blunt trauma to the face, said Ludemann and Ospina. Sometimes, an extracted tooth can be aspirated, particularly if the patient is a wiggling child.

The authors discussed the three clinical phases in bronchial foreign-body aspiration. The initial acute phase is characterized by a coughing paroxysm that lasts at least a few minutes. Next is the quiescent phase, during which time the patient is fairly asymptomatic. This is when a foreign body creates a kind bronchial check-valve, allowing air

to enter the lungs, but impeding the exit of air during expiration. Lastly, approximately a week later, once bronchial mucosa becomes tightly swollen around the foreign body, a stop-valve is created. This is the complication phase.

Since 1974, there have been three cases in which diagnosis of an aspirated tooth in adult patients was delayed until the complication phase, according to the authors. One of the patients died from sepsis and respiratory arrest.

Forceps and a rigid bronchoscope generally are the best tools for removing an aspirated tooth. However, if the patient aspirated a tooth as a result of facial trauma, it may be removed using a flexible bronchoscope or, if necessary, a tracheotomy.

"When a dental patient has a coughing paroxysm and not all teeth and foreign objects can be accounted for, chest radiography is mandatory," said the authors. "Urgent medical evaluation and treatment may be necessary."

## Honors

**Daniel Tanita, DDS**, of San Pablo, was named president of the Pacific Dental Education Foundation Board at the University of the Pacific Arthur A. Dugoni School of Dentistry. The foundation is a volunteer organization whose purpose is to promote philanthropy on the behalf of the dental school.

## Upcoming Meetings

### 2006

<b>April 7-9</b>	Annual meeting of the California Society of Pediatric Dentistry, Indian Wells, Calif., <a href="http://www.cspa.org">www.cspa.org</a> .
<b>April 27-30</b>	CDA Spring Session, Anaheim, (866) CDA-MEMBER (232-6362).
<b>May 16-20</b>	American Academy of Cosmetic Dentistry 22nd Annual Scientific Session, San Diego, (800) 543-9220.
<b>May 22-27</b>	Academy of Prosthodontics 88th Annual Scientific Session, San Francisco, <a href="http://www.academyprosthodontics.org">www.academyprosthodontics.org</a> .
<b>Sept. 15-17</b>	CDA Fall Session, San Francisco, (866) CDA-MEMBER (232-6362). Oct. 16-19 ADA Annual Session, Las Vegas, (312) 440-2500.
<b>Dec. 3-6</b>	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.