IDA
irish dental association

JIDA
Journal of the Irish Dental Association
Iris Cumainn Déadach na hÉireann

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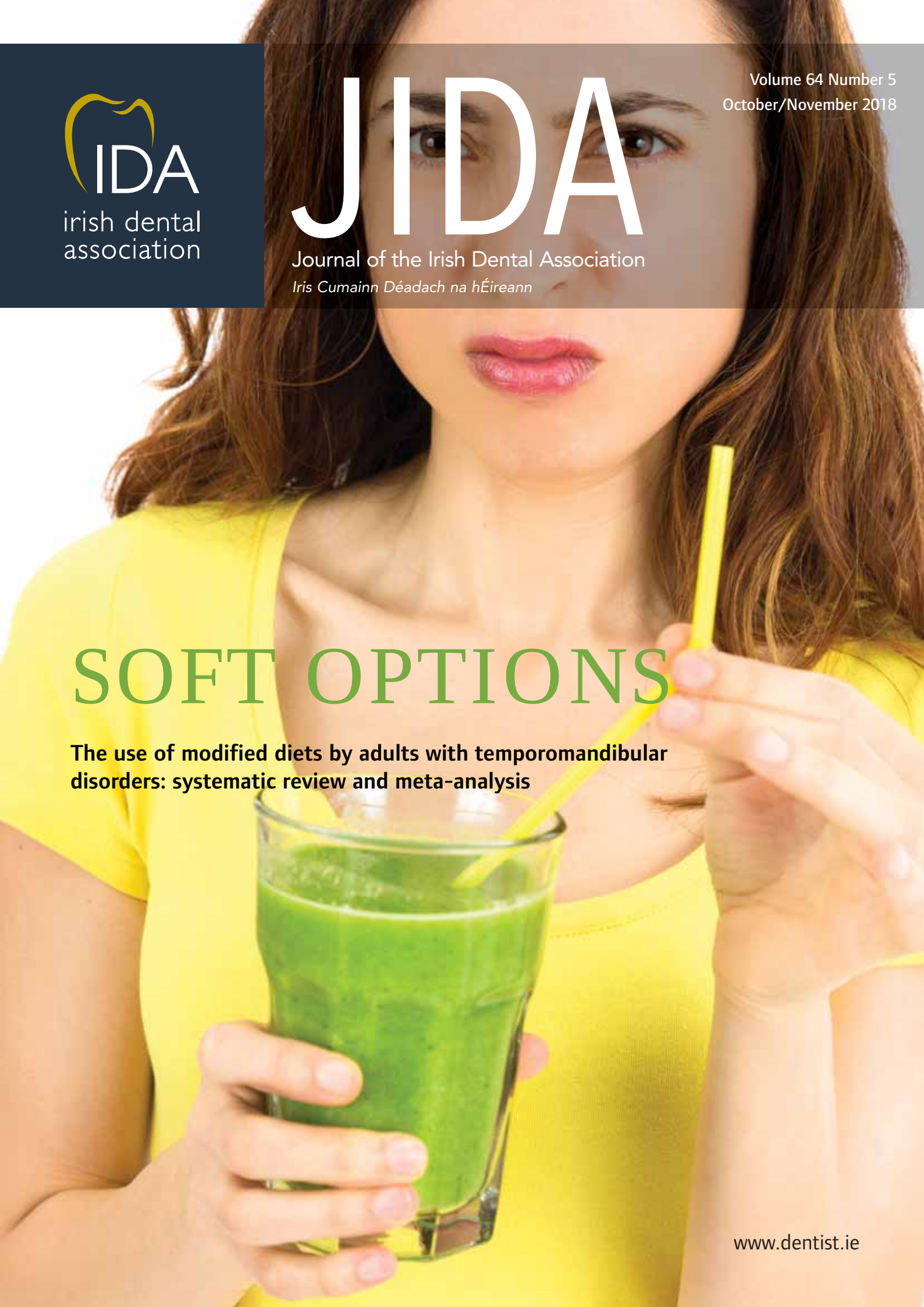

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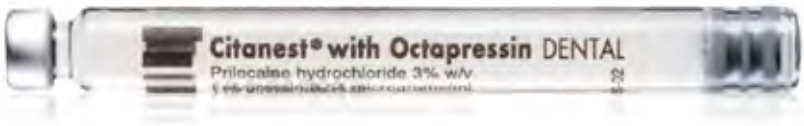

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For advice to authors, please see: www.dentist.ie/resources/jida/authors.jsp

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* patients ≥ 16 years at increased caries risk.

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EDITORIAL

Prof. Leo F. A. Stassen
Honorary Editor

Time for change

A new oral health policy is imminent, while the *Journal* announces a change of leadership.

The Association has produced a report on how an oral health strategy should be framed. It marks an important point on the long journey to a better environment for dentists and better outcomes for our patients in Ireland. The significance of the report is not so much in its content (which will seem sensible and well structured to the point of self-evidence to dentists). It is more that it has to be produced at all. There are two contexts for that: the lack of a national oral health strategy since the last one was published in 1994; and, the failure by the Government to consult with the Association on the contents of the strategy that apparently it is about to publish.

One of the core purposes of this *Journal* is to advocate for improved oral healthcare in Ireland. That puts us in a position of responsibility to ensure that the comments we make on the State and its schemes are well founded and authoritative. It was a bitter experience for all dentists to see those State schemes that cater for oral healthcare (the Dental Treatment Services Scheme for Medical Card holders and the Dental Treatment Benefits Scheme for PRSI workers) reduced to an almost meaningless state during the recession. The unilateral nature of the cuts and particularly the failure to ensure that preventive care was maintained caused dentists great pain and frequently placed them in borderline unethical positions regarding duty of care.

Good work has been carried out already to restore certain key elements of the DTBS and the positive nature of those discussions between the Association and the Department of Social Protection throws into sharp relief the lack of consultation with the Association by the Department of Health and HSE in advance of the publication of a new oral health strategy for our country.

The Association's document: 'Towards a Vision for Oral Health in Ireland' is introduced and summarised in the Members' News pages in this edition and I recommend that all members read it in advance of the publication of the Government's new oral health strategy.

Voluntary contributions greatly valued

As you have honoured me by electing me to be President of our Association in 2019/20, I need to devote time and energy to that position and therefore have stood down as Honorary Editor of this publication. It has been a great pleasure to work with everyone involved in the production of the *Journal* since mid-2005. In that time, many members of the Association served on the Editorial Board, acted as reviewers or contributed in other ways. Their collective efforts were fantastic and I thank them for the voluntary contribution of their time and expertise in the interest of improving our profession. Together, we moved the *Journal* from a quarterly to a six times per year publication; introduced new elements such as Clinical Features, Members' News, and the My IDA column; and, expanded our circulation to every dentist on the island of Ireland. I also acknowledge the critical role played by our advertisers in allowing us to invest in the resources needed to lift the *Journal* step by step from where it was to the position it holds now: the essential voice of Irish dentistry. We also, with the support of the Association, put in place a formal governance structure for the *Journal,* which we all believe will serve it well over the coming years. In my time as Honorary Editor, naturally, many people rotated on and off the Board. However, the support from the executives of the Association has been steadfast and I especially thank *Journal* Co-ordinator Fionnuala O'Brien, whose professionalism, courtesy and persistence ensured that the administrative aspects of my job as Honorary Editor were never a burden.

And so I congratulate Dr Ciara Scott on her appointment as the new Honorary Editor of the *Journal*. Ciara was selected by an interview panel following a highly competitive process. Her professionalism, combined with her experience of serving the *Journal* as a member of the Editorial Board, marked her out as an outstanding candidate in a field of very high quality. All of us who believe in the role of this *Journal* in informing, educating and occasionally entertaining Irish dentists wish her every success.

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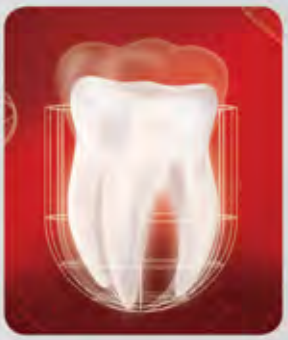

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PRESIDENT'S NEWS

Dr Kieran O'Connor
IDA President

Quo vadis – where are you going?

Autumn is the start of the new school and college year, the time of year when dentists return to CPD activity after a summer break, and I believe it is a good time of year to reflect on where you are and where you are going.

Oral Health Policy

At the time of going to print we still await the publication of the long overdue Oral Health Policy by Minister for Health, Simon Harris TD. During July we established a formal Oral Health Policy Task Force made up of a broad mix of dentists in private practice, salaried services and academia within the Association to reflect, analyse, study and formulate a formal position regarding oral health. We have had hugely positive meetings and have prepared a document that outlines the issues and priorities as we see them. As I and my predecessors have often reported, we have not been consulted during the preparation of the Oral Health Policy and in this waiting period vacuum I believe we as an organisation and as a profession need to focus on where are we going.

Mouth cancer awareness

The ninth annual Mouth Cancer Awareness Day took place on Wednesday, September 19, 2018. We decided this year to link with the Irish Men's Shed Association (IMSA) in order to highlight the risks of mouth cancer to their members. The IMSA was formed in 2011 in order to maintain links and share information among the network of men's sheds in Ireland.

We took a stand at the Men's Sheds Gathering in Páirc Uí Chaoimh, Cork, on September 12 and 13. IDA members have also been giving presentations on mouth cancer awareness at men's sheds around the country. I enjoyed attending the event and it again brought home to me how we often undersell our professional skills and abilities. We are not just tooth fixers and we need to get not just oral health messages to our patients, but to show how we have a contribution to make to their overall health and well-being.

Looking after ourselves and looking out for our colleagues

As I mentioned earlier, autumn is the start of the CPD season and at branch level evening lectures have commenced. The CPD is important but the opportunity it gives to meet colleagues and friends is, I feel, often more important. Our profession can be isolating, and the chance to catch up, share information and discuss problems with colleagues is to be welcomed. The face-to-face chat over a cuppa before or after a lecture/seminar is often undervalued. If you haven't seen a colleague for a while and haven't seen them at an IDA event, I would encourage you to pick up the phone and see how they are getting on. Equally, for newly qualified and newly arrived dentists, extend the hand of friendship. I often feel in our busy lives that we are at risk of losing our sense of fellowship and shared experience, and forgetting that together we are stronger. The Practitioner Health Matters Programme is available to members and we need to continue to make our colleagues aware of the Programme.

HSE Seminar

I was delighted to accept the invitation to attend the HSE Dental Surgeons Seminar in Portlaoise on October 11 and 12. The excellent two-day programme was put together by Dr Christine Myers, the new President of the HSE Dental Surgeons Group, and Elaine Hughes. I also wish to congratulate the outgoing HSE Dental Surgeons Group President Dr Niall Murphy for his hard work and commitment to the Association in the last year.

As Prof. Leo Stassen stands down as Honorary Editor of this *Journal*, I would like to take this opportunity to acknowledge and thank him on behalf of the Association for his hard work and tremendous contribution. I would also like to congratulate Dr Ciara Scott on her appointment as new Honorary Editor.

