

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](mailto:bdj@bda.org)

## Review suggests way forward for gerodontology

It used to be accepted that old age was accompanied by losing most, if not all, your teeth and having them replaced with dentures. Today, however, statistics show that dentists are increasingly seeing people well beyond retirement age who have kept many or most of their teeth – but frequently with the help of restorative dental work like fillings and crowns that need much greater care and maintenance than dentures. Even in the oldest age groups (85 years and over) nearly half of the British population are now expected to have at least a few natural teeth. Experts warn that this fundamental change in oral health will generate an unprecedented demand from older people for dentistry. However, some of this increase in demand on the Health Service will be offset by a reduction in demand by younger people due to a history of less decay and fewer fillings.

A review, published by the British Society of Gerodontology and funded by the Department of Health for England, suggests ways of meeting this new demand. One of its key recommendations is that older people should be entitled to an extended consultation with a dentist to plan out their long term dental care needs. This would go beyond the standard check-up to include a full assessment of a patient's dental health and, in particular, to make sure that dental disease is prevented and unnecessary treatment avoided. The dentist would then use the session to formulate a comprehensive oral health plan tailored to that individual. Other recommendations are to train more dentists in gerodontology and to equip other professionals who are working with this age group on a regular basis with oral healthcare skills.



## Special Care Dentistry to become a specialty – official

The General Dental Council (GDC) voted at its meeting on 8 December 2005 to recommend that Special Care Dentistry become a new specialty, ending years of lobbying and months of speculation. The GDC Review Group, taking on the Joint Advisory Committee for Special Care Dentistry's (JACSCD) definition as of the discipline as 'the improvement of oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical emotional or social impairment or disability or, more often, a combination of these factors', decided that the establishment of such a specialty would be in the interests of patients. This would be served, the Group added by:

- Providing an appropriate referral option for patients with special needs.
- Providing a group of highly trained specialists who could support and help educate other dental practitioners in the provision of care for patients with special needs.
- Improving the standard of care for this group of patients.

In this context the Review Group felt that Special Care Dentistry was a distinctive branch of dentistry in terms of the overall treatment need of a particular group of patients and parallels were drawn with the already established specialty of Paediatric Dentistry. They had received a large number of responses from a wide range of individuals and bodies with arguments both for and against the establishment of the specialty. In the future, specialists in Special Care Dentistry will help to meet the need for an interface between primary and secondary care in providing an appropriate referral option. Additionally, they will fulfil the role of supporting and teaching other dentists how to meet the needs of this particular group of patients.

## Annual retention fee 2006 now due

The General Dental Council annual retention fee (ARF) collection is underway. Payment is due by the end of the year. This year's fee is £409 for dentists and £68 for dental hygienists and dental therapists. Reminder letters have gone out to all dentists on the Dentists Register and all dental hygienists and therapists on the Rolls of Dental Auxiliaries. They have until 31 December to make their payment and retain their name on the GDC's registers for 2006.



General Dental Council

# NEWS FROM THE BDA

## Daily Mail underlines dangers of dental reform

A recent issue of the *Daily Mail* contained a double-page spread asking why it is so difficult to get an NHS dentist. The BDA's media team provided a significant background briefing to the author of the feature and arranged an interview with GDPC chair Lester Ellman. The piece was sympathetic to the problems facing practitioners, exploring both how the current situation has been reached and looking forward to what the reforms might mean. Affording Dr Ellman the last word, the article concluded with him underlining to the paper's 2,350,000 readers that it will be patients who lose out if the Government doesn't get dental reform right.

## Representative Body elections

As this issue of the *BDJ* went to press, ballots were just closing for elections to the Representative Body: there were ballots in eight branches. By the time of publication, results will be available on the BDA website.

## Salaried services in England

The chair and vice chair of the Central Committee for Community and Public Health Dentistry (CCCPHD), Janet Clarke and Christine Arnold, together with the BDA's Sara Osborne and Sue Martin met with Health Minister Rosie Winterton earlier this month. The meeting was requested by the Minister to discuss the long awaited Salaried Review, implementation of a new single spine pay scale and new negotiating arrangements with NHS Employers. The CCCPHD Executive Sub-committee then met on 6 December to discuss the various issues revolving around NHS Primary Dental Services from April 2006, focussing particularly on a strategy for salaried services, in the midst of a lack of direction from the Department of Health. The committee debated the issues influencing the options for service provision, be it Community Dental Service, Personal Dental Service or Primary Care Trust Dental Service, and considered options for effective provision of BDA guidance on these options.

