IACA Newsletter volume 2 issue 4


2008 IACA Newsletter
Presented By:





## KHERANI'S KORNER

The International Association of Comprehensive Aesthetics (IACA) was founded as an organization to promote, discuss and deliberate all aspects of Comprehensive Aesthetics in a contemporary setting. At the core of the organization's ethos is "inclusivity" which means that the member or participant has access to a large variety of pertinent knowledge which makes sure that the participant is not forced to accept a narrow spectrum of ideas and concepts. It allows for free thinking in the presence of proven science.

It is my esteemed pleasure to serve as the President of this great organization. I invite you to join and access the many benefits that go beyond the educational realm. Camaraderie, fun and brotherhood are also at the core of the IACA. In today's world of plentiful and instant information exchange, the IACA serves the role of a nerve centre that helps make sense of all this information leading to relevant knowledge that can help our patients.

The IACA has planned informative webinars at regular intervals and the annual meeting in San Francisco from July 30 - August 1, 2009. I invite you to join us for these informative endeavors. Finally, I invite any members who would like to contribute in a volunteer capacity to the benefit of the IACA to let us know via the contact information posted on the site.

***– Shamshudin "Sam" Kherani, DDS, FAGD, LVIM***

## NOTES FROM YOUR EDITOR

Dan Jenkins, DDS, FICD
American Association of Dental Editors, Certified Dental Editor

### IACA Orlando – Building a Bridge

*The IACA annual conference in Orlando Florida was another successful building block in the organization's goal to build bridges among all dentists. An IACA record attendance of over one-thousand members crowded the hallways of the Walt Disney World Swan and Dolphin resort to listen to over fifty highly sought after speakers. There was so much demand for some lectures that the meeting was moved to larger rooms or the doors were opened up so people could sit in the hall way and listen. Attendees came from as far as Australia, Canada, and Russia, but the long trip did not diminish their energy.*

*The enthusiasm of the meeting was contagious in the goals to learn as much as possible about reconstructive cosmetic dentistry, TMJ Dysfunction therapy, uses of lasers in dentistry, sleep apnea, the new PPM mouthguard that is becoming the rage among professional athletes like Manny Ramirez, implants, and office management. There was even an overflow crowd for a lecture on dental materials by Ron Jackson! Can you imagine a crowd like that for a dental materials lecture when you were in dental school?*

***CONTINUED PAGE 3***

WEBINAR SERIES

**Opening the Sleeping Airway**
*Kent Smith, DDS*

Thursday
**January 29, 2009 5pm Pacific**

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

## the board of directors

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IACA AESTHETIC EYE

SUBMIT YOUR CASE NOW

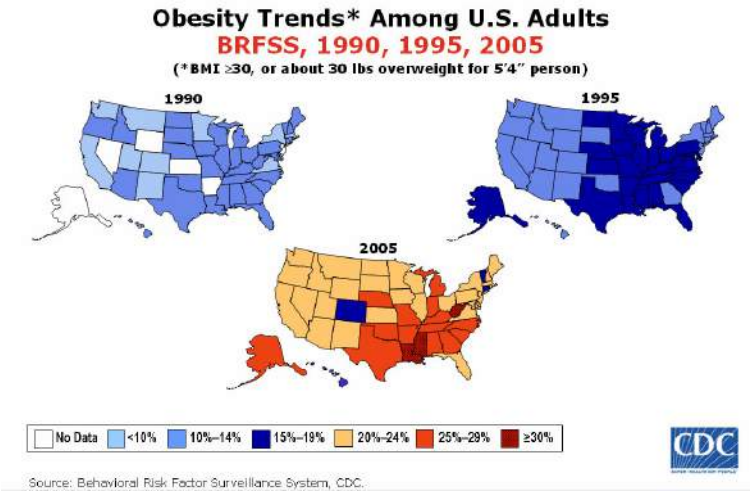
## Sleep Breathing Disorders – A 21st Century Epidemic

*B. Kent Smith, DDS*

According to the National Sleep Foundation, over 40 million people in the U.S. suffer from sleep disorders. It is believed that as the U.S. population continues to age, sleep disorders will increase in numbers. By 2050, it is estimated that over 100 million people will suffer from some form of sleep disorder. Insomnia is the leading sleep disorder, but sleep apnea is closing fast, as America continues its current slide down that slippery slope of unhealthy living.

