

The BDJ News section accepts items that include general news, latest research and diary events that interest our readers. Press releases or articles may be edited, and should include a colour photograph if possible. Please direct your correspondence to the News Editor, Arveen Bajaj at the BDJ, The Macmillan Building, 4 Crinan Street, London N1 9XW or by email to bdj@bda.org

Exercise benefits dental health

It is well known that regular physical exercise reduces the risk of getting heart disease, colon cancer, osteoporosis, hypertension, high cholesterol, and a range of other disorders. Now, a report in the *Journal of Dentistry*, shows that physical activity may also reduce the risk of contracting periodontitis. The study looked at a group of American subjects, aged 18 and older, who had had a periodontal examination and reported similar physical activity – or inactivity – for a period of 10 years or longer. The researchers, led by Mohammad S. Al-Zahrani of the Faculty of Dentistry at King Abdulaziz University in Saudi Arabia, then examined the relationship between physical activity and periodontitis. Their analysis adjusted for various factors, such as age, gender, race, education, body mass index, and smoking. The report concluded that engaging in the recommended level of exercise is associated with lower periodontitis prevalence, especially among people who have never smoked and former smokers. People who never smoked and took regular exercise were about 54% less likely to have periodontitis than people who never smoked but did not engage in physical activity. Rather surprisingly, the prevalence of periodontitis in former smokers was 74% lower for physically active than inactive individuals. The positive effects of exercise, however, did not show a statistically significant benefit for those who smoked.



Reach for your gum



The US Army, in conjunction with academics, is developing a chewing gum that will help soldiers maintain oral hygiene while out on manoeuvres, says a report in *Nature*. In combat situations, soldiers don't have the luxury of being able to brush and floss their teeth. Add to this the impact of the stress, and you end up with a big dental problem. The US military estimates that 15% percent of their soldiers suffer from dental emergencies.

The chewing gum contains a protein called KSL that kills harmful mouth bacteria, such as *Streptococcus mutans*, by targeting and attacking the cell membrane. After the protein has done its job, it is harmlessly broken down in the stomach by digestive enzymes. The researchers say that the digested protein doesn't interfere with gut microflora.

Patrick DeLuca of the University of Kentucky, who presented the results of the initial tests at the annual meeting of the American Association of Pharmaceutical Scientists in Nashville, Tennessee, said that the gum could be used by anyone who is away from their bathroom for days at a time, including aid workers and music-festival-goers.

Although chewing gum is given to soldiers in their ration packs, it is unlikely that they will see the KSL gum anytime soon. The gum is still at the prototype stage. The researchers estimate that it could be four years before the finished product is available.

A thousand new dentists

The British Dental Association welcomed the 1,000 new NHS dentists announced by the Government on the 9th November, but cautioned that the Government should not rely on quick fix solutions to tackle the shortage of dentists. Lester Ellman, chair of the BDA's General Dental Practice Committee, said that if the Government is serious about tackling the current dental crisis it needs to take urgent steps to keep existing dentists within the NHS. 'Many dentists are questioning their future in the NHS as they are still waiting for information from the Government about the new system and contract to be introduced in April next year,' said Ellman.

Some of the new dentists will come from countries such as Poland and Spain, and others will be dentists returning to work after a career break. They will all be working full-time for the NHS.

TV is bad for your teeth

Watching too much television could be harmful to children's dental health, according to research published in the next issue of the *BDJ*. In their paper, *Content analysis of children's television advertising in relation to dental health*, H.D. Rodd and V. Patel examine the number of hours sold to advertisers of food and drink during children's television viewing time. Examining 41 hours of children's television programming broadcast on the UK's main commercial television channel, ITV1, the researchers found that 24 adverts were shown per broadcast hour (subjecting Britain's children to the highest level of television advertising in Europe).

Just over a third of adverts related to food and drink, 95.3% of which could be detrimental to oral health as they contain high levels of sugar and/or acid. The most frequently promoted foods were breakfast cereals with added-sugar, confectionery, and non-carbonated soft drinks. In the UK, there have been calls by health professionals for greater regulation of food advertising to children. In countries such as Norway and Sweden, advertising to children has been banned outright. 'A more reasonable approach would be to ensure that adverts for potentially unhealthy food and drink products are limited, and ideally should carry a health warning!', state the authors.