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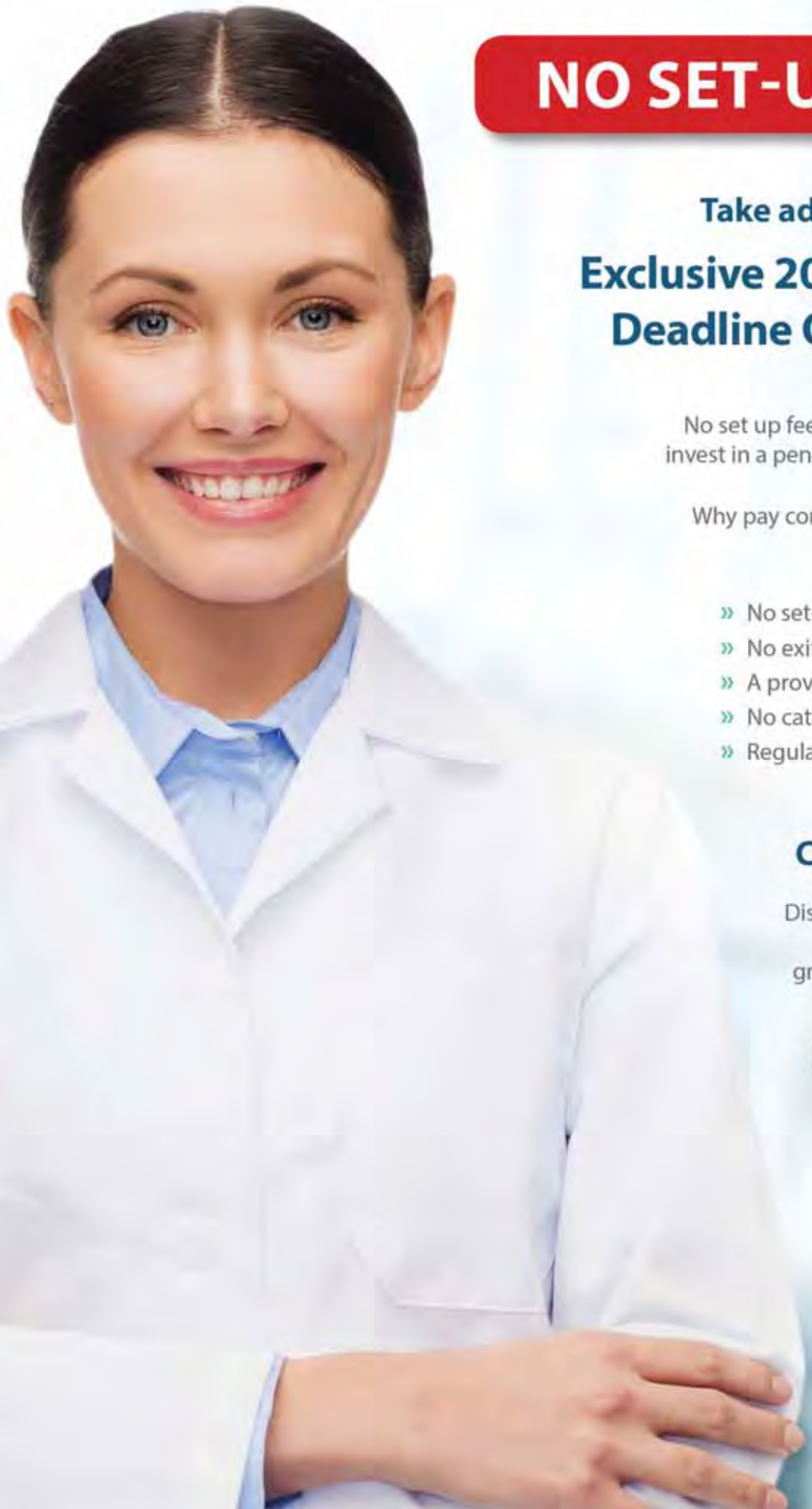

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Dear Editor,

Mouth Cancer Awareness Day would not be possible without the hard work and enthusiasm of Mouth Head and Neck Cancer Awareness Ireland,* which is a voluntary, unfunded, community-focused group, set up in 2009.

This year we specifically targeted men over the age of 50, because these cancers are more common in men than in women. The campaign highlighted signs and symptoms of the disease, common risk factors, the importance of regular dental check-ups, and the importance of men checking their own mouth on a regular basis.

We collaborated with the Irish Men's Sheds Association and participated in the Men's Sheds Gathering 2018 in Páirc Uí Chaoimh on September 12, offering information and advice to 'Shedders' on the day. Dentists also kindly volunteered their time and gave talks at various men's sheds around the country during September.

We ran a social media campaign to raise awareness of mouth, head and neck cancer, and to empower people in how to reduce their risk of this disease and to promote early detection to improve potential outcomes. In the words of John Langton, cancer survivor and member of our group, who shared his story with men all over the country: "I am fairly certain that it was because my cancer was detected early that I am here today. That is why it is so important to consult promptly with your doctor if you suspect any 'lump' on your neck, or dentist if you notice anything different within your mouth".

Yours faithfully,

Etain Kett
Chair, Mouth Head and Neck Cancer Awareness Ireland
Dublin Dental University Hospital
Irish Cancer Society
Cork University Dental School and Hospital
Irish Dental Association
Dental Health Foundation
National Cancer Control Programme

* Mouth, head and neck cancer survivors

Dear Editor,

I am writing to you out of total frustration. Recently, an elderly relative attended an A&E department in Ireland. While waiting on a trolley for admission to hospital, their dentures were cleared away by hospital staff and disposed of with clinical waste. Several of my elderly relatives' and past patients' dentures have suffered a similar fate.

In a recent paper by Mann and Doshi,[1] it was reported that denture loss is a problem in NHS hospitals, with seven trusts reporting the cost of reimbursement for denture losses amounting to £357,672. The authors advised that denture loss should be a reportable adverse incident. They identified several ways to reduce denture loss by hospital patients. These include staff training, providing prosthetic boxes on admission, denture labelling, and raising awareness among patients and family.

As an organisation, there is "an onus on the HSE and its staff to make all reasonable enquiries on admission, and subsequently if appropriate, to establish the existence and extent of any property that a client may have brought into the facility".[2]

The impact of denture loss on the individual denture wearer can be profound.[1] No data seems to be available nationally on how many dentures are lost in Irish hospitals. There is no national standardised protocol for the securement of patients' essential personal effects on admission to hospital. Therefore, I would appeal to your readers and to the Irish Dental Union to advocate for this issue on behalf of denture wearers.

Yours sincerely,

Evelyn Crowley
Senior Admin. Dental Surgeon, HSE South

References

1. Mann, J., and Doshi, M. An investigation into denture loss in hospitals in Kent, Surrey and Sussex. *British Dental Journal* 2017; 223 (6): 435-438.
2. HSE. Patients' private property guidelines. 2010. Available from: www.lenus.ie/hse/handle/10147/251298. Accessed July 25, 2018.

Mouth Cancer Awareness Day 2018

This year, Mouth Cancer Awareness Day focused on men over 50. GDPs were asked to give short presentations to Men's Sheds groups around the country, and Mouth Head & Neck Cancer Awareness Ireland took a stand at the Men's Sheds Ireland conference in Páirc Uí Chaoimh. Thank you to all dentists involved in this worthwhile initiative. Pictured in Páirc Uí Chaoimh were (from left): Dr Kieran O'Connor, President, IDA; Dr Eleanor O'Sullivan, Senior Lecturer, Oral Surgery, Cork University Dental School and Hospital; Edel Byrne, Health & Wellbeing Manager, Men's Sheds; Kevin O'Hagan, Irish Cancer Society; and, Stephen Fegan, mouth, head and neck cancer survivor.

Important radiation protection update

The IDA has written to members to inform them of significant changes in radiation protection regulation. A new European Directive will give authority to HIQA as regards patient protection, while the Environmental Protection Agency (EPA) will retain authority as regards members of the public and occupational safety.

The IDA has been in discussion with both HIQA and the EPA, and is pleased to say that it is likely that dentists will no longer need to hold a licence with the EPA, but instead will be required to register. This process is likely to cost considerably less than the current annual licence fee of €1,200. In some cases dentists may be entitled to refunds depending on when they renew their licences. Dentists will also no longer need to engage a radiation protection advisor when making certain changes to their surgeries.

These changes will be welcomed by dentists and reflect the invaluable work of the IDA's Quality and Patient Safety Committee.

As soon as the legislation is enacted, all dentists will receive a guidance from both regulators, including self-assessments forms which MUST be completed and returned.

More detailed information will be available shortly, and members can contact IDA House with any questions.

Diary of events

OCTOBER

18 **IDA Metro Branch Meeting**
Clayton Hotel, Burlington Road, Dublin – 7.00pm

18-19 **3rd International Conference of Faculty of Dentistry at Jordan University of Science and Technology**
Registration and abstract submission are available on the conference website at www.just.edu.jo/conferences/jidc.

19 **IDA Kerry Branch Annual Conference**
Europe Hotel, Killarney

20 **Basic Life Support and Medical Emergencies – Dublin**
Radisson Blu Dublin Airport

NOVEMBER

17 **Update for Oral Surgeons**
Dublin Dental University Hospital
Oro-facial pain with Prof. Glenn Clark, USC; CBCT training with Dr Andrew Bolas; and, Clinico-pathological conference with Dr Esther O'Regan. Members only; membership fee payable on the day. Further Details: Irish Association of Oral Surgery – info@iaos.ie

17 **Basic Life Support and Medical Emergencies – Cork**
Birch Suite, Rochestown Park Hotel, Douglas

22 **IDA Metro Branch Meeting**
Clayton Hotel, Burlington Road, Dublin

29 **IDA South Eastern Branch Meeting**
Hotel Minella, Clonmel

DECEMBER

1 **Colgate Caring Dentist Awards 2018**
Save the date – further details to follow

6 **IDA Munster Branch Meeting**
Maryborough Hotel, Douglas, 7.00pm

JANUARY 2019

24 **IDA South Eastern Branch Meeting**
Lyrath Estate, Kilkenny

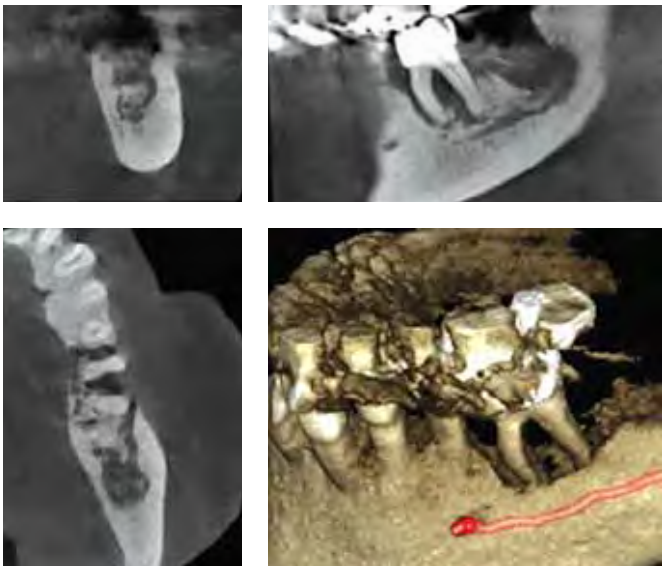
24 **IDA Metro Branch Joint Meeting with the Irish Endodontic Society**
Hilton Charlemont Hotel, Dublin 2

MARCH 2019

21 **IDA Metro Branch Meeting and AGM**
Davenport Hotel, Dublin 2

Quiz

Submitted by Dr Brendan Fanning



Questions (answers on page 256)

1. What is the disease process seen in the cone-beam CT pictured?
2. What is the likely cause of this?
3. What is the treatment?
4. Name the four panels in the image?