## British Dental Conference and Exhibition moves ahead

Four sponsors are now confirmed for the British Dental Conference and Exhibition 2006 being held 18-20 May 2006 in Birmingham. Integrated Dental Holdings and GlaxoSmithKline have confirmed platinum sponsorship, with GE Consumer Finance and Pfizer as gold and silver sponsors respectively. Over 90 % of the exhibition stand space has now been booked.

## EU Dental Liaison Committee

Susie Sanderson, Stuart Johnston and Linda Wallace attended the winter meeting of the Liaison Committee in Brussels on 29 November 2005. The main items of importance were the draft Directive on Services in the internal market, the effects of the Bologna process on dental undergraduate education and the increasing interest in the Commission in attacking anticompetitive practices in the professions.

## HIV and healthcare workers

Dentistry and the experience of dentists were discussed in detail at the recent HIV, Healthcare Workers and Human Rights conference. The event, organised by the Gay and Lesbian Association of Doctors and Dentists in conjunction with Unison and the Royal College of Nursing, was well-attended and held in anticipation of the long-awaited Department of Health guidance on HIV infected health care workers. Matters discussed included the health and wellbeing of practitioners, risk and evidence, professional and support services available and public perception and stigmatisation.

## Media training

The BDA's Communications Directorate has held a training session for four new media spokespeople in Scotland in order to make the BDA's media presence even stronger. With dentistry still riding high on the media agenda in Scotland, the newly trained voices will play a vital role in disseminating the Association's message. The group also includes the BDA's first three women spokespeople for Scotland. Further media training events are planned for the New Year, centred on areas around media hubs, such as Birmingham, Bristol and Newcastle, and where there is a shortage of spokespeople.

## Most successful seminar yet

The latest seminar in the BDA/*BDJ* 'clinical guide' series, *A clinical guide to anterior dental aesthetics*, is the most popular clinical seminar the BDA has run to date. Jointly the London and Bradford events in September and November respectively had almost 200 delegates plus nine exhibition stands with Nobel Biocare as overall event sponsor.

## Refugee dentist newsletter

The BDA has resumed production of the quarterly *Refugee Dentist Newsletter*. The November newsletter is a joint undertaking by the organisations represented on the Refugee Dentist Steering Group and aims to inform refugee dentists about the BDA, and the support activities and programmes available from the BDA and other organisations.

## Parliamentary panel

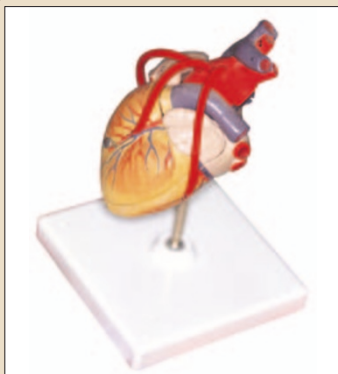
The BDA's Parliamentary Panel met again on 5 December to discuss the new GDS contract, patient dental charges and speculation about the location of the proposed new dental school. Lester Ellman and Susie Sanderson both spoke on behalf of the BDA, with a dozen MPs and Peers in attendance, including the Conservatives' health spokesperson in the Lords and the Liberal Democrats' dentistry spokesperson in the Commons.

## Lords debate clinical academics

On 1 December the House of Lords discussed clinical academics and the Government's plans to improve recruitment and retention. The BDA briefed a number of Peers to ensure that the issues were properly addressed. The Minister told Peers that dental education was experiencing the biggest programme of investment since the inception of the NHS.

## Dentists can play a role in fighting heart disease

A study published in the November issue of *The Journal of the American Dental Association (JADA)* says dentists have a 'unique opportunity' to help in the fight against heart disease, the leading cause of death in the UK. Health care utilisation patterns indicate that individuals may be more likely to see their dentist regularly than they are to see their physician, the *JADA* report says. 'This could place dentists in the frontline for identifying patients at risk of coronary heart disease,' says Michael Glick, D.M.D., who co-authored the study. Conducting medical history reviews and measuring patients' blood pressure are 'common practices' for today's dentists, the researchers note. Such procedures, along with simple chair-side screenings, help dentists provide proper dental care, but they also can point to underlying medical conditions and risk factors that could contribute to a heart attack. A patient found at risk would be referred to a physician for consultation and treatment. 'Our study clearly suggests that dentists can play an important role in primary prevention of cardiovascular disease,' report Drs. Glick and Greenberg in the *JADA* study titled, The potential role of dentists in identifying patients' risk of experiencing coronary heart disease events.