**A Weighty Matter**

It will come as no surprise that obesity is strongly associated with the presence of sleep disordered breathing. Most of us are acutely aware of the progression of this condition, and I will not belabor the reasons, but a graphical representation will adequately relate this disturbing phenomenon. The data is supplied by the CDC.




Characteristics of obesity that lead to a restricted airway include an associated peripharyngeal infiltration of fat, typically observed in the neck circumference. A 17 inch measurement in men and 15 inches in women are generally viewed as predictive of an obstructed airway. Aside from size, the cricomental space is reduced when excess fat is distributed in the neck. To arrive at this measurement, a cricomental line is drawn between the cricoid cartilage and the inner mentum. This line is bisected, and the perpendicular distance to the skin of the neck is the cricomental space.

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## Abstract Alley - *Sahag Mahseredjian, DMD*

Armênio RV, et al, "*The Effect of Fluoride Gel Use on Bleaching Sensitivity: a Double-blind Randomized Controlled Clinical Trial;*" Journal of the American Dental Association, 2008 May; 139(5):592-7;

Fluoride has been recognized as a desensitizer; however, no study has addressed its effects to decrease tooth sensitivity when compared with a placebo in a double-blind randomized clinical study. METHODS: The authors divided 30 participants into two groups: one that received a placebo and another that was treated with fluoride. All patients used 16 percent carbamide peroxide (CP) in a custom-fitted tray until their teeth achieved shade A1 or lighter. After daily removal of CP, the patients wore a tray containing either sodium fluoride or placebo for four minutes. The authors statistically analyzed the perception of the intensity of tooth sensitivity and the weekly shade changes for both groups, as well as the intensity of tooth sensitivity (alpha = .05). RESULTS AND CONCLUSIONS: The use of fluoride gel did not affect the whitening efficacy of the CP. The authors observed no difference between the groups receiving the placebo and the fluoride treatment in terms of tooth sensitivity experience ($P > .05$); however, patients who received the placebo had a higher-intensity tooth sensitivity than that of patients who received the fluoride ($P < .001$). CLINICAL IMPLICATIONS. The use of 1.23 percent sodium fluoride after each bleaching regimen does not affect the bleaching efficacy of CP. Also, the use of sodium fluoride gel reduces the intensity of tooth sensitivity.

PMID: 18451376 [PubMed - indexed for MEDLINE]

2009 Conference



## FUTURE MEETINGS

***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*

More and more dentists are now using lasers. This column is written more for the experienced laser user. It will make more sense for those users that operate with lasers that offer all the variety of adjustments.

Ever wonder what life would be like beyond the settings suggested by the manufacturer's pre-set buttons? Do you turn up the pulses per second (hz) or the power (millijoules/watts)? How does changing the spot size have any effect? What about defocusing the beam by moving the tip further away from your target? Do we use water or not? The answer to these questions: "It depends". You can do all of the above for the best tissue interaction.

For surgical (read, doctor only) procedures a laser incision can be accomplished with little to no bleeding when compared to a scalpel. This can offer obvious benefits of improved visualization and lower stress.

By increasing the laser pulses (hz) or operating at continuous wave (cw) we can achieve a smoother margin. Also, whenever possible, higher pulses (hz) provide improved hemostasis; with cw being the best for tissue hemostasis.

However, when increasing the hz, your patient may start to feel uncomfortable. That's because of the increase in average power. You can always anesthetize. But why not try reducing the power (watts) or energy/pulse (mJ) to compensate? When combining higher hz with lower powers we can still provide low average powers. By using lower average powers, the patient should be more comfortable. Additionally, the clinician benefits by improved hemostasis and smoother incisions. This technique can be utilized for any incisional or excisional procedures including surface de-epithelization.

Why not take a laser class? A hands-on class is the only way to learn these techniques. In my next column, I will discuss when it is beneficial to do the reverse. That is, reduce the hz and increase the energy or power.

***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 and Academy of Laser Dentistry and LVI Global. A Sustaining member of AACD and holds memberships in IACA, IAO and ADA.***

**IACA Orlando – Building a Bridge continued from page 1...**

*It seemed like the attendees could not get enough of the information from the lecturers. Even when a lecture went overtime, no one was leaving. Fortunately, the IACA directors had allowed sufficient "flex" time between lectures so people could still make it to their next presentation. Of course it is great that the IACA also arranged for all of the lectures to be recorded on the video IPOD. This means that since it was impossible for any attendee to make it to every presentation they can listen and view all of the presentations they missed as well as review the information that was given in the lectures they did attend. This is of course available now for those who were not able to attend IACA Orlando, but canning the enthusiasm that was there was impossible to achieve!*