Although previous studies have shown that food and drink advertising accounts for a large proportion of adverts shown during children's television hours, this study identifies a higher transmission rate of adverts (and one that appears to be in breach of current UK advertising regulations) than had been previously reported.



GDC calls for views on fitness to practise guidance

The General Dental Council (GDC) is developing new guidance to provide a framework for fitness to practise decision-making, and is calling for dentists' views. Next year, the GDC will strengthen its arrangements for dealing with problems of behaviour, practice and poor health in dental professionals, and introduce new procedures to tackle problems of professional competence. The GDC expects to implement these changes in mid-2006.

To support this new fitness to practise system, the GDC is publishing a series of guidance documents. The guidance aims to ensure consistency and clarity in decision-making, and should also help the public and professionals understand why and how decisions about dental professionals' fitness to practise have been made. The GDC will be asking for your input on the draft guidance documents over the next six months.

The first consultation is scheduled to take place during December and January and will cover:

- guidance to the new Investigating Committee (the criteria for deciding which cases should be referred for full hearing before a practice committee; when to close cases at the Investigating Committee stage, and when to issue advice and warnings instead of ordering a full hearing), and
- Interim Suspensions and Conditions guidance (the use of interim orders pending a full practice committee hearing).

The second consultation is planned for March to April 2006 and will cover:

- case handling (the initial handling of complaints and information, including decisions about which matters should be closed without investigation; which should be considered by the Investigating Committee and which should be referred elsewhere),
- pre-hearing review (the use of procedural orders in the proposed new pre-hearing stage), and
- guidance to Practice Committees (guidance to the Health Committee and the Professional Performance Committee about the use of their powers).

Full details of the forthcoming consultations will be posted on the GDC website, www.gdc-uk.org.



General Dental Council

Dentists in China urged to detect HIV-AIDS in patients

Dentists in China are being urged to detect and report HIV-AIDS symptoms in their patients, according to the newspaper *Shanghai Daily*. Dentists are also being advised to disinfect their equipment and wear masks, gloves, glasses and other protective covering, both to protect themselves and to prevent the disease being passed on to other patients.

'It is possible to transfer HIV virus in dental treatment. And the mouth can develop symptoms of HIV/AIDS,' Dr Zhou Zengtong of Shanghai No. 9 People's Hospital, told an audience at the annual meeting of the International Association for Dental Research in China. The speakers were trying to raise awareness that mouth ulcers and facial lymph inflammation can be symptoms of AIDS.

About 840,000 people are infected with HIV in China. The United Nations' AIDS agency estimates that up to 10 million Chinese people could be infected with HIV by 2010 unless more aggressive preventative measures are taken.



Death notice

David Max Colyer (RAMC) MRCS LRCP LDS RCS (Eng) died on 22 October 2005. Born on 14 January 1920, he served in the Guards Armoured Division and took part in the D-Day landings and Operation Market Garden.

He spent the final years of the war in Palestine. He then went on to set up general dental practice in Cheltenham and was an active member of the British Dental Association for 40 years.

Education Awards winners

The Dental Defence Union announced the winners of its educational awards at the Barber Surgeons' Hall in London on the 19th October. The awards, which recognise and reward excellence in dental education, were presented for the following categories:

Teacher of the Year

Winner - John Whitworth, the School of Dental Sciences, University of Newcastle
Runner-up - Karen Duncan of Bristol Dental School, University of Bristol



John Whitworth receives his award from sponsor Dentsply's Peter Rees

VT (vocational training) Trainer of the Year

Winner - Geraint Evans, Oxford Deanery

Runner-up - Belinda Lund, Kent, Surrey and Sussex Deanery

All four finalists received a certificate, award and a cheque for £250. The winners also received £500 towards educational material for their school or deanery. Teacher of the Year, John Whitworth, revealed that he would be putting his prize money towards much-needed digital radiography to help his students develop their clinical skills.

BDA announces Acting Chief Executive

Linda Wallace is to become the British Dental Association's Acting Chief Executive from January 2006. Ms Wallace will take over from Ian Wylie - who is leaving to take up consultancy and teaching posts in Hong Kong - and will remain in post until a permanent replacement is appointed.

