



Illustration: Matt Mullin

Translated Health Forms Help Cut Through Language Barrier

the University of the Pacific School of Dentistry and MetLife recently announced the translation of a health history form into 21 languages in an effort to serve better the diverse communication needs of dentists and patients by expanding an effort begun in the *Journal of the California Dental Association*.

“In order to accommodate the growing diversity of society, we recognized there was a vital need to have patient medical health information readily available in multiple languages and collaborated with the California Dental Association and MetLife to fulfill this need. Because of the uniform questioning sequence, these health history translations can actually be used by pa-

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DR. JAMES KENNEDY

tients and doctors all around the world,” said Peter L. Jacobsen PhD, DDS, director of Oral Medicine, University of the Pacific School of Dentistry.

The translations are available in Arabic, Chinese, Creole, English, Farsi, French, German, Hebrew, Hmong, Italian, Japanese, Korean, Laotian, Polish, Portuguese, Russian, Spanish, Swedish, Tagalog, Thai, and Vietnamese. Eleven more translations will be issued later this year.

The health history forms can be downloaded — free of charge — as a PDF file from MetLife, www.MetDental.com, as well as from the University of the Pacific’s web site, www.dental.uop.edu under dental professionals.

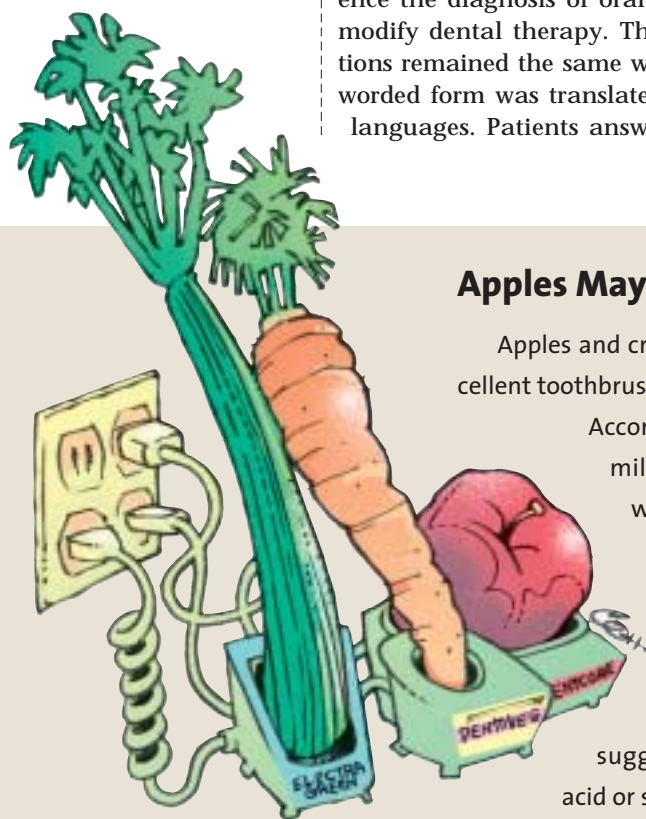
The easy-to-use forms are separated into areas related to medical signs and symptoms, diagnosed diseases, specific medical treatments and medicines that could influence the diagnosis of oral diseases and/or modify dental therapy. The order of questions remained the same when the English-worded form was translated into the other languages. Patients answer the questions

by circling “yes” or “no” on the form. This enables the dentists to compare the form in his or her native language to that of the one used by the patient.

The translations represent 87.7 percent of those languages spoken across the nation, according to the 2000 United States Census. An estimated 32 million people in the U.S. use their native language in their homes.

“Diversity in ethnicity, culture, and language enriches our lives, but also adds a challenge to communicating important health information that is vital to the safe delivery of dental care. The Multi-Language Health History forms will enhance the quality of oral health care by helping patients, regardless of their native language, communicate more effectively with their dentists,” said Dr. James Kennedy, dean emeritus of the University of Connecticut School of Dental Medicine and chair of the MetLife Dental Advisory Council.

Created eight years ago, the MetLife Dental Advisory Council is made up of practicing and academic dentists overseeing MetLife’s Quality Initiatives Program.



Apples May Be a Toothy Solution

Apples and crispy, wholesome veggies such as celery and carrots can be excellent toothbrush substitutes.

According to a September 2003 Prevention magazine article, “The mildly acidic nature and astringent quality of apples, combined with their rough, fiber-rich flesh, makes them the ideal food for cleansing and brightening teeth,” said Jeff Golub-Evans, DDS, a cosmetic dentist at New York University.

Munching apples, carrots, celery, and other crunchy nutritious foods helps brush off stains over time.

If one is unable to brush after eating an apple, the article suggests consuming a glass of water to wash away any plaque, acid or sugar from the enamel.

The Myth About Dentists That Won't Go Away

Although the notion is patently false and no legitimate data supports it, the myth that dentists commit suicide at a higher rate than the general population just won't go away, wrote Janet Walzer in *Tufts Dental Medicine*, Vol. 7 No. 2, summer 2003.

