IACA Newsletter volume 2 issue 2

WALT DISNEY WORLD - SWAN & DOLPHIN

2008 Conference Presented By:

AURUM CERAMIC DENTAL LABORATORIES

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HARDING HEADLINER

On behalf of the entire IACA Board of Directors I would like to personally invite you to this year's IACA Annual Conference in beautiful Orlando, Florida. The conference will be held at the amazing Dolphin and Swan Resort inside Walt Disney World from July 30th through August 2nd. We are very excited about a four day line up that includes some of the biggest and brightest minds in dentistry. In addition to all the exciting lectures, workshops and panels this will be the last public lecture by Bill Dickerson outside of LVI. This promises to be one of the biggest highlights ever for the IACA. So please join us in Orlando for what promises to be an awesome four days. ***– Jim Harding, DDS***

NOTES FROM YOUR EDITOR

Dan Jenkins D.D.S., FICD,
American Association of Dental Editors, Certified Dental Editor

REGRETS

I received an email from a high school classmate a couple of weeks ago. It bore the sad news that a classmate friend had passed away and his burial was to be that very day at our local National Cemetery since he was a veteran. Greg and I had not only gone to high school together, but we also served in the military at the same time. While I was in the Navy, Greg was in the Marines. Usually, a Sailor and Marine would not be seen together but while others had their differences we got along fine. We would defend each other against verbal abuse in San Diego by other Sailors or Marines and it taught us both to tolerate the differences in others' perceptions.

We lost contact when I went to college and dental school and I moved away for quite a few years. After a class reunion we linked up again just a couple of years ago. We made arrangements to keep in touch, but his phone number changed and I kept putting off making a trip to his house to get a new number again. I rationalized that since he was sick a lot he might not be up to my stopping by unannounced.

As I sat in my office reading that email I felt regret over not having been more diligent in driving to Greg's to contact him again and get his new number. I regretted not having heard earlier that he had passed away and regretted that I would not be able to at least attend his burial service.

I thought of many things we all regret in life. Perhaps we regret not asking a particular person out on a date. As dentists we may regret not learning a certain skill or completing a desired certification process. Regretting a failure to spend some time with a friend is a very personal regret. I think it is important for us to avoid regrets by making decisions in time to avoid regret.

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WEBINAR SERIES

Building Value for TMD Treatment

Prabu Raman, DDS, FICCMO

Tuesday
May 13, 2008 5pm Pacific

Members: Free **Non-Members:** $95

the board of directors

Jim Harding	Dianne Hornberger
Sam Kherani	Dan Jenkins
Randy Bryson	Randy Jones
Anne-Maree Cole	Prabu Raman
Mark Duncan	Ron Willis
Chuck Flume	Larry Winans

IACA AESTHETIC EYE

SUBMIT YOUR CASE NOW

The Aesthetic Eye of the IACA will feature aesthetic photographs submitted by IACA members that will be highlighted at the Annual Meeting of the International Association of Comprehensive Aesthetics. The submitted photographs in each category will be reviewed by the panel and selections will be made on finalist to be displayed. The categories are as follows:

1. Anterior Aesthetics Views Required
2. Full Mouth: Full Mouth Aesthetics
3. Glamour Portrait Shots

Taking a Nocturnal Look at the Neglected Health History

B. Kent Smith, DDS

As we look at the new patient paperwork, we see "interested in a smile makeover", and suddenly, we are blinded to any complications in their health history. If we bother to glance at that part of the form, it's only our moral nature assuaging ourselves of any guilt by reading, but not seeing, the written clues to our patient's overall health status.

Maybe you do actually contemplate each item checked. "Depression? Ah, that must be related to her ugly teeth – that's an easy fix!"…"Hypertension? Good, he's medicated."…"GERD? I'll have to make sure she's taking Prilosec so she won't eat away my porcelain!"

What you may not realize is that many of the disorders you see checked off are closely tied to their inability to breathe effectively while asleep. Regrettably, MDs get about five hours of education on sleep disorders, and they know very little about signs and symptoms related to these. With a health history at our fingertips and an oral cavity at the end of our loupes, we are much better suited to handle this chore. I would go so far as to say that it is our moral obligation to do so.

Taking a look at the cardiovascular system, we know that obstructive sleep apnea (OSA) is associated with systemic hypertension, atrial fibrillation, myocardial ischemia, atherosclerosis and an increase in cholesterol. Think hypertension is a good predictor for a myocardial infarction? You're right, but OSA is *three times* as likely to bring on an MI. Breathing without an antagonist while asleep is a key to a healthy heart, so if there are cardiovascular hiccups in the history, it's time to look for more indicators.

