



## Celebrating

ADA

the Community of Dentistry

144<sup>TH</sup> Annual Session  
October 23-26, 2003

San Francisco

## ADA Session Heads to San Francisco

**t**he American Dental Association will host its 144th Annual Session, Thursday, Oct. 23, through Sunday, Oct. 26, 2003, at the Moscone Center in San Francisco. The 2003 Session features a variety of continuing education programs, technical exhibits, and networking

opportunities designed to enhance the community of dentistry.

More than 180 scientific programs are planned for the Session. This year's program offers C.E. options for every member of the dental team — dentists, hygienists, dental assistants, business managers, business assistants, and dental technicians. The



scientific program provides participants with the education needed to enhance their professional knowledge and clinical skills. These in-depth sessions will present the latest developments in dental-related subjects such as endodontics, esthetic dentistry, conservative operative dentistry, and finance.

ADA Annual Session attendees will have the opportunity to earn more than 30 C.E. units and select from more than 25 hands-on workshops. In addition, the following specialized programs are available: ADA Women's Health and Leadership Program, Two-Day Esthetic Forum, Technology Day Program and Exhibits, and the Team Building Program.

Session attendees will also have the opportunity to extend their educational opportunities beyond the classroom. They will be able to interact with representatives from the approximately 625 companies expected to participate in the technical exhibition. The technical exhibition will give them firsthand exposure to the latest in dental technology to enhance their patient treatment and practice management. The California Dental Association will be among the exhibitors.

Again this year, ADA will present the Distinguished Speaker Series, featuring some of the world's most renowned speakers. Keeping with Annual Session tradition, ADA has planned a series of evening entertainment and social events facilitating networking among colleagues.

For more information on the 144th Annual Session and other ADA events, contact the American Dental Association at 211 E. Chicago Ave., Ste. 200, Chicago, IL 60611-2678; (312) 440-2388 or (800) 232.1432; or [annualsession@ada.org](mailto:annualsession@ada.org) or watch for updated Session information at [www.ada.org/goto/session](http://www.ada.org/goto/session).

## ADA Session Highlights

### ADA/Sonicare Distinguished Speaker Series

On Friday, Oct. 24, Rudy Giuliani looks back at the leadership lessons learned in a lifetime of public service and how they came together to provide strength at a defining moment in America's history. On Sunday, Oct. 26, Gen. H. Norman Schwarzkopf defines universal principles of leadership and how they apply to every aspect of one's life.

The ADA/Sonicare Distinguished Speaker Series is open to all registered attendees – tickets are not required. An ADA Annual Session badge is required for entry.

### ADA Special Events – Dana Carvey and the Beach Boys

ADA offers the best in evening entertainment. On Friday night, *Saturday Night Live* alumnus Dana Carvey will share his comic viewpoints. The entertainment continues on Saturday evening with the legendary Beach Boys.

### ADA Foundation Health Screening Program

The ADA Foundation Health Screening Program has been conducted at the ADA Annual Session since 1964. During that time, information gathered by the program has become the largest national database on the health of dental professionals. The program has provided invaluable data that has proved useful in developing clinical policies and recommendations that make dental offices safer for patients and dental care providers.

All dentists and hygienists who register for the Annual Session are invited to participate in the ADAF Health Screening Program, which will be held in Moscone North – Hall D.

Screening hours are 9 a.m. to 4 p.m. Thursday through Sunday of the Session.



## Empathy Key to Providing Care to Parkinson's Patient

To provide competent oral health care to patients with Parkinson's disease, dentists must understand the disease, its treatment, and its impact on the patient's ability to undergo and respond to dental care, according to an article in the May 2003 *Quintessence International*.

Researchers at the University of Texas Health Science Center at San Antonio wrote that Parkinson's disease is the fourth most common neurodegenerative disorder in the elderly, affecting an estimated half-million people. Oral health care providers can expect to be called upon to care for patients with this progressively debilitating disease, they noted.

When treating patients with Parkinson's disease, dentists must exercise empathy and a positive regard, the researchers say. Dentists should strive to reach preventive and therapeutic goals with the same ethical, moral, and professional standards of care appropriate in the management of other patients.

Oral complications include oral motor and sensorimotor impairment, dysphagia, xerostomia, and burning mouth.

The researchers noted that in patients with Parkinson's disease, tremor is an early sign and generally affects the hands, lips, and tongue. Tremor and rigidity of the orofacial musculature may induce orofacial pain, temporomandibular joint discomfort, cracked teeth, soft tissue trauma, displaced restorations, attrition from ruminations, and ptyalism. At least 75 percent of patients with Parkinson's disease have disordered speech or voice, the researchers said.