The idea that dentists commit suicide more than any other group in the population has been the subject of discussion since the 1930s. That this falsehood has stuck all these years demonstrates the difficulty of changing perceptions, Walzer writes.

In her article, she noted that modern dentists are armed with the latest technology, are less isolated than before, spend much of their time cultivating good relationships with patients and associates, and participate in continuing education and alumni activities. All these go a long way in counteracting the myth, and, she wrote, the public appears to be moving toward a more realistic view of the dental profession.

According to Walzer's article, many dental professionals — from students to practitioners — are actively promoting the profession and debunking archaic stereotypes. However, this may not be enough, as the news and entertainment media have been slow to alter their focus. She discussed several of the television and movie portrayals of dentists. And she cited a study done by Dr. Todd Walkow, a 1996 Tufts dental graduate.

While a student at Tufts, Walkow wrote a research paper on the media's portrayal of dentists. Walkow reviewed hundreds of articles written over a five-year period. He found that "overwhelmingly, the content was negative, and it was statistically significant."

Yet, Walzer writes, the dental profession is full of happy and fulfilled people —



a perception that dentists have of themselves. This positive self-image is good news for the public. As Walkow pointed out, "The more we educate the public about the current state of dental practice, the more the public will benefit from good oral health."

Good Outlook for Dental Spending

Although the U.S. again is experiencing an economic downturn, history has shown the economics of practicing dentistry will withstand and continue to thrive. So much for yesteryear's headlines, including the Farmer's Almanac, declaring the impending end of the dental profession because of the extended duties for auxiliaries and shifting oral disease patterns.

In the July issue of *Texas Dental Journal*, H. Barry Waldman, DDS, MPH, PhD, wrote about his review of reports from government agencies and the American Dental Association on spending for dental services during good and bad economic times. The result revealed that while some areas will be harder hit and some practitioners may experience decrease in activity during hard financial times, the overall outlook is positive.

Spending for dental services, at the end of World War II, was approximately less than a billion. In 2000, the figure was \$60.7 billion, said Waldman, noting that current spending per active dentist went from \$11,900 in 1950 to \$365,000 fifty years later.

Several factors contribute to this optimistic view, Waldman said. Among them is the continuing decrease in the ratio of the population to dentists, the maturing "baby boomer" generation's demand for services, as well as the services needed for groups including the underserved, minorities, and those with developmental or other disabilities.



"The purpose
of life
is to live it,
to reach out
eagerly
and without fear
for newer and
richer experience."
Eleanor Roosevelt

Augmentation of Sinuses Can Help With Implants

Sinus augmentation with autogenous bone may assist the placement of dental implant rehabilitation although the method is not predictable, according to a study in the *International Journal of Oral and Maxillofacial Implants*, Vol. 18, No. 3, 2003.

The researchers said the procedure of sinus augmentation utilizing autogenous bone grafting may boost bone volume to allow implant placement where there is not enough bone. The survival of implants in grafted bone, as measured by successful loading and integration, was lessened compared to implants in normal maxillary bone, said researchers. The study also revealed that infection of the grafted site during healing reduced the success of ensuing implant osseointegration.

Researchers at the University of Sheffield, U.K., looked at 27 sinus augmen-

tation procedures on 18 patients whose average age was 43.7. Thirteen patients had a typical bone graft consolidation period of 24.7 weeks before implantation; six patients had implants at the time of grafting. After an average follow-up period of 162 weeks, 16 of the implants fell short of integrating in grafted bone, signifying a survival rate of 80.25 percent.

The outcome, conducted in typical dental implant practice, showed the survival of implants in grafted bone of the maxillary sinus to be lower than in comparable studies. Meanwhile, a larger proportion of implants were integrated in grafts following a healing period compared to those set at the time of graft surgery, the researchers said.

The authors suggest using a bone graft healing period before implant placement and not using membranes.

Study Evaluates Sleep Bruxism in Implant Patients

In cases where sleep bruxism is suspected, researchers recommend polysomnographic analysis, which is cost-effective and efficient.

Sleep bruxism, distinguished by clenching or grating teeth during slumber, may place pressure upon the supporting bone and result in damaging lateral stresses and possible bending overload, wrote researchers at Istanbul University, Turkey, in a study published in the *International Journal of Oral and Maxillofacial Implants*, Vol. 18, No. 3, 2003. Abnormal occlusal stress or overloading implants could lead to implant failure.

Although precautions against sleep bruxism in patients who have dental implants have not been clarified, there appears to be some validity to night guard protection.

Nearly everyone experiences sleep bruxism at one time or another, authors said, noting research relative to sleep bruxism and endosseous implants is rare. Clinical diagnosis of sleep bruxism, they said, is based on orofacial examinations and supplemented by patient history, parental or self-reports, which can be misleading for the clinician.

The researchers' goal in this study was to evaluate the utilization of polysomnography to assess the clinical findings of dental implant treatment in patients with sleep bruxism as well as validate occlusal symptoms. In the study, 19 patients presented with implant treatment complications, six of whom were identified with sleep bruxism by masseter EMG.