"Dentistry in the UK faces some fundamental changes in the coming months and dentists will be looking to the BDA for advice and support," says Linda. "I have been with the BDA for many years and this new role will present new challenges - ones which I am looking forward to taking on."



Sheeshas are nothing to smile about

Smoking a sheesha (also known as a hookah or water-pipe) is becoming increasingly trendy in Middle Eastern restaurants and bars, but, according to research in the November issue of the *Journal of Periodontology*, it could have serious consequences for your teeth. The researchers found that the prevalence of periodontal diseases was 30% in water pipe smokers, 24% in cigarette smokers and 8% in non-smokers. The relative risk for periodontal disease increased 5-fold in water pipe and 3.8-fold in cigarette smokers compared to non-smokers.

Many people believe that the smoke from a sheesha is less tainted than the smoke from a cigarette because it is filtered through water, but Kenneth A. Krebs, president of the American Academy of Periodontology, says that this study shows that it is not the case. "Not only does water pipe smoking include the same substances as cigarette smoke such as carbon monoxide and tar, tobacco used for water pipe smoking contains 2-4% nicotine versus 1-3% for cigarettes," he says. The researchers found increased levels of nicotine and cotinine in plasma, saliva and urine, supporting that water pipe smoking affects the periodontal tissues in the same way as cigarette smoking. "Although the precise mechanisms of action of tobacco smoke are not well understood, it seems highly likely that the periodontal bone is one of the most susceptible tissues," says Krebs. "This hypothesis will be further tested by investigating the periodontal bone height levels of various tobacco smokers in the presently studied population."

DIARY

November 2005

GlaxoSmithKline Student Talking Points lecture - Val Clerehugh, "Periodontal disease in children and adolescents"

Date: 28 November 2005

Venue: University of Wales Hospital Dental School, Cardiff, Small Lecture Theatre

Time: 12:40 - 1:20pm

Tel. 07768 794046

2nd European Congress on the Reconstruction of the Periodontally Diseased Patient

Date: 25-27 November 2005

Venue: Radisson SAS Scandinavia Hotel, Copenhagen

Email: Kongress@quintessenz.de

www.quintessenz.de/ecrp

Greater New York Dental Meeting

Date: 25-30 November 2005-11-07

Venue: New York

Email: info@gnydm.com

www.gnydm.com

December 2005

GlaxoSmithKline Student Talking Points lecture - Val Clerehugh, "Periodontal disease in children and adolescents"

Date: 7 December 2005

Venue: The Royal London Institute of Dentistry, Pre Clinical Lecture Theatre

Time: 1-2pm.

Tel. 07747 638739

HealthPraxisAsia's First International Medical + Dental Symposia on chronic diseases stalking Asians

Date 16-18 December 2005.

Venue Carlton Conference Center at The Ritz-Carlton Kuala Lumpur

Tel. Cyril Jonas at + 601 7881 9748

www.healthpraxisasia.com

February 2006

2nd European Conference of Preventive and Minimally Invasive Dentistry

Date: 23-25 February 2006

Venue: Congress Centre Innsbruck, Innsbruck, Austria

Email: Kongress@quintessenz.de

www.quintessenz.de/ecp

28th Asia Pacific Dental Congress

Date: 23-27 February 2006

Venue: Expo Centre, Karachi, Pakistan

Email: info@apdcPakistan.com

www.apdcPakistan.com

Pension age won't change... for some

The Government has announced that the pension age for dentists working in the NHS will remain at 60. The BDA welcomed this announcement. "This is good news for the dentists already in the NHS Pensions Scheme. The Government's original proposal to increase their pension age to 65 was met with universal opposition and was seen as unfair and impractical," says Dr Ralph Davies of the BDA's Pensions Committee.

The news, however, is not so good for new entrants to the pension scheme. Their pensionable age will be 65. The BDA has vowed to fight for parity for new entrants. "The physical demands of practising dentistry mean that, for some dentists, retirement at 60 is appropriate. We want to see provision built in to support those who are unable to continue working at the chair-side after 60, but will continue to argue the case for a pensionable age of 60 for new as well as existing dentists," concluded Dr Davies.