Another oral complication, dysphagia, is reported by as many as 50 percent of patients with Parkinson's disease. Slowed swallowing can further contribute to ptyalism, which in turn can lead to angu-

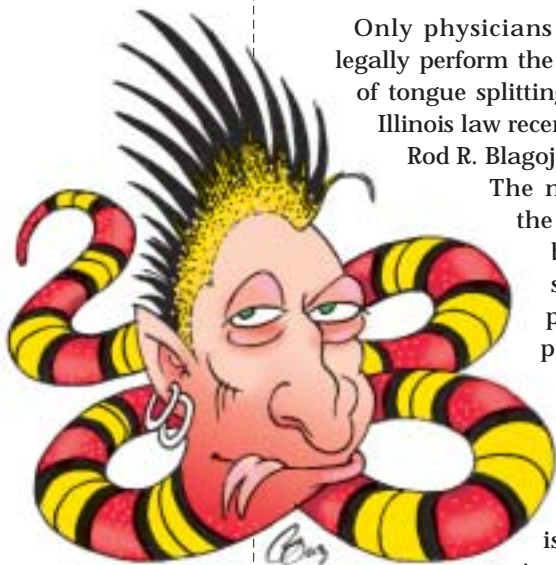
lar cheilosis and further angular irritation by frequent blotting of the lips and mouth.

The incidence of xerostomia among patients with Parkinson's is reported to be as high as 55 percent, the researchers noted. Chronic xerostomia may result in painful oral soft tissue problems and poor tissue adaptation to prostheses.

The researchers stressed that dentists also should be sensitive to the needs of the patient's family and caregivers. They said that an essential part of any successful strategy to optimize the quality of life for patients with Parkinson's disease is familiarity with and access to available resources.



## Illinois Legislation Limits Who Can Split Tongues



Only physicians and dentists can legally perform the relatively new fad of tongue splitting, according to an Illinois law recently signed by Gov. Rod R. Blagojevich.

The new law, which is the first of its kind to be enacted in any state, declares: "A person may not perform tongue splitting on another person unless the person performing the tongue splitting is licensed to practice medicine in all its branches under the Medical Practice Act of 1987 or licensed under the Illinois Dental Practice Act." A first-time violation of this new law is considered a Class A misdemeanor. A second offense is a Class 4 felony.

While not as popular as piercing or tat-

toeing, tongue splitting does have a subculture of popularity among young people in their late teens and early 20s. The act seems to attract people who want to create a forked or lizard-like tongue. Too often the procedure is performed in tattoo parlors or other locations that lack the necessary emergency equipment or sanitary environment.

The American Association of Oral and Maxillofacial Surgeons reports that no oral and maxillofacial surgery training institutions teach a tongue splitting procedure, though an oral surgeon would be qualified to do so based on his or her hospital-based surgical residency and training.

While endorsing the governor's decision, the oral surgeons' association cautioned the public about pursuing the tongue splitting procedure. Dr. Larry W. Nissen, president of the association, noted that, "Side effects can include serious infection, as well as significant alteration in speech and taste. There are also many large blood vessels in the tongue that, if damaged, could lead to life-threatening bleeding."

## Service Provides Information on Safety of Products

The National Institutes of Health has unveiled a consumers guide that provides easy-to-understand information on the potential health effects of more than 2,000 ingredients contained in more than 4,000 common household products.

Some household products contain substances that can pose health risks if they are ingested or inhaled, or if they come in contact with eyes and skin. The National Library of Medicine's Household Products Database (<http://householdproducts.nlm.nih.gov>) provides information in consumer-friendly language on many of these substances and their potential health effects.

Information in the database is provided to the National Library of Medicine under a collaborative agreement and is derived from publicly available sources, including brand-specific labels and in-

formation provided by manufacturers and their web sites. The list of products covered will be expanded, and information for products currently in the database will be updated at least annually.



## Scaling May Reduce Risk of Premature Births

A nonsurgical dental procedure may reduce the risk of preterm birth in pregnant women with periodontal disease, according to new study findings. Nearly 12 percent of babies in the United States are born preterm (before 37 completed weeks of pregnancy), which increases their risk of death and lasting disabilities, such as mental retardation, cerebral palsy, lung and gastrointestinal problems, and vision and hearing loss.

The report was published in the *Journal of Periodontology* and is based on 366 pregnant women who had periodontitis and found as much as an 84 percent reduction of premature births in women who were less than 35 weeks pregnant and who received scaling and root planing. Researchers also found that adjunctive metronidazole therapy did not improve pregnancy outcome. In fact, women who were given the antibiotic after scaling and root planing had more preterm births than patients receiving scaling and root

planing and a placebo.

“What this tells us is that scaling and root planing may significantly reduce a mother’s chance of having a preterm birth,” said Marjorie Jeffcoat, DMD, author of the study. “We found no evidence that the addition of an antibiotic to scaling and root planing was of benefit in this study. However, more research needs to be conducted to determine the reason for the decrease in efficacy.”