Another well-researched area related to OSA is the cerebrovascular system. Moderate to severe OSA patients are three to four times more likely to have a stroke within the next four years. In fact, OSA has twice the risk of factors such as hypertension and diabetes, so if your patient has a history of stroke, that's another red flag for you.

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Abstract Alley - *Sahag Mahseredjian, DMD*

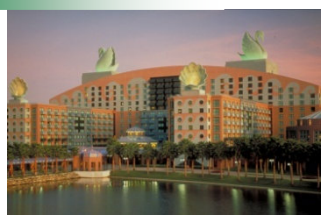
An *in vitro* assessment of the role of Tooth Mousse in preventing wine erosion, C Piekarz, S Ranjitkar, D Hunt, J McIntyre, Australian Dental Journal Volume 53 Issue 1 Page 22-25, March 2008.

This was an in vitro study to determine the effectiveness of Tooth Mousse, an anticariogenic remineralizing agent for controlling dental erosion in professional wine tasters. Human maxillary premolar teeth were subjected to 1500 one-minute exposures to white wine with a pH of 3.5. Tooth Mousse was applied every 20 cycles to the test samples.
Erosion depths were significantly shallower in the experimental samples than the control samples for both enamel and dentine /cementum.
Researchers conclude that Tooth Mousse may have a significant role in the management of wine erosion.

Relationship of TMJ osteoarthritis / osteoarthrosis to head posture and dentofacial morphology, Ioi H, Matsumoto R, Nishioka M, Goto TK, Nakata S, Nakasima A, Counts AL, Orthodontics & Craniofacial Research 11 (1) , Feb, 2008, pp. 8–16.

The purpose of this study was to test the hypothesis that there is a relationship between the temporomandibular joint (TMJ) osteoarthritis/osteoarthrosis (OA), head posture and dentofacial morphology.
The study used 34 females with TMJ OA with a mean age of 24.7 years and a control group of 25 healthy females with a mean age of 23.6 years. Angular and linear cranio-cervical measurements were recorded. The TMJ OA group had significantly larger cranio-cervical angles ($p < 0.05$) and had more posteriorly rotated mandibles ($p < 0.0001$) than those in the control group. They also had a significantly shorter posterior facial height ($p < 0.0001$). The TMJ OA group had more retro-inclined lower incisors ($p < 0.05$).
The researchers concluded: "These results suggest that an association may exist between TMJ OA, head posture and dento-facial morphology."

2008 Conference



Make your room reservations now at the Swan and Dolphin

FUN IN THE SUN

Hello Florida is the IACA's preferred destination management company that offers tours and activities, discounted attraction tickets, transportation and dining to all IACA attendees. Also, join us for the IACA night at the park, Thursday, July 31 from 4 - 9:30 PM

FUTURE MEETINGS

2009 Annual Conference
The Westin St. Francis
July 30 - August 1
San Francisco, California

2010 Annual Conference
The Westin Boston Waterfront
July 22 - 24
Boston, Massachusetts

2011 Annual Conference
Grand Hyatt on the Bay
July 28-30
San Diego, California

LASER TIPS

by peter pang, dds, fagd

Lasers & Implants - Are they a good mix? Depends on what the treatment plan is. Also, make sure you have been properly trained. You need more than the basic manufacturer's orientation course. Let's cover a few guidelines.

Three scenarios when *specific wavelengths* (types of lasers) can be used in implantology are: 1. Routine hygiene procedures 2. The care of a failing implant by the dentist and 3. In the placement or uncovering stages of the implant. Please pay particular attention to the words, "specific wavelengths."

Two dental lasers that one should NOT use around implants, the Nd:YAG (1064nm, Nd:YAP-1034nm) and Ho:YAG (2090nm) lasers. Lasers at these wavelengths are highly absorbed in titanium and will definitely result in overheating problems which will alter the surface of the metal as well as cause bone destruction.

Alternatively, diode lasers (810-980nm) are typically used in hygiene procedures for bacterial decontamination. The same technique and settings can also be applied to implants during a hygiene visit. Even at extremely high powers beyond clinical relevance, the diode laser will not adversely affect the implant surface (Kreisler Int J Oral Max Implants 2002).

Another good application for this wavelength is in implant uncovering and re-contouring for the emergence profile prior to placement of flared abutments or healing caps. Caution should be exercised to prevent overheating by the use of high volume evacuation, keeping the fiber moving, using power of no more than 1 watt, for 30-40 seconds.

Although, the diode laser does not alter the implant surface, both the diode and CO_2 laser (9.3-10.6µm) have the potential for overheating the bone above 47℃. (Kreisler Lasers Surg Med 2002). Furthermore, the CO_2 laser has a potential to alter HA coated implant surfaces when higher powers are used. (Kreisler IJOMI 2002).