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Easolief Duo 500 mg/150 mg film-coated tablets Each tablet contains paracetamol 500 mg and ibuprofen 150 mg. **Presentation:** A White, capsule shaped tablet with breakline on one side and plain on the other side. **Indications:** Short-term symptomatic treatment of mild to moderate pain. **Dosage: Adults/elderly:** The usual dosage is one to two tablets taken every six hours up to a maximum of six tablets in 24 hours. **Children:** Easolief Duo is contraindicated in children under 18 years. **Contraindications:** Severe heart failure, known hypersensitivity to paracetamol, ibuprofen, other NSAIDs or to any of the excipients, active alcoholism, asthma, urticaria, or allergic-type reactions after taking acetylsalicylic acid or other NSAIDs, history of gastrointestinal bleeding or perforation related to previous NSAID therapy, active or history of recurrent peptic ulceration/haemorrhage, severe hepatic failure or severe renal failure, cerebrovascular or other active bleeding, blood-formation disturbances, during the third trimester of pregnancy. **Warnings and precautions:** This medicine is for short term use and is not recommended for use beyond 3 days. Clinical studies suggest that use of ibuprofen, particularly at a high dose may be associated with a small increased risk of arterial thrombotic events. Patients with uncontrolled hypertension, congestive heart failure, established ischaemic heart disease, peripheral arterial disease and/or cerebrovascular disease should only be treated with ibuprofen after careful consideration and high doses should be avoided. Careful consideration should be exercised before initiating long-term treatment of patients with risk factors for cardiovascular events. The use of paracetamol at higher than recommended doses can lead to hepatotoxicity, hepatic failure and death. Patients with impaired liver function or a history of liver disease or who are on long term ibuprofen or paracetamol therapy should have hepatic function monitored at regular intervals. Severe hepatic reactions, including jaundice and cases of fatal hepatitis, though rare, have been reported with ibuprofen. Paracetamol can be used in patients with chronic renal disease without dosage adjustment. There is minimal risk of paracetamol toxicity in patients with moderate to severe renal failure. Caution should be used when initiating treatment with ibuprofen in patients with dehydration. The use of an ACE inhibiting drug, an anti-inflammatory drug and thiazide diuretic at the same time increases the risk of renal impairment. Blood dyscrasias have been rarely reported. Patients on long-term therapy with ibuprofen should have regular haematological monitoring. Like other NSAIDs, ibuprofen can inhibit platelet aggregation. GI bleeding, ulceration or perforation, which can be fatal, has been reported with all NSAIDs at anytime during treatment. Combination therapy with protective agents (e.g. misoprostol or proton pump inhibitors) should be considered. Use with concomitant NSAIDs including cyclooxygenase-2 selective inhibitors should be avoided. NSAIDs may lead to onset of new hypertension or worsening of pre-existing hypertension and patients taking antihypertensive medicines with NSAIDs may have an impaired anti-hypertensive response. Fluid retention and oedema have been observed in some patients taking NSAIDs. NSAIDs may very rarely cause serious cutaneous adverse events such as exfoliative dermatitis, toxic epidermal necrolysis and Stevens-Johnson syndrome. Products containing ibuprofen should not be administered to patients with acetylsalicylic acid sensitive asthma and should be used with caution in patients with pre-existing asthma. Adverse ophthalmological effects have been observed with NSAIDs. For products containing ibuprofen aseptic meningitis has been reported only rarely. NSAIDs may mask symptoms of infection and fever. **Interactions:** Warfarin, medicines to treat epilepsy, chloramphenicol, probenecid, zidovudine, medicines used to treat tuberculosis such as isoniazid, acetylsalicylic acid, other NSAIDs, medicines to treat high blood pressure or other heart conditions, diuretics, lithium, methotrexate, corticosteroids. Refer to summary of product characteristics for other interactions. **Fertility, pregnancy and lactation:** Easolief Duo is contraindicated during the third trimester of pregnancy. **Driving and operation of machinery:** Dizziness, drowsiness, fatigue and visual disturbances are possible after taking NSAIDs. If affected patients should not drive or operate machinery. **Undesirable effects:** Dizziness, headache, nervousness, tinnitus, oedema, fluid retention, abdominal pain, diarrhoea, dyspepsia, nausea, stomach discomfort, vomiting, flatulence, constipation, slight gastrointestinal blood loss, rash, pruritus, alanine aminotransferase increased, gamma-glutamyltransferase increased, abnormal liver function tests, blood creatinine increased and blood urea increased. Refer to Summary of Product Characteristics for other adverse effects. **Pack size:** 24 tablets. **Marketing authorisation holder:** Clonmel Healthcare Ltd., Clonmel, Co. Tipperary. Marketing authorisation number: PA0126/294/1. Medicinal product not subject to medical prescription. For retail sale through pharmacy only. A copy of the summary of product characteristics is available upon request. **Date prepared:** March 2018. 2018/ADW/EAS/036H.

CLONMEL HEALTHCARE

New *JIDA* editor

Dr Ciara Scott has been appointed Honorary Editor of the *Journal of the Irish Dental Association*. Originally from Lancashire, Ciara studied dentistry at the University of Bristol before moving to Dublin in 2001. She is a specialist orthodontist and works for the HSE in Dublin South, while maintaining a private practice at the Blackrock Clinic. She also teaches part-time in the Dublin Dental School. Ciara has extensive experience with the *JIDA*, having served on its editorial board from 2010 to 2017. She says the need for factually accurate information about dentistry has never been greater: "Misleading information can give patients unrealistic expectations of what can be achieved, while other patients can remain uninformed and underestimate what is possible. In the *Journal* we have an opportunity to share good quality evidence, new scientific research and new products in a way that supports good clinical decision making and patient-centred care". The President and Board of the IDA congratulate Ciara on her appointment and wish her every success in her new role. They also thank outgoing Editor Prof. Leo Stassen for all his hard work and commitment to the highest editorial standards during his tenure.

Kerry Branch ASM

The Kerry Branch returns to the idyllic surroundings of the Europe Hotel in Killarney on Friday, October 19, for its ASM, entitled 'Kerry Voices 3'. The morning speakers will include Dr Michael O'Sullivan, Consultant in Restorative Dentistry in the DDUH, and Dr Michael Hartnett, a Cork-based endodontist. The afternoon will continue on the clinical topic of digital dentistry with Dr David Murnaghan, who runs a practice in Co. Meath. The day concludes with Joe O'Connor of *Ireland's Fittest Family* fame, who will give a presentation on the importance of physical health to your overall health. Dinner will be at 8.00pm at the hotel. A jam-packed day of learning – book today! To book, log on to www.dentist.ie. IDA members: €195; non-members: €390.

Getting your house in order

Dr Jane Renehan of Dental Compliance reports from the recent IDA workshop in Athlone.

At the recent IDA compliance workshop, 'Get Your House in Order', members got valuable guidance on how to develop a critical eye for infection prevention and control (IPC) dental practice design pitfalls. IDA Quality and Patient Safety Committee members delivered presentations based on the Dental Council's IPC code of practice and demonstrated how members would find supporting guidance on the IDA website 'best practice' section.

Dr Noel Kavanagh, who has recently joined the Quality and Patient Safety Committee, joined Dr Nick Armstrong to combine the Dental Council's requirements with making them work in the reality of general practice. John Rice of Henry Schein provided information on required daily, weekly and annual decontamination equipment tests. Henry Schein's Managing Director Paddy Bolger advised on how to approach surgery design, whether members were considering a new surgery build, major refurbishment, or simply planning to make small modifications to existing premises.

Dr Noel Kavanagh and DMI's Simon Shawe jointly delivered a technical and practice-friendly summary to comply with dental unit waterlines and waste amalgam regulations.

At the IDA's recent compliance workshop were (from left): Dr Eamon Croke; Dr Jane Renehan; and, IDA CEO Fintan Hourihan.

Other presentations on the day included 'Preventing Practice Headaches', 'Health & Safety at Work', and 'Hand Hygiene'. These were delivered respectively by Fintan Hourihan, and Drs Eamon Croke and Jane Renehan.

The take home messages for the delegate dentists and team members were: (1) make a compliance plan, keep it simple and steadily act on it; (2) document and retain evidence of the practice's compliance protocols and processes; and, (3) ensure that all staff are trained and aware of their compliance responsibilities.

Further compliance information can be obtained from the best practice page of the members' section on the IDA website – www.dentist.ie.

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Congratulations to postgraduates

The IDA would like to wish the dental students who recently completed the Postgraduate Doctorate in Dental Surgery (DDentCh) from Trinity College Dublin all the best as they move into their respective fields. Pictured from left are: Mark McLaughlin, periodontics; Daphne Halley, oral surgery; Rob Weld-Moore, oral surgery; David McReynolds, prosthodontics; Nurul Ishak, special care dentistry; Areej Alqadi, paediatrics; and, Lubna Al Ghazal, periodontics.

Colgate Caring Dentist Awards

Preparations for this year's Colgate Caring Dentist Awards are well underway, and a high number of nominations have already been received. The closing date for nominations is October 31, so there's still time for patients to nominate their dentist or dental team for exceptional care and treatment. The judges – Drs Jennifer Collins, Barry Harrington, Seton Menton and Anne O'Neill – will once again review all entries, and choose the regional and national winners. This year, our new and improved competition will be matched by a bigger and better awards ceremony, so be sure to join us for a fantastic night in the Clayton Hotel, Ballsbridge, on December 1.

Anyone for tennis?

The IDA Tennis Tournament took place on Friday, September 21, with Laura Gibney and David Dore taking the honours. Players on the day were (from left): Lisa Lucey; Liz McCaghley; Katie Burke; John Nelson; Laura Gibney; David Dore; Ciara Scott; Gareth McGann; and, Gerry Cleary (not pictured).

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Dean of new designs

DR CHRISTINE McCREARY was recently appointed Dean of Cork University Dental School and Hospital and will lead the School through a period of immense change.

Christine grew up in Belfast, trained in Dublin and settled in Cork, where she was appointed Dean of Cork University Dental School and Hospital in January 2018. Before taking on the role, she worked in a number of oral medicine and dental education positions (see panel).

She takes charge at a time of major change. A new €37m Cork Dental School will soon be built under a plan to move from its current location at Cork University Hospital to the new Cork Science and Innovation Park (CSAIP).

She grasped the chance to move to Cork and set about developing an oral medicine service in the region: "For a long time I worked in the role and built the oral medicine service here in Cork. The service has mushroomed; we have a huge catchment area – from the Skelligs in Kerry to Waterford and Wexford".

Christine has been an active senior member of staff since she arrived in 2002, and has taken on many senior roles, including the Head of Department and the Chair of the Teaching and Curriculum Committee. More recently, she has acted as Chair of the Clinical Governance Committee, at a time of significant change and development when the relationship with the HSE was developing and the scope of HIQA was increasing.

The possibility of a new Cork Dental School was first proposed under the leadership of Prof. Martin Kinirons and was then given the green light: "When Martin retired last year, I was very interested in the idea of leading the new build. I applied for the role of Dean last autumn and I took up the position in January 2018".

Colm Quinn
Journalist with Think Media

Christine is enjoying the role so far: "I've been here now for nine months and it's very, very exciting. It's busy, particularly with the new building in its early days. It has been in discussion for quite a while and we have just appointed our design team. I would hope by this time next year we would have turned the first sod, with completion in 2021".

Christine says there are particular features she would like to champion in the new facility: "I would like a state-of-the-art special care dentistry unit for adults and children. I believe that the New York University School of Dentistry recently opened such a facility and as far as I know that is the only custom-built one in the world, so I'd like to have the first custom-built one in Europe".

Christine would also like a dedicated practice for faculty in the new school. She doesn't agree with the old saying "those who can, do, those who can't, teach", so she would like the faculty to be actively involved in clinical practice.

Improving dental education

However, a new building and facilities will not erase all of Ireland's dental education problems. The issues with postgraduate education in the country are something she feels particularly strongly about: "Dental education is under threat, from the point of view of the lack of support within the State. We used to have the Postgraduate Medical and Dental Board. That's gone and ever since it's been very hard for dentistry to be at the top table in terms of further

Dentist and educator

Christine qualified with a dental degree from Trinity College Dublin in 1983. She worked in the dental hospital in Dublin for a while and then went back to do medicine in 1987. Once she had finished medicine and postgraduate medical training she came back into academic dentistry and commenced specialty training in oral medicine. On completing the intercollegiate exit examination she was appointed Senior Lecturer and Consultant in Human Disease in June 1997 in the dental school in Dublin. In 2002, a post as Senior Lecturer and Consultant in Oral Medicine arose at Cork University Dental School and Hospital.

Plans for the Cork Science and Innovation Park at Bishopstown, Co. Cork.

training and that is a big issue. We need vocational training, dental foundation training and we need a model for continuing education both for specialists and for general practitioners".

Good dental education does not come cheap and resourcing is always a huge challenge: "It's so expensive to train dental students compared to other specialties and we have suffered. While cutbacks were necessary during the economic downturn, we have a long way to go to bring things back to close to where they were. I think it's quite a negative reaction from Government to cut university funding in the crude blunderbuss way that it did and it's going to be very hard to get back to where we were".

She says education needs more support from the Government: "Third-level education suffered during the economic crisis and we haven't got back to where we need to be in relation to that. It's very hard to compete on a world stage. I think we box above our weight at all levels. I think the Government has somewhat slid out of any responsibility for that. We do our best with designing business cases and being self-funded, but it's impossible to do that all of the time in any meaningful way".

From the university perspective, she is interested in improving the internationalisation of the School and making a presence on the World University Rankings tables. Cork Dental School attracts many international students from Canada and the Far East and these graduates are highly sought after on return to their home countries.