Previous research reported that periodontal infections cause a faster-than-normal increase in the levels of prostaglandin and tumor necrosis factor molecules that induce labor, thus causing premature delivery before the fetus can grow to a normal birth weight. However, this is the first intervention study that offers advice on reducing the risk of premature births with scaling and root planing therapy alone.



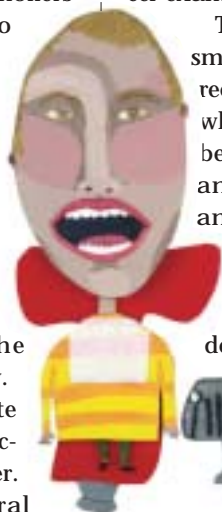
## Oral Cancer Exams Critical for High-Risk Adults

Dental practitioners should improve the provision rates of oral cancer examinations, especially among current smokers and edentulous alcohol users who have not been to the dentist in the past year, wrote researchers in the spring 2003 issues of the *Journal of Public Health Dentistry*.

The conclusion is based on a study of the findings of the 1998 National Health Interview Survey, wrote Mark D. Macek, DDS, DrPH; Britt C. Reid, DDS, PhD; and Janet A. Yellowitz, DMD, MPH; of the Baltimore College of Dental Surgery.

The authors noted that cigarette smoking and alcohol use are risk factors for oral and pharyngeal cancer. Recommendations for periodic oral cancer examinations highlight the importance of examining high-risk smokers and alcohol users. Their investigation assessed

whether cigarette smoking and alcohol use were associated with receipt of an oral cancer exam.



The researchers found that current smokers were no more likely to have received an exam than were patients who never smoked. The association between alcohol use and receipt of an oral cancer exam were mixed, and were generally more favorable among those who had a dental visit in the last year.

The authors noted that evidence relating the sensitivity of an oral cancer exam to early detection and lower incidence rates is still under question. They said, however, that until a more sensitive detection measure is discovered, the periodic oral cancer exam represents the only tool available to health care practitioners.

## Trick or Treat

According to Research!America, Americans spent nearly \$2.025 billion on Halloween candy in 2002.

That amount would fund the National Institute of Dental and Craniofacial Research for almost six years.



## Secondhand Smoke and Caries Linked in Children

Young children who are exposed to secondhand smoke have a much higher rate of caries than do children who do not grow up around smokers, according to a study published recently in the *Journal of the American Medical Association*.

According to the Agency for Healthcare Research and Quality, which supported the study, this is the first study in the United States to associate secondhand smoke with caries. Although the occurrence of caries in children has declined dramatically in the United States, little headway has been made in reducing it among children living in poverty, who generally have less access to dental care and appear to be more vulnerable to caries.

Based on data from household interviews and health examinations of about

4,000 children ages 4 through 11, the study found that children had an increased risk of developing caries if they had high levels of cotinine, a byproduct of nicotine that is consistent with secondhand smoke exposure.

About 32 percent of the children with cotinine levels consistent with secondhand smoke exposure had carious surfaces in their primary teeth, compared with 18 percent of children with lower levels of cotinine. The higher risk of developing cavities in tobacco-exposed children persisted after controlling for other factors such as poverty and frequency of dental visits.

The study did not find a similar association between secondhand smoke exposure and cavities in permanent teeth.



## Honor

**Steven A. Gold, DDS**, of Santa Monica, Calif., won first place in the annual William J.



Geis Award for editorial writing with his essay "Healing or Hustling?" which appeared in the August 2002 issue of the *Journal of the California Dental Association*. Gold is the associate editor of the *Journal*.

## Upcoming Meetings

### 2003

Oct. 23-26	ADA Annual Session, San Francisco, (800) 232-1432.
Nov. 2-7	U.S. Dental Tennis Association Annual Meeting, Palm Desert, Calif., (800) 445-2524.
Nov. 8-9	International Conference on Evidence-Based Dentistry, Chicago, j.riley@elsevier.com
Nov. 16-22	Annual Meeting of the U.S. Dental Golf Association, Scottsdale, Ariz., (631) 361-7127, usdga@optonline.net.
Dec. 5-7	California Academy of General Dentistry Annual Meeting, San Diego, (877) 408-0738, www.cagd.org.

### 2004

March 3-6	Academy of Laser Dentistry 11th Annual Conference, Palm Springs, Calif., (954) 346-3776, www.laserdentistry.org.
April 15-18	CDA Spring Scientific Session, Anaheim, Calif., (866) CDA-MEMBER (232-6362).
Sept. 8-11	International Federation of Endodontic Associations Sixth Endodontic World Congress, Brisbane, Queensland, Australia, www.ifea2004.im.com.au.
Sept. 10-12	CDA Fall Scientific Session, San Francisco, (866) CDA-MEMBER (232-6362).
Sept. 30-Oct. 3	ADA Annual Session, Orlando, Fla., (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) 443-2943.