*Next year the IACA will continue building our philosophical bridge between dentists and it is only appropriate that we will meet in the city known for THE bridge – the Golden Gate Bridge. San Francisco is a great city to visit and people who live there tell me it is a great place to live too. Another line-up of great speakers will be there including Dr. Bob Jankelson, Dr. Norman Thomas, Dr. Anil Makkar, (Inventor of the PPM), Anita Jupp, and Wendy Hughes RDH. Soon there will be the whole list of speakers for the IACA San Francisco conference on the IACA website so check on it often to keep up with what is developing.*

*The enthusiasm of the IACA Orlando meeting will bridge to the San Francisco meeting and you will not want to miss it. Since the meetings have to be planned so far in advance the space available for San Francisco was based on attendance numbers of a couple of years ago. Since the IACA has grown so rapidly there is concern that people will have be turned down for attendance – no joke! I encourage you to register early and join in on another great conference – no doubt, the best ever!*

## Sleep Breathing Disorders – A 21st Century Epidemic *continued from page 2...*

When this space is less than 1.5 cms, it becomes more predictive of obstructive sleep apnea. In layman's terms, this is referred to as the turkey gobble.

**Alcohol Abuse**

Another risk factor for sleep breathing disorders is the consumption of alcohol. It has been demonstrated to increase nasal and pharyngeal resistance in awake patients, so it is reasonable to assume that the sleeping state sees a like correspondence. In fact, Issa and Sullivan demonstrated that the increased tendency to develop obstructive apnea after alcohol is the result of alcohol-induced oropharyngeal muscle hypotonia, while the increased *duration* of obstructive apnea is the result of alcohol-induced depression of arousal mechanisms.

In younger age groups, the effects may not be noticed, particularly in the individual not predisposed to sleep breathing disorders due to anatomical handicaps. However, as middle age approaches, and the incidence of obstructive sleep apnea increases, alcohol can take a bigger toll.

Based on SAMHSA's 2002 and 2003 National Surveys on Drug Use & Health (NSDUH), alcohol abuse among adults 55 years and older increased 19% for men and 24% for women from 1995 to 2002. This disturbing trend has serious consequences for those who are already on the cusp of sleep disorders.

**Americans Can't Sleep**

American pharmacists filled about 42 million sleeping pill prescriptions in 2005. In that same year, drug companies spent more than $300 million on ads for prescription sleep aids, which is more than four times as much as they spent in 2004. The result? Americans spent more than $2.5 billion on sleep aids in 2006.

Sedatives used as sleeping aids decrease pharyngeal muscle tone, much like alcohol and opiates, and can exacerbate obstructive sleep apnea. With financial incentives in the billions of dollars, is it any wonder what will happen to the airways of the 21st century?

**Americans Still Can't Sleep**

Even with $2.5 billion worth of drugs ingested, America remains sleep-deprived. Before Thomas Edison invented the light bulb, we were getting an average of 10 hours of sleep each night. Now, we are lucky to get 7. In the last 40 years, Americans have cut their average sleep time by almost 2 hours.

Researchers at Columbia University in New York City found that people who slept six hours a night were 23 percent more likely to be obese than people who slept between seven and nine hours. Those who slept five hours were 50 percent more likely and those who slept four hours or less were 73 percent more likely to be obese. As mentioned previously, weight gain is the leading indicator for developing an obstructed airway. As America sleeps less in the 21st century, our nightly breathing is headed the wrong way.

**Natural Selection?**

Not quite. As the air-compromised among us proliferate, it is too new in the evolutionary process to weed out the anatomical characteristics that occlude the airway so efficiently.
Genetics are thought to be a big player in the determination of anatomic risk factors for sleep apnea. With successful mapping of the human genome, recent evidence is accumulating about the genetic loci for these structural risk factors that predispose to the development of obstructive sleep apnea. However, this knowledge is rather useless for our purposes here. If we continue the trends discussed above, we will only pass along the anatomical and environmental troubles to our progeny. Maybe it's not an epidemic, but it's most certainly a genetic conundrum we need to decode.

***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®. Dr. Smith is a scheduled speaker at the IACA annual conference in San Francisco in 2009. He can be reached (and solicits your questions) at KentSmith@21stCenturyDental.com***

**The International Association of Comprehensive Aesthetics**
**1401 Hillshire Drive**
**Suite 200**
**Las Vegas, NV 89134**
**866.NOW.IACA**
**www.theIACA.com**