> *"We come from a surgical background and I feel quite strongly that we don't want to lose that. I don't think we should be competing with beauticians and high street shops for bleaching or Botox or whatever it might be."*

Christine is also hoping to improve the standards of equality in the School by making it a recipient of an Athena Swan Award. This Award is granted to universities and schools within them that have encouraged and supported equality for all. University College Cork has an overall award, as do the schools of nursing and pharmacy. Christine would like dentistry to have its own. The School

has just started the process for this and Christine hopes to apply for it in November of next year, as it takes about 18 months to prepare an application.

Where education needs to go

Dental schools need to make sure that they are communicating their aims and agendas effectively: "I think they have to publicise what they do better, not only with the general population but also with the dentists in the community". Christine believes that once dentists are in practice for a few years a 'disconnect' can develop with their alma mater, so more needs to be done in the school to reconnect with practising dentists.

The School could also be more involved in research, says Christine: "This is the core function of the University. Our teaching must be research led, so I think we need to be very research active and that can be difficult when it's such a hands-on programme for our undergraduates. We are a small dental school with limited numbers of teaching staff on faculty, yet we're trying to bring in postgraduates and get the research agenda increased".

Christine hopes the new National Oral Health Policy (NOHP) will put dental education front and centre: "I think the Government needs to be very clear in what they're asking of that policy. I think they have to make it very clear to the dental schools what they're asking. I think students will respond. If you tell somebody that this is part of the curriculum, that they're going to be assessed on this, they will learn it".

Christine believes the Policy should consider continuing professional development (CPD), as well as undergraduate and postgraduate training.

But the NOHP is not the only action the Government needs to take: "We need a new Dentists Act and it has been promised for many years. We can't have a serious meaningful continuing professional development agenda until the new Dentists Act is in place".

Dental education goes much further than undergraduate and postgraduate courses, as the profession is continually evolving: "I see dental education as not just what we're primarily involved in here in the dental schools, but also as the whole lifelong learning concept, continuing professional development for practitioners, hygienists, nurses and all allied professions – that is absolutely vital as well".

Active life

Christine is married to Hugh, a retired oral surgeon, and they have three children, Jack, Jennifer and Rachel. They enjoy country living and are based in West Cork between Kilbrittain and Bere Island, where they spend most of the summer: "We enjoy activities such as sailing, kayaking, walking and swimming".

Important issues

Christine says there are a few pressing issues for dentists in Ireland at the moment: "The practice of dentistry is changing. I think the whole issue of litigation is making things difficult for dentists".

She is adamant that dentistry keeps its reputation as a serious profession and has noticed some things which concern her: "The whole trend towards aesthetic dentistry, while that's very important, we come from a surgical background and I feel quite strongly that we don't want to lose that. I don't think we should be competing with beauticians and high street shops for bleaching or Botox or whatever it might be. I do think dentists need to be realistic about that but be able to offer the additional skill sets that they spend five years acquiring. They are very skilled at what they do and that should be a major selling point for them".

Brexit creates issues for the whole country but Christine thinks there are deep links between Ireland and Britain's dental sectors and these go back to long before both joined the European Economic Community (EEC) in 1973: "We have the Colleges of Surgeons that act in an intercollegiate way across the two islands. So I think that link will continue. And I think we'll still go there for jobs, as there aren't enough opportunities here for all our graduates who wish to progress".

Advice

Christine says that while new dental graduates are highly skilled, going into practice, they should also be aware of their limitations: "It's extremely important for these dentists going out into the world to know what they can't do as much as what they can, and to know the importance of respect, kindness and empathy to their patients". She hopes that young people will continue looking at dentistry as an attractive career but advises them to be sure about it: "Don't be pressurised by family, parents or the expectations of others. It is a difficult course and you need to be 100% committed. It's full on, particularly in the last three years; it's like a working environment rather than a student environment. I think it can, ultimately, give you a very nice life".

Colgate supporting DOVE

Aoife Moran of Colgate (right) presenting TCD Dental Overseas Voluntary Elective (DOVE) representative and dental student Emma Mulville with supplies in advance of the TCD DOVE activities this summer.

Tailored cover from Doyle Mahon

Doyle Mahon Insurances, the IDA's preferred insurance provider, states that it is delivering tailored cover, personal service and a new cyber cover policy to protect dentists' practices and data.

Doyle Mahon Insurances states that it has access to the widest range of markets for practice, property, home and motor insurance. Discounts are available to IDA members, their staff and family. According to the company, it has recently secured an exclusive offering for cyber insurance cover for IDA members. The insurer recommends that IDA members review their data protection/cyber security measures considering the recent implementation of the GDPR.

On its practice insurance scheme, the company states that it can offer a host of covers including:

- Revenue audit cover/legal expenses;
- standard limit of indemnity of €6.5m on the public liability section (for HSE requirements); and,
- market-leading rates, covers and service.

Doyle Mahon states that, more importantly, it understands that when it comes to insurance, one size does not fit all, and the company can cater for complex requirements and provide advice and claims support when it counts.

Where will I get my income from in retirement?

After a summer of good weather and holidays for many, our minds may have wandered towards retirement and how nice it will be (eventually) to enjoy extended free time with the ability to do what we want, when we want. The unfortunate part of this is that to do so requires money.

Thankfully, most dentists are making or have made provision for their own retirement and have sufficient savings to provide themselves with a good lifestyle in retirement. The difficulty is, with interest rates and bond yields paying 1% pa or less, all of the traditional ways of getting an income from your savings are no longer available.

John O'Connor of Omega Financial Management says the company has developed two detailed articles on this topic, covering the options of equities (shares) in Part 1 and property in Part 2, as alternatives to deposits and bonds. He says that each article objectively looks at the pros and cons of each option and encourages careful and informed decision making.

Both articles are available in the news and articles section of the Omega website – www.omegafinancial.ie/news.

John O'Connor
Omega Financial Management

Alternative to amalgam?

July 1, 2018, marked a defining moment in the EU-wide phase down of the use of dental amalgam and many clinicians are left looking for a true alternative. Voco believes that glass ionomers are not a clinically viable alternative, but all-ceramic composites are and have stood the test of time.

Voco states that its Admira Fusion composite range offers nano-hybrid ORMOCER (organically modified ceramic) technology to create a strong, durable bond. According to the company, this decreases the chance of microleakage due to the low polymerisation shrinkage and shrinkage stress.

Admira Fusion is 84% inorganic filler content and Voco states that it delivers outstanding handling in comparison with all market-relevant restorative composites, helping the clinician with adaptation to surrounding tooth tissue.

According to Voco, the product is free from all the classic monomers and is compatible with all conventional bonding agents, so is suitable for simple or complex anterior or posterior cases, and for patients of all ages, as well as pregnant or breastfeeding women.

DPL warns of increase in negligence claims

Hilary Steele, Claims Lead for Ireland and Scotland, provided an insight into the claims environment affecting dentists.

Dental Protection held a conference on 'Safer practice, better care' at the Convention Centre in Dublin last month. Ahead of the conference, Dental Protection published data which revealed a 146% increase in dental negligence claims from 2008 to 2017. The company states that a full-time dentist can expect to receive two clinical negligence claims in their career. There were addresses from Simon Kayll, Chief Executive, Hilary Steele, Claims Lead for Ireland and Scotland, Medical Protection Society, and Dr Raj Rattan, Dental Director at Dental Protection, who spoke about practising safely and managing failure.

Dr Lynda Elliot adds new practice

Dr Lynda Elliot, inset above, has acquired an endodontic practice on Dublin's Leeson Street from retiring principal Dr Maria Jennings. The practice has been relaunched as 91Endo. Lynda already runs the Crescent Clinic in Fairview and says that because of demand, she has taken this chance to expand and hire new staff. Three young endodontists have joined her between the two practices: Dr Adrian Stewart; Dr Geraldine Murray; and, Dr Greg Creavin. Lynda says referring dentists and patients can be assured of the same treatment and care with all endodontists between the two centres: "Our mission is to treat all patients with care, respect and the highest quality of endodontics in a pain-free manner, and to liaise with the referring dentist to enhance and maximise the relationship between dentist and patient".

Commission or fees: who gains most?

Richard Collins, Chief Executive of Dentawealth, has posed a series of questions for dentists: do you know how much your financial adviser is earning from your pension? What about from your investments? Have they ever told you?

Richard Collins of Dentawealth.

Richard says: "No one likes to read the small print and while investment advice doesn't come for free, the amount that you do pay could end up running into tens of thousands.

And the thing is, the more of your wealth that you invest, the more you end up giving away. That's because Ireland is one of only a few countries left that persists with the commission model".

He continues: "For the client, and for us at Dentawealth, there is only one clear winner – the fee-based system. That's because commission creates a conflict of interest. Clients have told us stories about previous advisers selling them products which earned the best commission, whether they were the best for the client or not. In contrast, a fee-based system is 100% transparent, so you'll know exactly how much you're paying up front. This means your adviser is always looking to deliver the best outcome for you alone, and not their own pocket. We think that's a fair deal for everyone".

IDA insurance affinity scheme

Is your dental practice, home or car insurance up for renewal anytime soon? Why not contact our preferred supplier for insurance products, Doyle Mahon Insurance, for a quotation? You can contact Aidan Mahon at aidan@doylemahon.ie or 087-761 8574.

Dental Care Ireland supporting diabetes

Colm Davitt, Chief Executive, Dental Care Ireland, and Jennifer Brennan, Fundraising Manager at Diabetes Ireland, launched a new charity partnership between the two organisations, which aims to raise funds for Diabetes Ireland, while increasing awareness about the importance of oral healthcare for people with diabetes.

New over-the-counter pain relief

Healthcare company Clonmel Healthcare has announced the launch of a new pain relief tablet, Easolief DUO, which combines paracetamol and ibuprofen. It is now available over the counter without a prescription. The codeine-free analgesic is a patented formulation, which combines the two drugs. The company states that this enables them to work together to produce significantly improved and effective pain relief, which is better than taking each active ingredient on its own. According to the company, Easolief DUO provides 30% more pain relief than the same daily dose of paracetamol or ibuprofen alone. Easolief DUO contains 500mg of paracetamol and 150mg of ibuprofen in one film-coated tablet. Together, these active ingredients target short-term pain.

Inventor of the product Dr Hartley Atkinson said: "Combination products that traditionally use paracetamol or ibuprofen as the basic active ingredient often add an opioid drug like codeine to amplify the effect. However, an increasing number of countries are restricting the availability of codeine drugs because of their potential for misuse and abuse, which is why Easolief DUO is so innovative".

Quintess Denta tours Ireland

Quintess Denta's Medenti-Bus outside McDowell + Service Lab, Belfast (from left): Joanne Carrick, McDowell + Service Lab; Ian Creighton, Quintess Denta; Jesse Morrow, McDowell + Service Lab; and, Tony Cannavan, Straumann Group.

Quintess Denta representatives recently toured Ireland in the company's Medenti-Bus. The company states that it was delighted with the reception for MedenTika during the tour, which it stocks. According to the company, throughout the tour dentists and dental labs were impressed by the quality of the German-manufactured products and the value offered. Quintess also revealed that Novaloc is a popular choice from the MedenTika range.

The company states that the Novaloc abutment is a further development of the MedentiLOC abutments and provides a nearly wear-free, mirror-smooth surface, which is almost as hard as diamond. According to the company, the angled Novaloc abutments are the first to allow divergences between implants to be properly compensated and the retention inset, made of high-performance plastic PEEK, is manufactured very precisely and can absorb lateral pressure by a patent-protected design. Quintess Denta believes accessories such as the very low impression matrix or easy-to-use matrix housing extractor guarantee stress-free handling. According to the company, MedenTika offers a range of precise implants and durable abutments, compatible with all major manufacturers.

IDA
irish dental association

Colgate

Caring Dentist Awards 2018

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Awards Ceremony
Saturday, December 1st 2018
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Colgate

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AIB Bank Merchant Card Services

With most patients paying by either credit card or debit card in your surgery, make sure you are getting the best rate and service possible from your merchant card service provider. AIB Merchant Services states that it is pleased to offer a competitive and transparent pricing proposition in the form of the following Interchange ++ pricing model.