Dentists' salaries get an airing

A list of the top 50 NHS dental practices by gross earnings was released by the Dental Practice Board under the Freedom of Information Act. The Times ran the story with the headline "Dentists in NHS 'on £250k salaries'." This provoked John Renshaw, chair of the BDA, to send a letter to the Times saying that the article offered "a confused and inaccurate account of dentists' incomes." He urged for a distinction to be drawn between the gross income for practices and the net income for individual dentists.

John Renshaw explained that "from these gross fees practice owners must cover practice costs, such as staff salaries, upkeep of equipment and the bricks and mortar of the practice itself."



Dental lectures get underway

The ninth annual GlaxoSmithKline (GSK) Student Talking Points series of lectures is underway. The UK dental-school lectures form the largest dental undergraduate event in the country, and each year the lectures are attended by hundreds of dental students at universities and colleges across the country. "The Talking Points lecture series for both dental professionals and students provides us with the perfect opportunity to discuss topical issues with those who are both learning and working in the dental profession," says Sukhi Garcha of GSK. Dr Val Clerehugh, professor of periodontology at Leeds Dental Institute, will be talking about periodontal disease in children and adolescents, providing guidance on the diagnosis and management of periodontal diseases in these age groups. Val is president-elect for the British Society of Periodontology and is also currently on the editorial board of *Journal of Dentistry* and *Perio: Periodontal Practice Today*.



Dental therapy students treat first patients

Dental therapy and dental hygiene students from the University of Portsmouth's School of Professionals Complementary to Dentistry began treating NHS patients for the first time this week.

The new school began taking students last year and is the first of its kind in the country. It offers a range of courses in response to the national shortage of dental professionals. These include dental therapy, dental hygiene and dental nursing. Graduates of the BSc programme will be qualified to work alongside registered dentists as dental therapists and dental hygienists. They will be qualified to administer dental local anaesthetics, extract children's teeth, carry out simple fillings on adults and children, take radiographs, scale and polish teeth and deliver oral health education.

Students began practising treatments on volunteers from the University's staff and student body. The 24 second year students will now treat NHS patients, under the guidance of their tutors, who have been referred by the patients' dentists or by Access Centres. "This is a very exciting development for our students and as a University we are very pleased to be contributing to the effort to combat the severe shortage of dental care in the region," says Sara Holmes, Head of the School of Professionals Complementary to Dentistry.

Each year the University of Portsmouth offers 24 places on the BSc Dental Hygiene and Dental Therapy, 20 places on the Certificate of Higher Education in Dental Nursing, and eight places on the Foundation Award in Science and Dental Therapy. Students do not pay tuition fees as they are training to work in an understaffed NHS area. As demand for qualified dental hygienists and therapists is strong, graduates from this programme can expect to earn well above the standard graduate average.



Schottlander Prize won by Royal London

The Schottlander prize for the advancement of knowledge in prosthetic dentistry was awarded to Ama Johal from Barts and The Royal London. Congratulating Johal, Dr Brian Schottlander pointed out how the award of the prize recognised the cross-disciplinary nature of dentistry. Schottlander also stressed the need for the skills of individual specialities and disciplines to be maintained and developed. He noted that, although the number of people needing removable prostheses has declined and is likely to do so further, requirements and expectations in the future are likely to be for more difficult and complex treatment needing a higher level of knowledge and skill.

At the dinner James Invest, fronting a team from the Eastman Dental Institute, was presented with the Schottlander Poster prize for their poster titled, *An in vitro comparison of two ball attachment systems*.



Professor Fraser McCord, Mr James Invest, Mr Ama Johal, Dr Brian Schottlander, Dr Rob Jagger

Dentist tackles bullying

Shaila Patel would like to see an end to bullying. 'As a dentist, I have treated children who were bullied because of funny looking, often badly formed teeth,' says Patel. 'Fortunately, most of the incidents have stopped after treatment. I have also had many reports from adults of bullying incidents in the workplace.' Patel believes that dentists can play a role in helping those who are being bullied. They can listen to young people's feelings and concerns; they can help them explore their options and keep control. They can also encourage children to feel good about themselves.