Researches suggested clinicians should consider the possibility of bruxism in the cases of mechanical complications such as loosened gold screws, occlusal surface wear and damage, or abutment fractures.



The Flu and You

The American Lung Association recently created a feature on its web site to assist people in finding the nearest flu vaccine facility. This can be especially helpful for asthmatics who the lung association highly recommends the vaccination.

Visitors to the web site, www.lungusa.org, simply type in their ZIP code or area code. The "Flu Shot Locator" then provides local sites where the vaccine is administered, as well as helpful tips for dealing with the flu and preventive measures to stay healthy.

Influenza can become life threatening. Symptoms include fever, chills, sore throat, coughing, loss of appetite, body aches, pains, and weakness. In the lungs, the virus can damage the lining of the respiratory tract. Healing of the inflamed tissue takes at least two weeks.

"Despite the risks, currently only 10 percent of children and 39 percent of adults with asthma get vaccinated for the flu each year," said Norman H. Edelman, MD, scientific consultant for the American Lung Association. "People with asthma are most at risk for serious complications, some of which can lead to hospitalization. In order to protect themselves and those around them, it is necessary that they receive a flu vaccination."

In addition to asthmatics, other high-risk groups who could benefit from the flu shot are those with persistent respiratory conditions such as emphysema, bronchitis, bronchiectasis, tuberculosis, or cystic fibrosis; heart disease; kidney disease; diabetes or other chronic metabolic disorder; severe anemia; and diseases and treatments that depress immunity. Health-care workers also are urged to obtain the flu shot.

Last year, there were more than 65,000 fatalities from both influenza and pneumonia. Of that total, 1,765 deaths were attributed to the flu. According to the lung association, the combination of influenza and pneumonia has been ranked the seventh-leading killer in



America, and the fifth-leading cause of death for U.S. citizens over the age of 65. What's more, children under the age of 2 are just as likely to require hospital attention as the elderly.

Regardless of age, the lung association recommends the flu vaccination for people with chronic respiratory conditions. However those who shouldn't be vaccinated are individuals allergic to eggs (which are used in making the vaccine injection), those with a high fever, or people who have had a negative reaction to previous flu injections.

The best time for a vaccination is in October or November, however December or later can work just as well. The worst side effect may be a sore arm from the injection. The nasal-spray version could cause a runny nose, sore throat, cough or nasal congestion. Allergic reactions to the flu vaccine have far fewer risks of complications than having influenza. And while there is a slight possibility the person receiving the vaccine may get the flu, he or she will be markedly less sick than someone who did not get the shot, according to the lung association.

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Correction

Table 1 from "3-D Volume Imaging for Dentistry: A New Dimension," by Robert A. Danforth, DDS; Ivan Dus, MD, DDS, PhD; and James Mah, DDS, MS, DMSc, in the November 2003 issue on Page 821 contained an error. For ease of comparing the different systems, the entire corrected table is reprinted here.

Table 1

Comparison of Maxillofacial CBVT Devices

Parameters	Newtom 9000	Newtom Plus	3DX Accuitomo	ISI/CAT	Hitachi MercuRay	MedicalCT
X-ray beam	cone	cone	cone	cone	cone	fan
Sensor detector	area	area	area	area	area	linear
	image intensifier CCD	image intensifier CCD	image intensifier CCD	amorphous silicon flat-panel detector	image intensifier CCD	Solid state or gas
Grayscale	8 bit	12 bit	8 bit	12 bit	12 bit	12 bit
Voxel size (mm ³)	0.265	0.07-0.20 (variable)	0.125	0.4 typical 0.2 minimum	0.1	0.3 ¹⁶
X-ray source			direct current	direct current		
anode	fixed	fixed	fixed	fixed	fixed	rotating
kVp range	110 (fixed)	110 (max)	60-80	120	70-100	110-140
mA	10 15 max		1-10	1-3	to 15 max	80-300
Image acquisition	panoramic type	panoramic type	panoramic type	panoramic type	panoramic type	axial slices
	single 360° rotations	single 360° rotations	single 360° rotations	single 360° rotations	single 360° rotations	multiple 360° rotations
Patient position	supine	supine	seated	seated	seated	supine
Image area	maxillofacial	maxillofacial	maxillofacial	maxillofacial	maxillofacial	entire body
Dimensions (cm)	13x13 (height x diameter)	22x25 (height x diameter)	3.0x4.0 (height x diameter)	2 versions 11x17 17x17 (height x diameter)	D mode 5.12 P mode 11.7 C mode 15.0 (height only)	varies/exam
Imaging session (sec)	75	30 or less	17	40 or less	9.6	varies/exam
Effective dose* (max & mand) mSv	.04-.05 ¹⁵	.01-.02	.0074	not available	not available	.289 low ¹⁷ .723 high ¹⁷
Auto exposure control	smart scan yes	smart scan yes	no	not reported	not reported	no
Commercially available	yes	end of 2003/early 2004	yes	projected 2004	not reported	yes

* Effective dose as reported is provided from the manufacturer and is not truly comparable to other devices due to variable such as different size of imaging volumes and operational settings of the devices.