Card type	Interchange	Scheme fees	Merchant service charge
Credit cards	At cost	At cost	0.24%
Debit cards	At cost	At cost	5 cent

The table (top right) shows the breakdown of card transactions under this new payment structure and what the end costs would be under this pricing model:

Card type	Interchange	Scheme fees	AIBMS margin	Total cost
Personal Visa [credit]	0.30%	0.03%	0.20%	0.53%
Personal MasterCard [credit]	0.30%	0.05%	0.20%	0.55%
Personal Visa [debit]	0.10%	0.02%	5c	0.12% +5c
Personal MasterCard [debit]	0.10%	0.05%	5c	0.15% +5c
Corporate Visa [credit]	1.30%	0.04% + 2c	0.20%	1.54% +2c
Corporate MasterCard [credit]	1.30%	0.0625% + 2c	0.20%	1.56% +2c
Corporate Visa [debit]	0.20%	0.04% + 2c	0.20%	0.44% +2c
Corporate MasterCard [debit]	0.20%	0.0625% +2c	0.20%	0.46%+2c

Additional fees:

- no authorisation fee;
- PCI validation fee: €4.35;
- no set-up or joining fees;
- minimum monthly fee: €30; and,
- chargeback fee: €20.

Terminal options

According to the bank, the new Clover Mini Terminal will be offered to IDA members, and two options are available for this terminal:

- 36-month lease agreement: €19.50 + VAT per month and €1.50 per month for a separate pin-pad (if required); and,
- upfront purchase: €425 + €40 for a separate pin-pad.

Complete traumatic intrusion of an upper deciduous incisor in a two year old: case report

Précis

Management of a completely intruded upper deciduous central incisor and factors to assess aside from tooth position when considering management options for such traumatic injuries.

Abstract

Traumatic intrusion is the apical displacement of a tooth into alveolar bone, which has the potential to cause significant complications for the developing permanent tooth germ behind. A two-year-old male presented to our oral and maxillofacial surgery department with a completely intruded upper right deciduous central incisor. There are a number of considerations in deciding whether to extract or monitor intruded deciduous teeth. When labially intruded, primary teeth may spontaneously re-erupt. Palatal intrusion is an indication for extraction. Other considerations such as soft tissue injury, risk of infection, presence of socket fracture and patient factors should be taken into account when planning treatment. In this report, we show the management of complete traumatic intrusion of an upper deciduous incisor. Aside from radiographic positioning, after reviewing this patient, we considered that the presence of socket fracture and high risk of infection alone indicted removal of this tooth. Extraction was performed under a general anaesthetic (GA) due to limited patient co-operation. In conclusion, although position is a key determinant of intrusion management, soft tissue injury, risk of infection, socket fracture and patient factors should also be used to guide the clinical decision whether to extract or monitor.

Journal of the Irish Dental Association 2018; 64 (4): 245-248.

Introduction

Intrusion is the apical displacement of a tooth from the socket into alveolar bone. This may result in compression of the periodontal ligament and crushing of the alveolar socket. In the primary dentition there is a risk of encroachment onto the developing permanent tooth germ.[1] Labial intrusion involves displacement of the root apex towards or through the labial bone plate. Palatal intrusion involves movement of the apex in the opposite direction, towards the developing tooth germ.[2]

The greatest incidence of dental trauma is found in children between two and three years of age,[1] with intrusive luxation causing the most developmental complications for the permanent dentition.[3] The higher prevalence and severity of complications in children of this age are likely to be associated with incomplete bone and tooth germ mineralisation.[4,5]

We present the case of a complete traumatically intruded upper deciduous central incisor (URA) and considerations for management.

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Dental Core Trainee, Manchester Royal Infirmary

Mr Raghu R. Mani
Consultant Oral Surgeon, Oral and Maxillofacial Surgery Department, Royal Albert Edward Infirmary, Wigan Lane, Wigan, UK.

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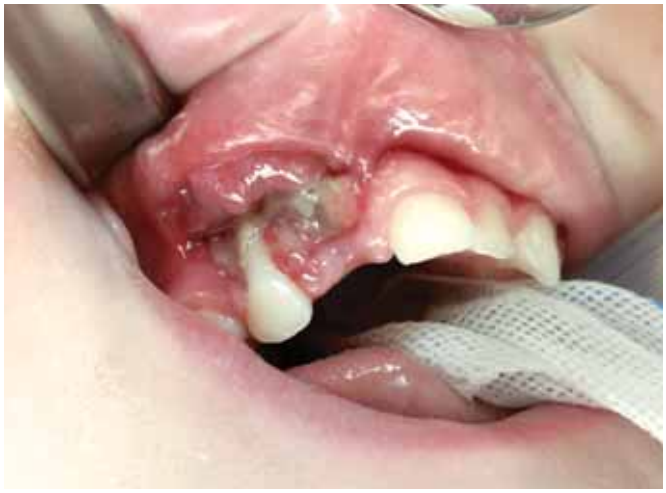

FIGURE 1: An accompanying labial bone fracture exposed the root of the upper right lateral deciduous incisor.

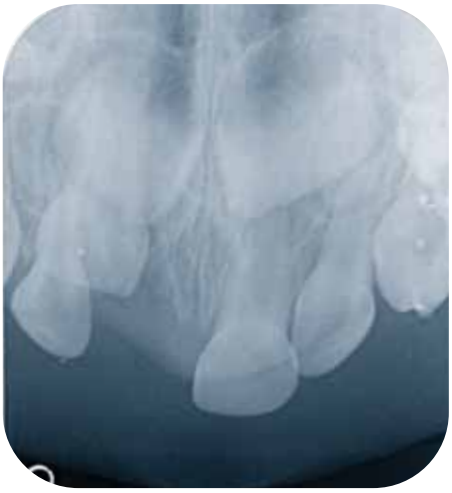

FIGURE 2: Initial radiographic examination revealed a severely intruded URA.

Case report

Clinical presentation

A two-year-old male patient presented to our emergency maxillofacial clinic having sustained an injury to the face during a fall the previous week. The parents reported that one of the front teeth had been pushed into the gingivae. A review had been carried out at another hospital where the patient had been immediately presented. Over the past two days, however, the parents had become increasingly concerned by the patient's persistent emotional upset, sweating and halitosis. Suppuration from the site of injury was reported.

History

The patient had fallen while playing at home, hitting his face against the back of a plastic toy bike. There was no loss of consciousness reported. He had been immediately presented to a local accident and emergency department. The parents reported that after an initial examination and radiographs, an unsuccessful attempt had been made to remove the tooth under local anaesthetic, although we cannot confirm this. The diagnosis made at this first presentation was recorded as labial luxation. The patient was referred for review one week later, to reassess and possibly extract the tooth.

Clinical examination

On examination the patient was fit and well. Extra-orally there were no abrasions or lacerations. The URA was not visible, appearing to have been completely intruded. An accompanying labial bone fracture exposed the root of the upper right lateral deciduous incisor (URB) (**Figure 1**). The area was erythematous with some swelling indicating possible infection. There was no evidence of suppuration but slough was present over the injury site. The URB was Grade II mobile, normal in colour but tender to palpation.

Investigations

Initial radiographic examination (**Figure 2**) revealed a severely intruded URA. There was possible root elongation with a poorly visualised apex, indicating palatal displacement. When roots of intruded teeth are moved labially, the apex can generally be visualised. Root lengths also appear shorter than the contralateral teeth.[2] There appeared to be close vertical proximity between the URA and the developing adult tooth.

Management

We considered the URA to be palatally intruded and unlikely to re-erupt. There was a high risk of infection, which could further affect the developing adult tooth (**Figure 3**), as well as significant gingival injury. On extraction, the developing adult tooth germ was visualised behind the intruded URA (**Figure 4**). The labial gingivae was replaced and sutured. A guarded prognosis was given for the URB. The need for regular GDP follow-up was emphasised due to risks of complications involving both the URB and developing UR1. Postoperative advice given included the need for a soft diet for two weeks, and pain relief as required. Maintaining a good level of oral hygiene to aid healing, with topical application of chlorhexidine, was advised. Risks of developing infection are associated with poor oral hygiene after injury.[6]

Discussion

Dental trauma frequently occurs in childhood, chiefly affecting up to 30% of children between one and four years.[3] Intrusive trauma is the most common cause of complications in successor teeth owing to the close association of the permanent tooth bud and primary tooth root within the jaw during development. Complications include enamel discolouration, enamel hypoplasticity, root or crown dilacerations, and arrested development.[4] Prevalence of complications involving permanent successors is reported for 53%[5,7] of those sustaining trauma between three and four years old. Younger patients demonstrate a greater prevalence and severity of sequelae of the developing dentition.[7,8]

Extent of injury can be classified into the following groups:[7,9]

- Grade I with >50% of the clinical crown exposed or <2mm intruded (mild);
- Grade II with <50% of the clinical crown exposed or 2-4mm intruded (moderate); and,
- Grade III where the clinical crown is not exposed – fully intruded or >4mm intruded (severe).

The extent of injury is associated with increased frequency of complications for the permanent dentition.[7] This was a challenging case due to the severity of the

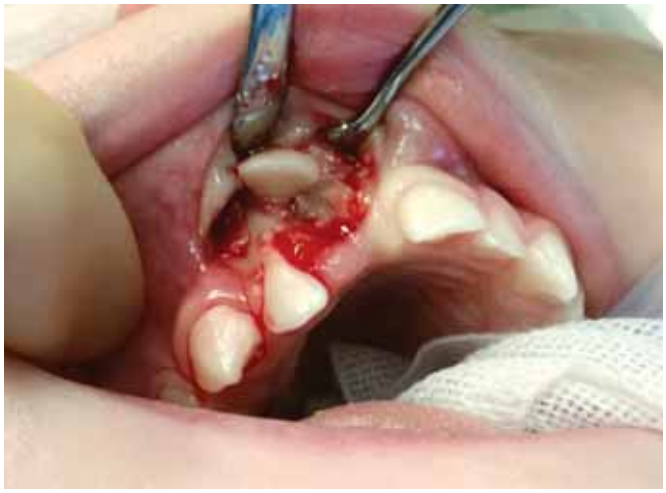

FIGURE 3: High risk of infection could further affect the developing adult tooth.

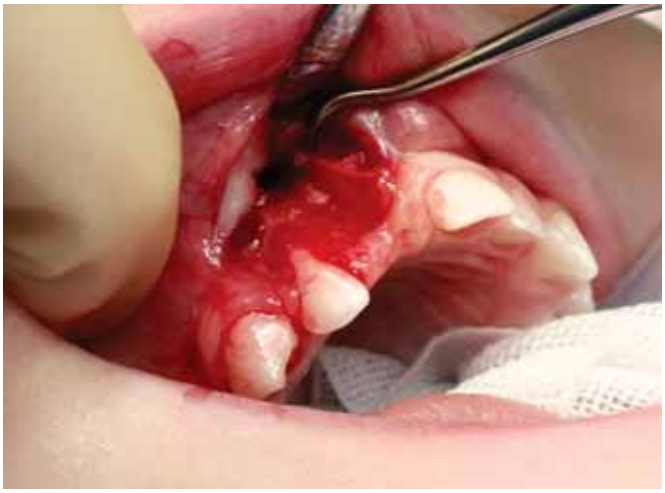

FIGURE 4: On extraction, the developing adult tooth germ was visualised behind the intruded URA.

injury. It also highlighted differences in assessment and management of intrusive injuries.