To raise awareness of this issue, and to support the NSPCC anti-bullying campaign, Patel has organised a Christmas charity auction and party. The auction, sponsored by Dental Arts Studio, will take place at Apartment 195, 195 Kings Road, London, SW3 5ED on Wednesday, 7th December. Patel says that they are desperate for donations of auction items. Donations can be made on line to <http://www.justgiving.com/bid-tostopbullying> Please contact Shaila Patel for donation of auction items or tickets on tel. 07961 386659.



Tooth loss – the chief suspects

Researchers in Kuwait have identified the main risk factors associated with tooth loss due to periodontal disease. The study, published in the November issue of the *Journal of Periodontology*, listed the risk factors as: age, male gender, smoking, lack of professional tooth maintenance, inadequate oral hygiene, diabetes, hypertension, rheumatoid arthritis and anterior tooth type. "More teeth per patient were lost due to periodontal disease than for any other reason (those with periodontal disease lost 2.8 teeth versus 1.8 teeth lost for those without periodontal disease)," says lead author, Dr. Khalaf F. Al-Shammari, Ministry of Health, Kuwait.

The study evaluated 1,775 patients who had 3,694 teeth extracted. The most common medical history amongst the patients was diabetes (19.2%) followed by high blood pressure (13.6%). A high proportion of the subjects (60%) had poor oral hygiene.



They either never brushed their teeth or used a toothbrush irregularly. Only 16% of the patients reported brushing their teeth twice or more daily. Thirty nine per cent of the subjects said they had never had a dental prophylaxis or periodontal maintenance visit. Being male and over the age of 35 also increased the risk of tooth loss.

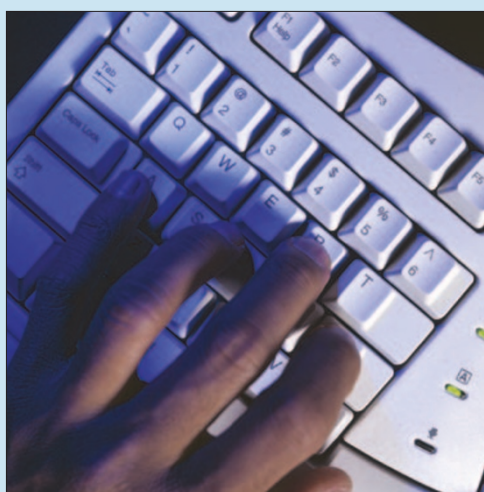
"Risk assessment is an important component of modern dental therapy," says Kenneth A. Krebs, president of the American Academy of Periodontology. "Identification of subjects with the greatest risk for periodontal disease severity and progression is essential for the proper allocation of preventive therapeutic measures to those individuals who would benefit most from such measures."

Internet helps dentists organise protest

Over 100 Oxfordshire dentists have formed a protest group in reaction to the detail of the new NHS dental contract. The dentists, all from mixed practices, met to discuss the implications of the new contract. Although treating adults privately, to date they have retained NHS services for certain priority groups such as children and benefit recipients, accepting that providing such an NHS service is subsidised by their majority private practice. Under the new proposals it is understood that this selective acceptance will no longer be allowed, effectively forcing private practices out of the NHS*.

Growing from a conversation between two colleagues, the group quickly grew to eight members in 24 hours and then to 49 following the meeting a week later. Looking after 35,000 NHS patients in total, the dentists have written to the local Primary Care Trust pointing out that if they decide not to take up the new contract these patients will effectively be without access to NHS dental treatment. Local press and media interest spread the word and dentists in south Oxfordshire, the city of Oxford and north Oxfordshire have now joined the protest, swelling the number to over 100 dentists with 75,000 plus patients. Similar reaction in Cambridgeshire has meant that dentists there are poised to de-register thousands of patients in a similar protest.

Using email and internet discussion groups dentists all around the country are being kept informed of developments as they happen. This technology didn't exist when the NHS dental contract underwent its last major change in 1990/91. The Oxford protest group can be contacted through Dr Gareth McAleer at Smileatbroadway@aol.com



*STOP PRESS - See Editorial p.623