## Police investigation

On Tuesday 1 November 2005 Dorset Police were called to a derelict house in the Westbourne area of Bournemouth where workmen clearing the site for redevelopment uncovered the skeletal remains of an adult male in deep undergrowth. A full set of teeth were present and they appeared to have had extensive dental work.

Enquiries to formally identify the remains are ongoing and Detective Sergeant Dave James of the Dorset Police Major Crime Investigation Team is very keen to track down the dental records of a John Neville Portlock (born 30th August 1954). Mr Portlock was brought up in the Hammersmith area of London and is also known to have resided in the following areas: High Wycombe, Weymouth, Swanage and Bournemouth. The last known sighting of Mr Portlock was in late 2001.

DS James would ask that surgeries check their patient database for Mr Portlock and in the event of a positive result contact him on 01202 222291. The requisite data protection form will then be forwarded for the release of the records.

Detective Sergeant 764 Dave James, Dorset Police, Major Crime Investigation Team, Bournemouth Police Divisional Headquarters, Madeira Road, Bournemouth, BH1 1QQ.

## GKT Annual Dental Ball

No less than nine past Presidents and two Deans attended the GKT Annual Dental Ball held at the Marriott Hotel Grosvenor Square on 19 November 2005. Special commemorative medals were presented to the honoured guests whose support spanned over 40 years. The Ball may be the social highlight of the GKT Dental Society but there was a full house for the three keynote speakers of the year. Dr Chris Louca spoke about lasers in dentistry, Dr David Winkler lectured on aesthetic dentistry and Dr Stephen Hancocks amused the audience with his much appreciated performance of smoking cessation. Prof Steve Dunne took over as President at the Annual Prize giving with his inaugural address on 29 November 2005.



Seated from Left to Right:

Prof Steve Dunne – Dental Society 2005; Dr Mike Escudier – GKT Dental Society 2003; Prof Farida Fortune – Guy's Dental Society 1997; Prof Peter Morgan – Guy's Dental Society 1994; Prof Stephen Challacombe – Guy's Dental Society 1988; Prof Nairn Wilson – Present Dean Dental Institute 2001; Mr Breit Sinson – Royal Dental Student Society 1978-79; Prof Richard Johns – Guy's Dental Society – 1975; Mr Roger Anderson – Royal Dental Student Society 1964-5; Dr Michael Furness – Royal Dental Student Society 1963-4; Sir Ian Gainsford – Dean KCSMD to 1997

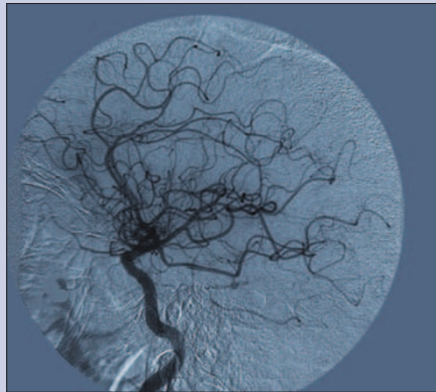
Standing Left to Right Current GKT Dental Society Executive:

Ahmed Alshafi – Ball Secretary; Poonam Kalsi – Ball Secretary; Sundip Parekh – Ball Secretary; Sarjoo Mistry – Events; Sachin Sedani – Student Vice President; Tarik Shembesh – Student President; Dr Pat Reynolds – Staff President 2004; Rishi Shah – Treasurer; Jonathan Ee – Publicity