Treatment of complex dental trauma has previously been limited to extractions in the primary dentition,[3,8] but a growing body of evidence points towards more conservative management.[10] Of deciduous teeth left to be monitored for spontaneous re-eruption, around 78.4% demonstrate complete re-eruption and only 6.9% fail to re-erupt.[8] This same study found that rates of spontaneous eruption reduce with age. Even in cases of complete intrusion and displacement through labial bone, re-eruption and survival has been reported after more than 36 months.[1]

Teeth intruded less than 4mm with visible clinical crowns re-erupt more frequently.[9] As previously stated, the more mild the initial intrusion, the lower the occurrence of complications involving the adult tooth. Animal studies support that it is the extent of initial injury rather than subsequent treatment that determines the prognosis of developing permanent teeth.[11]

However, there are other risks to the primary dentition, although less immediate in nature. In 14% of completely re-erupted teeth pulpal necrosis, root resorption and discolouration are reported.[12] Ankylosis may occur in cases of severe damage to the periodontal ligament. This in turn alters or delays eruption of the adult successor.[1] The majority of adverse effects of intrusion injuries are seen within one year, but can be observed after up to four years of follow-up.[13]

The extent of disturbance increases when the tooth bud is affected during early developmental stages, with an incidence of up to 69%[14] in children under five years.[15] In cases of primary dentition re-eruption, over half of permanent successors demonstrate developmental disturbances. Enamel hypoplasia is most common at 28.3%, followed by ectopic eruption in 16.7%.[14] This may support the extraction of any intruded teeth regardless of the type of intrusion. Yet others demonstrate no connection between extent of intrusion and occurrence of complications. This could provide justification for awaiting re-eruption even in the context of complete crown intrusion.[9] It is argued that less than half of intrusion injuries justify extraction.[9]

It has been suggested that treatment of labially intruded teeth in acute settings should be limited to close observation.[10] This allows opportunity for re-eruption and monitoring for further changes to the primary dentition.

The benefits of extracting early include reduced risk of exposing the patient to longer-term complications such as dental abscesses. It also avoids the need for potentially complex treatments or extractions in the future, for example if ankylosis develops. However, early loss of deciduous teeth may still lead to delayed or ectopic eruption of permanent successors. It may also have a potentially negative impact on the child psychologically.

The main advantages of retaining the tooth include maintaining aesthetics and space, and avoiding extraction. Normal exfoliation and eruption sequences may be preserved. Function during eating and for speech development is also maintained. However, it does put the patient at risk of longer-term complications.

Longer-term assessment is necessary due to late manifestations of complications – a point to emphasise to parents. According to International Association for Dental Traumatology (IADT) guidelines, clinical follow-up should be carried out after one week. Further examinations at three to four weeks, six to eight weeks, six months and one year should include radiographic assessment. From then on the tooth should be reviewed annually until exfoliation.[1] It is noted that up to 25% of injured teeth are extracted on follow-up.[3]

In this case, the initial plan for the patient had been to leave the tooth in situ and review. This may have been due to uncertainty about tooth position and proximity to the underlying tooth germ. Radiographic recommendations include use of paralleled peri-apical and upper standard occlusal (USO) views.[2] Extra-oral lateral imaging may have helped visualise the relationship between apex and permanent crown, but it is noted that these rarely add extra information.[2] Diagnosis should be based on a peri-apical view and clinical findings[6] unless in cases of complete intrusion with inconclusive clinical findings. In this case there appeared to have been multiple views requested, but only the USO was taken. This could be related to limited patient co-operation.

Consideration needs to be given to soft tissues. Soft tissue swelling and bleeding may mean that the initial extent of trauma is not always evident. Although a wait and watch approach does seem to be indicated for intrusions,[16] soft tissue considerations should include the presence or likelihood of development of infection in the area. There is a risk of infection in the re-

eruption period often associated with poor oral hygiene, for the first three weeks.[6] Weekly reviews are recommended during this time.[6] Spread of infection and inflammation to the permanent tooth germ is a risk, indicating extraction of the tooth and possible antibiotic therapy. Further considerations include presence of alveolar socket fracture. In the presence of fractures, risk of impact transference to the tooth germ increases,[16] as does risk of disruption to its development.

Patient factors should be borne in mind. Features in the medical history including immune compromise or underlying cardiac conditions including infective endocarditis may indicate extraction rather than risking development of infection. Patient co-operation, need for further treatment and availability for these appointments should be taken into consideration.

Summary and conclusion

In conclusion, careful assessment to determine the direction and proximity of the deciduous tooth in cases of complete intrusion are necessary in order to plan management. Although the clinical findings in this case appeared conclusive, a lateral extra-oral view may have confirmed the relationship between the UR1 crown and URA root apex.

If intrusion is in a labial direction, a conservative approach of awaiting spontaneous re-eruption is indicated. Organising regular reviews to monitor for other longer-term complications will help to identify problems early on. This allows further treatment planning to protect the developing permanent successors. In instances of severe intrusion in a palatal direction, extraction as early as possible is advisable, as the extent of initial trauma is the main factor in causing problems for the developing dentition.

As in our case, the decision to treat should also consider other tissue injury. This includes presence of alveolar fractures,[16] as well as soft tissue assessment and the likelihood of infection developing.

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The use of modified diets by adults with temporomandibular disorders: systematic review and meta-analysis

Précis:

A systematic review of diet modifications in adults with TMDs was conducted, with 45% of these patients altering their diets to softer options.

Abstract:

Statement of the problem: Temporomandibular disorders (TMDs) are the most frequently reported non-dental orofacial pain disorders. Pain and dysfunction of the jaw joint and masticatory muscles may result in individuals modifying their diet to softer food options, which may not be nutritionally balanced and may have a subsequent negative impact on physical functioning and psychosocial well-being. However, little is known about the extent of diet modifications or their use as a compensatory strategy in this group. Therefore, clinical guidance to ensure continued adequate oral intake that does not exacerbate masticatory impairments, increase parafunctional behaviours, or compromise quality of life is not available, with potential impact on the individual's health, functioning, and psychosocial well-being.

Purpose of the study: The aim of this intervention review was to determine the prevalence of diet modification use in adults presenting with TMDs.

Materials and methods: A systematic review of available evidence was completed. Electronic databases searched from inception to January 2017, with no date/language restriction applied, were: Embase, PubMed, CINAHL, Web of Science, Elsevier Scopus, ScienceDirect, AMED, The Cochrane Database of Systematic Reviews, and ProQuest Dissertations and Theses A & I. Additional searches of grey literature, conference proceedings, and reference lists were also conducted. Studies presenting original data regarding the prevalence of diet modifications among adults presenting with TMDs were included. Study eligibility and quality were assessed by two independent reviewers. Methodological quality was assessed using the Downs and Black assessment tool.

Results: This search yielded five eligible studies. Diet modification use was reported by 45% of adult patients with TMDs (confidence interval: 31.93-58.64). Eligible studies were rated, on average, to be of moderate quality. Study limitations included the few studies that met the inclusionary criteria.

Conclusions: Despite reported high levels of texture-modified diet use among adults with TMDs, little information exists on the typical methods of modification, the content of the diets consumed, or the impact of these diets on systemic health and psychosocial well-being. In addition, it is unclear if these patients typically have access to dietitians during TMD management. Therefore, further research is required in order to examine the true dietary intake of individuals with TMDs and to subsequently determine the most appropriate methods of supporting these individuals to maintain healthy and balanced levels of oral intake.

Key words: Dysphagia; swallowing disorders; deglutition; diet; diet modifications; temporomandibular joint; temporomandibular joint disorders.

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Table 1: Characteristics of included studies

Citation	Setting from which participants were recruited	Period of recruitment	Study design	No. of patients with TMDs studied	Female: male ratio	Mean age (SD) of patients (years)	Mean age (range) of onset (years)	Mean disease duration (range) (months)	Relevant outcome measured	Sources of assessment data	Study quality
Baker, *et al.*,[29] Sweden, 2015	University clinic	36 months	Randomised control trial (RCT)	34	10.3:1	38.9 (±15y)	Unclear	49.1 (unclear)	Diet modifications: 11.8%	RDC/TMD, X-ray, magnetic resonance imaging (MRI), IMPACT questionnaire, visual analogue scale, Jaw Functional Limitation Scale-8 (JFLS-8), Graded Chronic Pain Scale (GCPS), Symptom Checklist-90-Revised (SCL-90R)	15/18 Good
Foteder, *et al.*,[28] India, 2015	University hospital clinic	Six months	Cross-sectional	83	5.91:1	34.8 (±17.2)	Unclear	Unclear	Diet modifications: 53.1%	RDC/TMD, patient interviews, case history, Oral Health Impact Profile-14 (OHIP-14)	12/18 Moderate
Barros *et al.*[2,7] Brazil, 2008	University clinic	Four months	Cross-sectional	132	4.92:1	36.5 (±13.5)	Unclear	Unclear	Diet modifications: 50.6%	RDC/TMD, OHIP-14, clinical exam, temporomandibular index	13/16 Good
Brandini *et al.*,[26] Australia, 2011	Unspecified hospital	Unclear	Case-control	15	15:0	31.3 (±10.8)	Unclear	Unclear	Diet modifications: 60%	RDC/TMD, chewing task, numerical rating scale-II, Pain Self-efficacy Questionnaire, Fear-Pain Questionnaire-III, DAS-44, Pain Catastrophising Scale	13/18 Moderate
Reißmann *et al.*,[30] Germany, 2007	University clinic	66 months	Case-control	318	3.16:1	38.6 (±15.6)	Unclear	Unclear	Diet modifications: 55%	RDC/TMD, German version of OHIP, GCPS, Beschwerden-Liste, the Center for Epidemiologic Studies Depression Scale	10/18 Moderate

Introduction

Temporomandibular disorders (TMDs) affect the typical structure and/or function of the articular, osseous, and muscular elements of the temporomandibular joint (TMJ) complex.[1-3] TMDs occur frequently, with up to 93% of the general population reporting at least one symptom on examination (e.g., joint sounds or pain on palpation), and 20% of these individuals seeking treatment for symptom management.[4-12] TMDs cause pain and stiffness of the TMJ resulting in reduced ranges of mandibular motion and limited mouth opening.[13-15] As a result of these issues, most individuals with TMDs report oral preparatory masticatory impairments (e.g., reduced chewing effectiveness or efficiency).[16] In addition, the majority of these individuals also report that pain and fatigue further impair mastication (up to 100% and 99%, respectively).[17,18] Impaired chewing patterns may lead to individuals attempting to swallow large unmasticated solid boluses, potentially resulting in primary motoric difficulties (e.g., impaired oropharyngeal transit), secondary sensory experiences (e.g., "strangling" sensations), and tertiary emotional ramifications (e.g., anxiety about the potential for choking).[14] Research suggests that these issues may cause the individual to modify their typical oral intake to accommodate masticatory impairments and to avoid these adverse experiences.[14]

However, these texture-modified diets may not be nutritionally optimal and may be characterised primarily by pre-processed convenience food (e.g., lump-free soup, soft pasta, ready-made smoothies, ice cream, etc.). This may result in the consumption of an imbalanced diet lacking in recommended nutrients, vitamins, minerals, or food groups, and therefore, individuals with TMDs may be at risk of developing secondary systemic consequences (e.g., unintentional weight changes, heart disease, stroke, type 2 diabetes, and certain types of cancers).[19] In addition to systemic well-being, research within non-TMD groups has established that the consumption of a texture-modified diet is also associated with reduced health-related quality of life (HRQOL), due to limitations in food choices and reduced social participation.[20,21] Therefore, it is suggested that use of this compensatory strategy by patients with TMDs may also impact negatively on psychosocial well-being, activity, and participation. In light of these potential risks, individuals with TMDs may require clinical monitoring of their oral intake and body mass index, in conjunction with the provision of psychosocial supports, to ensure that their nutritional needs are adequately met and that impact on HRQOL is minimised.

However, limited research has been conducted to determine the extent and methods of diet modifications by individuals with TMDs. Therefore, appropriate population-specific clinical recommendations are not currently available, with potential impact on patient recovery, well-being, and experience of care. The aim of this research was therefore to systematically review all available evidence pertaining to the use of diet modifications by adults presenting with TMDs, with the view to informing the need for future research and development of evidence-based clinical interventions in this area.