When used appropriately, the CO_2 has been found to reduce bacteria and even regenerate bone. (Stubinger Int J Oral Max Implants 2005) Adhering to the above guidelines and observing good tissue interaction are advised.

The most effective laser to use on implant surfaces is the Erbium wavelength (2780-2940nm). With appropriate settings it has been shown to eliminate biofilm, and bacteria - and have the least risk of increased temperature. Suggested guidelines are: 50mj, 30hz (17.7J/cm^2) with water spray. (Matsuyama J Clin Las Med Surg 2003).

Always wear appropriate laser specific safety goggles. And, remember that each laser will vary on settings. Variances can depend on pulse width, spot size and how the laser was manufactured.

For more information on all the dental laser wavelengths, attend the Academy of Laser Dentistry's Scientific Conference, April 10-12, 2008 in San Diego. www.laserdentistry.org

Dr. Pang holds Advanced & Educator status with the Academy of Laser Dentistry and has been published in several journals. He also is a Fellow of the Academy of General Dentistry, Sustaining member of AACD and holds memberships in IACA, IAO and ADA. He is an LVI Graduate and a visiting faculty member at LVI.

REGRETS continued from page 1...

I walked out of my private office and told my scheduler to cancel my mid-day appointments as I needed to go to a friend's burial service. When I arrived, they were one pall bearer short and asked if I would serve. With honor I carried Greg in his casket and thought of the lessons we learned together; and I have not regretted rescheduling those patients that day.

I feel my association with the IACA is a result of my friendship with Greg. We had quite a few differences including branch of service, politics and race – which was difficult in the USA in the 1960's. But, we realized that we had so much more in common and enjoyed each other's company and found a closer friendship through our many discussions as teenagers going through life's learning experiences.

The IACA is founded upon open discussion and respect for varying treatment philosophies and opinions. Those who join the IACA state over and over that they enjoy this openness and have made many new friends in dentistry. Of course in the process we all keep finding more and more new ideas to incorporate into our practices.

The IACA meeting in Orlando is going to be an outstanding meeting. One particular presentation that you should not miss is Dr. Bill Dickerson's last, final, exclusive, and unforgettable farewell message in a public meeting. Attending this meeting and listening to Bill Dickerson's final message is something you will not regret. Failing to meet and make friends and exercising your mind to many various concepts in dentistry is another thing you do not want to regret. If you just cannot make the Orlando meeting – I will regret not seeing you there! You will be missed.

Taking a Nocturnal Look at the Neglected Health History continued from page 2...

Many of your patients (about 10% of your adults) have diabetes. A 2007 Yale study reinforced a 1999 UCLA study showing that OSA patients are 2.5 times as likely to develop diabetes, independent of all other factors. Knowing that your diabetic patients could have their poor sleep to blame should give you a reason to ask more questions.

I don't know how many of you have questions about erectile dysfunction (ED) or loss of libido on your health history, but it's worth knowing about a 2006 study published in *Urology.* It reported that 80% of patients reporting to a sleep clinic with OSA symptoms had ED. Research has also shown that OSA reduces the level of testosterone, so loss of libido is a common symptom with these patients. I am actually surprised at the number of patients who willingly check that box on our history form.

Depression should be on everyone's health history. In sleep-disordered breathing, sleep is fragmented, and this altered architecture keeps the sleeping patient from getting the slow wave sleep they need for rejuvenation. Additionally, the hypoxemia which results from oxygen desaturation can result in cerebral metabolic impairment, leading to depressive symptoms. Even if your patient does not check this on their health history, you can often read it in their faces and see it in their countenance.

With the annual global antidepressant market topping $20 billion in 2007, the drug manufacturers are simply filling a need, and there's more need now than ever before. I received this email from a patient who contacted me about getting help for his OSA. "...I am at the end of my active life: marathons, two kids, and a happy life are gone."

Other items on the history that are linked to sleep-disordered breathing include bruxism (80% of bruxers have a degree of OSA), acid reflux (GERD), headaches, insomnia, nasal congestion, the use of a maxillary splint and prior orthodontic treatment. The scope of this article does not allow me to fully explore any of these, but please know that your patients have little knowledge of how their poor sleep is affecting their health, and you may be the doctor who turns on the light for them.

Kent Smith is the course director/instructor for *Sleep Breathing Disorders* at LVI Global, is the co-founder and co-director of the Dental Organization for Sleep Apnea, and is on the Medical Advisory Board of Sleep Healers®. He can be reached (and solicits your questions) at KentSmith@21stCenturyDental.com

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