

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.

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FIXED BRACES ARE BEST AND CHEAPEST

According to studies carried out in Sweden, society could save millions each year if more children were fitted with fixed braces.

Calculations by Sofia Petrén, a dentist and orthodontic specialist at Malmö University, indicate that at least 10% of all eight- and nine-year-olds in Sweden have a crossbite. In randomised studies, Dr Petrén investigated four methods of treatment: fixed appliance (Quad Helix), removable appliance (expansion plate), composite construction on the molars of the lower jaw, and no action in the hope that the problem would straighten itself out. A total of 70 children were involved in the four groups.

The composite construction had no effect on crossbite; neither did taking no action. The other two treatments

proved effective, both in the short and long term, but the fixed appliance yielded clearly superior results.

‘The fixed braces entail that the children are treated 24 hours a day. The removable plate means that the children need the help of their parents, and it happens that they forget it sometimes, which affects the outcome of treatment,’ said Dr Petrén.

The fixed appliance is also the cheapest. Dr Petrén compared the costs, both direct and indirect, and found that Swedish society could save SEK 32 million per year (over £3 million) if all children with unilateral crossbite were treated with fixed braces. Part of the difference is due to the fact that children who are treated with removable appliances sometimes need to be treated again because the treatment failed. But even if all treatments with removable appliances were successful, the annual cost would still be more than SEK 12 million (over £1 million) compared with fixed braces.

The finding in Sofia Petrén’s dissertation that children’s bite problems do not sort themselves out spontaneously means that regions that postpone treatment to save money will be facing even higher costs in the long run. <http://dspace.mah.se/handle/2043/11823>



GDC ANNOUNCEMENTS

- A raft of changes aimed at improving the handling of complaints against dental professionals have been announced. Key changes include an increase in the number of decision meetings and hearings; an improved, front end diagnostic process to fast track the most serious cases; the provision of clinical advice where appropriate; a rigorous quality assurance process; and the introduction of a top class case management database.
- New guidance has been issued for registrants on non-surgical cosmetic procedures such as the prescription or administration of Botox or injectable cosmetic medicinal products. The GDC says that remote prescribing shall not be used in the provision of these procedures.
- The GDC has reminded employers that they need to understand their responsibilities when it comes to managing and employing dental professionals. Free copies of an advice leaflet can be downloaded from www.gdc-uk.org.
- Dental professionals are encouraged to apply to join the GDC Council as registrant members. Candidates from all registrant groups can apply; successful applicants are paid a fee of £353 per day plus travel and expenses. For more information visit the GDC website at www.gdc-uk.org.

EVOLUTION OF ORAL MEDICINE CELEBRATED

A history of the British Society for Oral Medicine (BSOM), which celebrated its 30th anniversary in February this year, has been published.

The British Society for Oral Medicine: a brief history by Professor Anne Field, Dr Alan Mighell and Dr John Steele is available on the BSOM website at http://www.bsom.org.uk/History_of_BSOM_1981-2011.pdf. It outlines the evolution of oral medicine in the UK from its origins in oral pathology to its recognition as a dental specialty by the General Dental Council, with tribute paid to the founders of BSOM.