Material and methods

This study was carried out in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement (PRISMA)[22] and the Guidelines for Meta-Analyses and Systematic Reviews of Observational Studies.[23]

Eligibility criteria

All available evidence (both published and unpublished), which provided data on the prevalence of modified diet use (e.g., avoidance of certain foods or consumption of a soft/puréed/minced moist diet to accommodate masticatory impairments) in adults presenting with TMDs, was eligible for inclusion. No

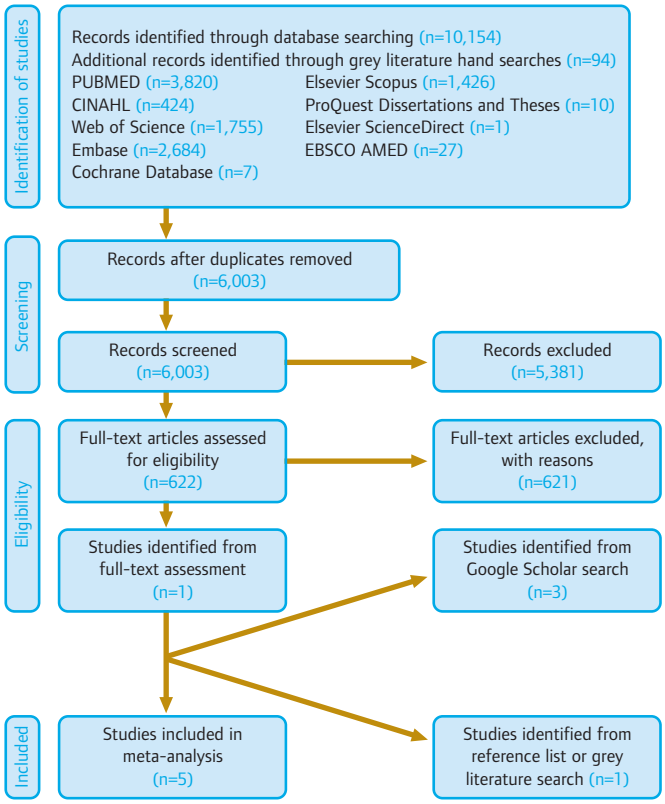

FIGURE 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram.

restrictions relating to language, research location/setting, or date of publication were applied. Case studies were not eligible for inclusion due to critique regarding levels of evidence.

Data was sought regarding adult humans presenting with TMDs who reported consumption of modified diets as a compensatory strategy, with no eligibility restrictions applied (e.g., sex, race, disease duration, severity, age of onset, or recruitment location). Individuals were excluded if they reported a history of congenital, orthopaedic, traumatic, or cancerous conditions affecting the structure and/or function of the oral or maxillofacial area.

Data sources

A search strategy that accounted for filters, key-text, and medical subject headings, as appropriate, was systematically employed across nine electronic databases by two independent reviewers. The databases searched were: Embase, PubMed, CINAHL, Web of Science, Elsevier Scopus, ScienceDirect, AMED, The Cochrane Database of Systematic Reviews, and ProQuest Dissertations and Theses A & I. Databases were searched from inception to January 2017, with all results exported using the Zotero reference management software (Zotero Software; George Mason University, USA). The titles and abstracts of all identified records were screened by two independent authors, with obviously ineligible studies excluded.

Hand searches of the proceedings of the annual scientific meetings of the European Society for Swallowing Disorders and the Dysphagia Research Society (both published in *Dysphagia*), and the International Association for Dental Research (published in the *Journal of Dental Research*) were conducted by the senior author, in conjunction with searches of the reference lists of eligible studies, available grey literature, and the Google Scholar database, in order to identify potentially eligible records not indexed in primary searches.

Data extraction process and data items

An electronic data extraction form, which has been previously piloted and described elsewhere,[13] was used by two independent reviewers, with a third author available to mediate disputes, if required. Full consensus regarding extracted data was reached by reviewers. In the case of missing/unclear data, the senior author contacted corresponding authors of primary studies published in the previous 10 years,[13] with exclusion of studies in the case of no response to two contact attempts.

Assessment of methodological quality

The methodological quality of included studies was rated by two independent reviewers using the Downs and Black assessment tool.[24] A third author was available to mediate disputes, if required.

Summary measures and synthesis of results

Descriptive analysis was initially conducted, with subsequent statistical analysis completed using the Microsoft Excel (Microsoft; Richmond, WY, USA) and the MedCalc Systems for Windows, version 15.0 (MedCalc Software; Ostend, Belgium)[25] to conduct both fixed and random effects meta-analyses of prevalence estimates. Prevalence figures were presented using 95% confidence intervals and displayed graphically using forest plots.

Results

Study identification

In total, searches of electronic databases resulted in 10,248 identified records (**Figure 1**). Subsequent to exclusion of duplicates and obviously ineligible results, 622 full-test studies were reviewed by two independent authors, resulting in the identification of one eligible study from these databases.[26] Additional Google Scholar searches resulted in identification of three further eligible articles,[27-29] with reference list searching identifying one subsequent study.[30]

Missing data or lack of article access within identified studies was addressed, as discussed, with three contact attempts relating to missing data and two relating to requesting access to articles. Therefore, five articles in total were eligible for inclusion in analysis.

Study characteristics

The characteristics of included studies are described in **Table 1**. The majority of eligible studies were cross-sectional (n=2;40%) or case-control studies (n=2;40%), with one study being classed as a randomised controlled trial (RCT) (n=1;20%). The location of eligible studies was broad, including northern Europe (n=2;40%), South America (n=1;20%), and Asia (n=1;20%). The settings of most included studies were university hospital clinics (n=4;80%). Outcome measurement tools included the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD)[31] (n=5;100%) and subjective patient-reported questionnaires (n=5;100%). Only one study used assessments of masticatory performance to assess the individual's ability to tolerate varying levels of oral intake.[26]

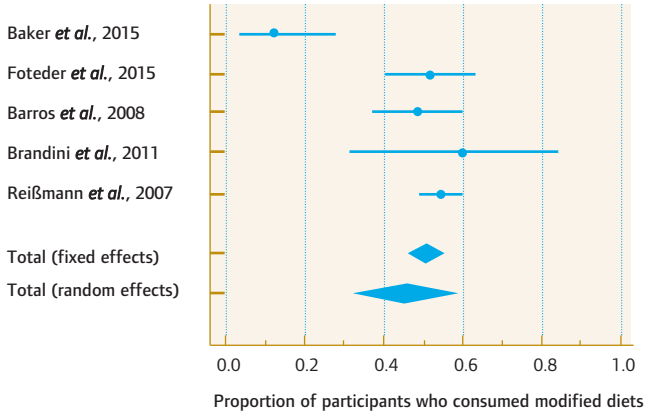

FIGURE 2: Forest plot of prevalence of diet modifications.

Description of participant demographics

Data pertaining to 533 patients were eligible for inclusion, with an overall mean age of 36 years of age (**Table 1**). No included study provided age ranges for participants. In total, 420 females and 113 males (3.71:1) were eligible for inclusion. Included studies varied as to whether they reported one primary diagnosis per overall participant or one diagnosis per unilateral TMJ. Myofascial pain was the most frequently reported diagnosis (n=266), while disc displacements were also commonly reported (disc displacement with reduction: n=156; disc displacement without reduction: n=55; disc displacement without reduction and arthralgia: n=34). Arthralgia was common, with 141 participants receiving this diagnosis, while a cohort was diagnosed with osteoarthritis (n=27) or osteoarthrosis (n=9).

Assessment of methodological quality of included studies

Reviewers reached full consensus regarding ratings of methodological quality. On average, studies were deemed to be of moderate quality (**Table 1**). The items that predominantly contributed to lower methodological quality ratings were: inadequate descriptions or measurement of confounding factors; and, inadequate blinding of assessors. A range of items contributed to positive ratings, including adequate description of null hypotheses/aims and the use of valid and reliable outcome measurement tools.

Prevalence of diet modifications

Based on data extracted from five studies (n=533),[26-30] the prevalence of diet modifications was estimated to be 45.1% (confidence interval: 31.93-58.64) (**Figure 2**).

Discussion

This study demonstrated that diet modifications are commonly used as a compensatory strategy by adults with TMDs who experience impaired mastication, although this topic has typically received limited research attention. Research on eating and swallowing problems in other clinical cohorts suggests that consuming a modified diet negatively impacts overall physical health. In addition, HRQOL is also often affected as food choices are restricted and participation in social events is reduced.[20,21] However, little is known about the impact of diet modifications in adults with TMDs on physical functioning and psychosocial well-being. It is hypothesised that if diets are modified, they may not be nutritionally balanced and may lack key nutrients or calories. Research has found that the modified diets consumed by people with eating and swallowing problems typically contain significantly lower levels of energy and protein than those consumed by healthy controls.[21] In addition, patients consuming modified diets also demonstrate significantly greater energy and protein deficits than healthy controls, potentially increasing the risk of unintentional weight loss.[21] Finally, modified diets often contain higher levels of sugar[32] and lower levels of fibre than recommended,[33] with the potential for the development of subsequent gastrointestinal difficulties, such as constipation.[34] In other clinical groups who experience eating and swallowing problems, the dietitian typically evaluates and manages these potential risks to weight and systemic health, as part of the wider multidisciplinary team (MDT).[35,36] However, it is unclear if patients with TMDs typically have access to dietitians during TMD management. Therefore, this study is significant as it indicates the need for increased research in this field to inform the development of both evidence-based management strategies and the expansion of typical MDT structures.

Study limitations

The primary limitations were the limited number of studies that satisfied the strict inclusion criteria, and the lack of population-based studies available for inclusion. Therefore, true prevalence rates may be different to estimates presented here. Also, only one study used masticatory assessments to determine the most appropriate levels of oral intake.[26] Therefore, the use of subjective questionnaires in the majority of included studies may underestimate levels of modified diet use, with ultimate impact on the accuracy of prevalence figures. As such, it is recommended that large-scale, population-based research using subjective and objective assessments is conducted to further our understanding of these issues.

Recommendations

It is advised that subsequent research should address a range of issues, including:

- examination of the true dietary intake of adults with TMDs to determine if they are consuming the recommended levels of nutrients, vitamins, and energy;[37]
- investigation of the potential systemic and psychological implications of consuming texture-modified diets over both short periods of symptom flare-ups and longer periods of chronic dysfunction within this cohort; and,
- investigation of the need to include professionals such as the dietitian in future TMD MDTs.

Conclusions

This systematic review and meta-analysis demonstrated that adults with TMDs commonly use diet modifications as a compensatory strategy to accommodate masticatory impairments. It is hypothesised that these individuals may not be consuming nutritionally balanced diets in accordance with international guidelines, thus introducing the potential for secondary health and social consequences. Therefore, further evidence-based research is required to examine the true dietary intake of individuals with TMDs, and to subsequently determine the most appropriate methods of supporting these individuals to

maintain healthy and balanced levels of oral intake, with the ultimate view to improve clinical care provision and patient well-being and recovery.

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CPD QUESTIONS

To claim CPD points, go to the MEMBERS' SECTION of www.dentist.ie and answer the following questions:

1. **Common signs and symptoms of TMDs include:**
   a. Reduced ranges of mandibular motion
   b. Limited mouth opening
   c. Impaired mastication
   d. All of the above

2. **Patients with TMDs may be at greater risks of unintentional weight changes due to the consumption of modified diets.**
   a. True
   b. False

3. **Almost half of all patients with TMDs consume modified diets due to masticatory issues:**
   a. True
   b. False

CAD / CAM ceramic restorative materials for natural teeth

Spitznagel, F.A., Boldt, J., Gierthmuehlen, P.C.

Advances in computer-aided design (CAD)/computer-aided manufacturing (CAM) technologies and their ease of application enabled the development of novel treatment concepts for modern prosthodontics. This recent paradigm shift in fixed prosthodontics from traditional to minimally invasive treatment approaches is evidenced by the clinical long-term success of bonded CAD/CAM glass-ceramic restorations. Today, defect-oriented restorations, such as inlays, onlays, and posterior crowns, are predominately fabricated from glass ceramics in monolithic application. The variety of CAD/CAM ceramic restorative systems is constantly evolving to meet the increased demands for highly aesthetic, biocompatible, and long-lasting restorations. Recently introduced polymer-infiltrated ceramic network CAD/CAM blocks add innovative treatment options in CAD/CAM chairside one-visit restorations. The material-specific high-edge stability enables the CAD/CAM machinability of thin restoration margins. Full-contour zirconia restorations are constantly gaining market share at the expense of bilayered systems. Advancements in material science and bonding protocols foster the development of novel material combinations or fabrication techniques of proven high-strength zirconia ceramics. CAD/CAM applications offer a standardised manufacturing process resulting in a reliable, predictable, and economic workflow for individual and complex teeth-supported restorations. More evidence from long-term clinical studies is needed to verify the clinical performance of monolithic polymer-infiltrated ceramic network and zirconia teeth-supported minimally invasive and extensive restorations.