## New link between periodontitis and heart disease

Virginia Commonwealth University researchers have found that changes in the plasma lipoprotein profile of patients with severe periodontitis may contribute to these patients' elevated risk for heart disease and stroke. The findings suggest that it may be beneficial to test periodontitis patients for changes in their plasma lipoprotein profiles, so that available medication can be taken if necessary. In the December issue of the *Journal of Lipid Research*, researchers found that patients with generalised aggressive periodontitis generally had elevated plasma levels of a particularly bad subclass of the low density lipoprotein (LDL) called small-dense LDL. 'Previous research has shown that people who have predominantly small-dense LDL in their blood are at a three- to six-fold increased risk of heart disease and stroke', said lead author Rik van Antwerpen, Ph.D., an assistant professor of biochemistry at VCU. 'A person may have predominantly small-dense LDL without having alarmingly high blood levels of cholesterol. Therefore, unhealthy levels of small-dense LDL are not always detected in regular cholesterol tests.' According to the study, a second factor influencing the cardiovascular risk of patients with severe periodontitis may be platelet activating factor acetylhydrolase (PAF-AH), an enzyme that is associated with small-dense LDL. PAF-AH is able to break down some of the inflammatory, atherogenic components of LDL. van Antwerpen said that the enzyme may lower the atherogenic effects of LDL, and that the observed decrease of LDL-associated PAF-AH activity in patients with severe periodontitis may increase the cardiovascular risk of these patients. 'Our results indicate that these differences may in part be responsible for the enhanced plaque build up in the arteries of patients with severe periodontitis,' said van Antwerpen. In this study, a limited number of participants were enrolled – 12 patients with generalised aggressive periodontitis and 12 control subjects without periodontal disease. Currently, van Antwerpen and his colleagues are evaluating a greater number of patients with varying degrees of periodontal infection and inflammation as they work toward establishing testing guidelines for periodontitis patients.



## Relationship between obesity and dental decay in children

Snacking on treats in front of the television for several hours a day not only increases a child's risk of becoming obese, but also of developing dental decay. In an article entitled, *Dental caries and obesity in children: Different problems, related causes*, published in the latest issue of *Quintessence International*, the author shares some insights about possible relationships between obesity and dental decay in children. 'When children watch a lot of TV, they tend to snack more frequently, particularly on foods that are high in fat and/or sugar,' says the report's author, Carole Palmer, professor of general dentistry at Tufts University School of Dental Medicine. 'This not only increases their overall caloric intake, which we know can lead to obesity, but it also increases their risk of developing tooth decay because the amount of time food is in contact with the teeth increases.' Palmer says that it is the usage pattern of certain foods and beverages, not the total consumption, that is associated with an increased risk of tooth decay in children. 'In that way, the cause of dental disease in children does differ slightly from that of obesity, but both diseases clearly share common denominators,' says Palmer. Childhood obesity and dental decay result from complex interactions among several factors. Many of the contributing factors are rooted in evolving changes in lifestyle and environment, including changes in physical activity and school food services. The author notes that many schools in the US have reduced their physical activity programs, and parents are hesitant to allow their children to play outdoors because of concerns about safety. As a result, children are spending more time engaged in sedentary indoor activities, especially television viewing, a situation not too dissimilar from that in the UK.

### February 2006

BDA Careers Day 2006  
Logan Hall  
Institute of Education, London  
Friday 10 February 2006

Young Dentists Conference  
London  
Saturday 11 February 2006  
Tel. 08700 10 20 43

2nd European Conference of Preventive and Minimally Invasive Dentistry  
Date: 23–25 February 2006  
Venue: Congress Centre Innsbruck, Innsbruck, Austria  
Email: [Kongress@quintessenz.de](mailto:Kongress@quintessenz.de)  
[www.quintessenz.de/ecp](http://www.quintessenz.de/ecp)

### April 2006

IDEM 2006 exhibition and conference  
Date: 7–9 April 2006  
Venue: Suntec Singapore International Convention and Exhibition Centre  
[www.idem-singapore.com](http://www.idem-singapore.com)

British Society for the Study of Prosthetic Dentistry Annual Conference  
Date: 8–11 April 06  
Venue: Edinburgh  
Email: [bookings@bsspd.org](mailto:bookings@bsspd.org)  
[www.bsspd.org](http://www.bsspd.org)

### May 2006

British Dental Conference and Exhibition  
Date: 18–20 May 2006  
Venue: ICC Birmingham  
[www.bda-events.org](http://www.bda-events.org)

### September 2006

FDI Annual World Dental Congress  
Dates: 22–25 September 2006  
Venue: SZCEC, Shenzhen Convention & Exhibition Center, China  
[congress@fdiworldental.org](mailto:congress@fdiworldental.org)

### October 2006

BDTA London Dental Showcase  
Dates: 5–7 October 2006  
Venue: ExCel London  
[www.bdta.org.uk](http://www.bdta.org.uk)

American Dental Association 147th Annual Session  
Dates: 16–19 October 2006  
Venue: Las Vegas  
[www.ada.org](http://www.ada.org)