Journal of Dental Research 2018; 97 (10): 1082-1091.

Restorative treatment in patients with amelogenesis imperfecta: a review

Strauch S., Hahnel S.

Purpose: To summarise the contemporary scientific evidence available regarding restorative dental treatment in patients with amelogenesis imperfecta (AI).
Methods: An electronic literature search was conducted using the search term 'amelogenesis imperfecta' and the PubMed/MEDLINE database as well as Google Scholar. Prospective and retrospective clinical studies that investigated the outcome of direct and/or indirect dental restorative treatment in patients with AI, published in English, and with an observation time of at least one year, were included in this review. The articles identified were screened and analysed by two reviewers according to inclusion and exclusion criteria in three review rounds.
Results: Six prospective or retrospective clinical studies analysing longevity and complications associated with dental restorative treatment in patients with AI met the inclusion criteria. Extracted data suggest that in patients with AI, indirect restorations feature superior predictability and longevity than direct restorations.
Conclusions: As endodontic complications were infrequently observed and periodontal parameters regularly improve with the insertion of indirect restorations, dental treatment in patients with AI should focus on indirect restorations as soon as possible. While adhesive bonding techniques to enamel surfaces in patients with AI feature merely limited predictability and longevity, and as the available data is scarce, further laboratory and clinical studies should be performed to investigate the performance of minimally invasive indirect restorations bonded to enamel in patients with AI.
Recommendation: Scientific evidence indicates that indirect restorations should be preferred over direct restorations in patients with AI.

Journal of Prosthodontics 2018; 27: 618-623.

Water fluoridation and dental caries in US children and adolescents

Slade, G.D., Grider, W.B., Maas, W.R., Sanders, A.E.

Fluoridation of America's drinking water was among the great public health

achievements of the 20th century. Yet there is a paucity of studies from the past three decades investigating its dental health benefits in the US population. This cross-sectional study sought to evaluate associations between availability of community water fluoridation (CWF) and dental caries experience in the US child and adolescent population. County-level estimates of the percentage of population served by CWF (% CWF) from the Centres for Disease Control and Prevention's Water Fluoridation Reporting System were merged with dental examination data from 10 years of National Health and Nutrition Examination Surveys (1999 to 2004 and 2011 to 2014). Dental caries experience in the primary dentition (decayed and filled tooth surfaces [dfs]) was calculated for 7,000 children aged two to eight years, and in the permanent dentition (decayed, missing, and filled tooth surfaces [DMFS]) for 12,604 children and adolescents aged six to 17 years. Linear regression models estimated associations between % CWF and dental caries experience with adjustment for socio-demographic characteristics: age, sex, race/ethnicity, rural-urban location, head of household education, and period since last dental visit. Sensitivity analysis excluded counties fluoridated after 1998. In unadjusted analysis, caries experience in the primary dentition was lower in counties with ≥75% CWF (mean dfs = 3.3; 95% confidence limit [CL] = 2.8, 3.7) than in counties with <75% CWF (mean dfs = 4.6; 95% CL = 3.9, 5.4), a prevented fraction of 30% (95% CL = 11, 48). The difference was also statistically significant, although less pronounced, in the permanent dentition: mean DMFS (95% CL) was 2.2 (2.0, 2.4) and 1.9 (1.8, 2.1), respectively, representing a prevented fraction of 12% (95% CL = 1, 23). Statistically significant associations were likewise seen when % CWF was modelled as a continuum, and differences tended to increase in covariate-adjusted analysis and in sensitivity analysis. These findings confirm a substantial caries-preventive benefit of CWF for US children and that the benefit is most pronounced in primary teeth.

Journal of Dental Research 2018; 97 (10): 1122-1128.

Impact of access cavity design and root canal taper on fracture resistance of endodontically treated teeth: an *ex vivo* investigation

Sabeti, M., Kazem, M., Dianat, O., Bahrololumi, N., Beglou, A., Rahimipour, K., et al.

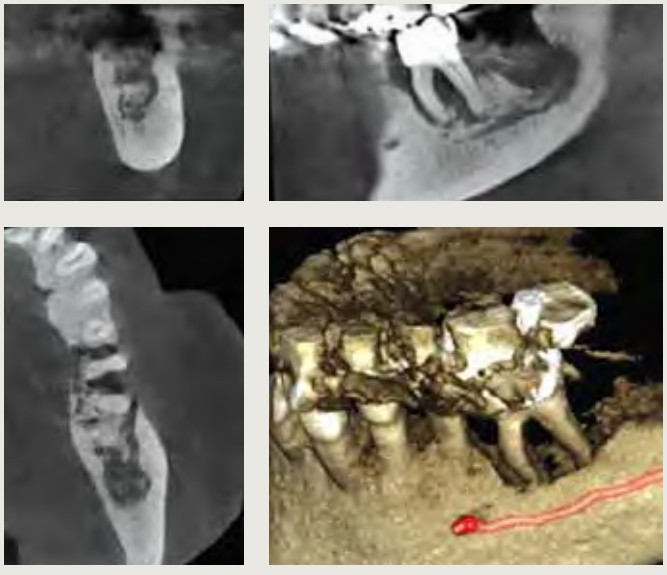
Introduction: The susceptibility of endodontically treated teeth (ETT) to fracture is mainly associated with the loss of tooth structure. This study evaluated the effect of the access cavity design and taper preparation of root canals on ETT fracture resistance of maxillary molars.
Methods: For tapering assessment, 30 sound distobuccal roots of maxillary molars were randomly assigned to one of three groups (n=10): a 0.04 taper; a 0.06 taper; or, a 0.08 taper. Endodontic canal preparations were performed using the Twisted Files rotary system (Kerr Co; Glendora, CA). In addition, 48 intact maxillary first and second molars were randomly assigned to one of three groups (n=16) for cavity preparation approaches: intact teeth; traditional access cavity (TAC); or, conservative access cavity (CAC). Fracture resistance was tested using a universal testing machine. For statistical analysis, the level of significance was P≤0.05.
Results: The 0.04 taper instrumentation had the highest fracture resistance (259.6 +/- 52.06), and the 0.08 taper had the lowest (168.43 +/- 59.63). The 0.04 and 0.06 groups did not differ significantly (P>0.05); however, these groups differed significantly from the 0.08 group (P≤0.05). Regarding the cavity preparation approaches, the three groups of intact teeth, CAC, and TAC showed fracture resistance mean values of 2,118.85 +/- 336.97, 1,705.69 +/- 591.51, and 1,471.11 +/- 435.34, respectively, with no significant difference between the CAC and TAC groups (P>0.05).
Conclusions: Increasing the taper of the root canal preparation can reduce fracture resistance. Moreover, access cavity preparation can reduce resistance; however, CAC in comparison with TAC had no significant impact.

Journal of Endodontics 2018; 44: 1402-1406.

Quiz

Answers (questions on page 224)

1. Medication-related osteonecrosis of the jaws (MRONJ).
2. This condition is due to an adverse drug reaction to antiresorptive agents. This particular case is an avascular necrosis, which resulted from I/V zoledronate (Zometa), an anti-angiogenic agent used following prostate cancer.
3. Prevention is better than cure. Please see the August/September issue of this *Journal* (Volume 64, Number 4).
4. Top left: coronal view; top right: sagittal view; bottom left: axial view; and, 3D render.



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SITUATIONS WANTED

Registered dentist looking for a job in Co. Galway. Experience: 3.5 years. Additional language skills: German, Polish. Please contact dentistgalway90@gmail.com.

Friendly dentist, six years' experience, looking for part/full-time job in north Dublin or Co. Meath. Please contact dentalassociate31@gmail.com.

SITUATIONS VACANT

Associates

Ambitious, ethical dental associate required for full-time book at very busy, progressive practice one hour south of Dublin. Must be experienced, organised, and a team player. Surgical extractions, molar endo, crown and bridge all essential. Fully digital, SeronaCT. Email Info@gracefielddental.ie.

Associate with a view in short term wanted for expanding Mayo town. Principal retiring and happy to help with transition. Enquiries in strict confidence to windmill38@gmail.com.

Experienced, self-motivated associate with general practice experience required for modern practice in Westmeath. Two- to three-day week initially with potential for growth. Thirty minutess from M50. Mix of private/GMS. IDC registered. Send CV to dentalopp2018@gmail.com.

Associate dentist required for busy, modern Cork suburb practice. Optional full-time, part-time, with a view. Email CV to smileycork@gmail.com.

Co. Kerry. Experienced associate required for established practice with a view to buying. Email beanoriordan@gmail.com.

Associate required for maternity cover (starts November) with view to long-term position in Co. Kildare practice. Email applytokildarepractice@gmail.com.

Dublin 13. Full/part-time associate dentist and qualified dental nurse required with established private, HSE/PRSI list in modern three-surgery practice. Intra-oral camera, digital x-rays/OPG, microscopes, treatment co-ordinator. Minimum two years' experience. Email CV to suken.shah@smartdentalcare.co.uk.

Part- or full-time associate dentist required for busy, modern dental surgeries in Co. Cavan. One hour from Dublin. 50% remuneration. OPG, hygienist, orthodontist, periodontist. Please send CV to info@virginiadentalsurgery.com.

PD Dental is seeking a full-time associate dentist to join our practice in north Dublin. Must be IDC registered. Email mail@pddental.ie.

Co. Meath. Modern established practice looking for a full/part-time associate. Please send CVs to meathdentaljobs@gmail.com.

North east practice, home to national Sensodyne Sensitive Dentist of the Year, seeks associate dentist. Experience preferable. Reference and CV to mbcar06@gmail.com.

Barna Village Dental is looking for a part-time associate to join the team. We are a progressive and expanding practice on the outskirts of Galway City. Please send CV to barnadentalpractice@gmail.com.

Associate required to work part-time in busy Co. Limerick general practice. Medical card/PRSI/private patients. Email CV to lyonsoconnordental@mail.com.

Co. Clare. Part- or full-time associate dentist to replace departing colleague, busy modern surgeries, digital X-rays + OPG, fully computerised, 50% remuneration. Email niallmcrty@gmail.com.

Associate required in Tramore, Co. Waterford. Very busy modern practice in fabulous seaside location. Fully computerised, digital x-rays and modern, fully equipped surgery with excellent support team. Ideal candidate must have at least two years' experience. Email cusackdental@gmail.com.

South east. Associate position with a view to practice purchase. Long-established practice, high profits and low overheads. Email in confidence to southeastdentpractice@gmail.com.

Part-time associate required for one or two days a week in modern, computerised practice. Three surgeries, digital x-ray and OPG in north Dublin. Email associatenorthdublin@gmail.com.

Part-time associate dentist required for busy modern dental practice in Trim, Co. Meath (40 minutes from Dublin). Full book covering all aspects of dentistry. Very friendly, enthusiastic staff. Email drsusanmurray@eircom.net.

Associate required for modern, computerised, busy dental surgery in Clonmel. Four to five days a week to replace departing colleague. Full book available. Experience desirable. Email southtippdentist@hotmail.com.

Experienced associate for extremely busy, multi-award winning expanding practice in Greystones. A beautifully designed clinic, fully computerised, latest technology in both dental and digital systems, highest levels in clinical and ethical standards. Two- to three-day week, view to partnership in the future. Email Manager@luceydental.ie.

Dentists

Dublin. Experienced practitioner required in a modern, state-of-the-art dental surgery. Candidate must have experience with large cosmetic veneer, crown and bridge cases. On-site CAD/CAM lab and intra-oral scanner. Treatment co-ordinators, DSD and photography studio. Email shauna@3dental.ie.

Westmeath. Well-established busy practice looking for a full-time dentist. Please send your CVs to midlandsdentaljobs@gmail.com.

Advertisements will only be accepted in writing via fax (01-295 0092), letter or email (fionnuala@irishdentalassoc.ie). Non-members must pre-pay for advertisements, which must arrive no later than **Friday, November 23, 2018**. Classified ads placed in the *Journal* are also published on our website www.dentist.ie for 12 weeks. **Please note that all adverts are subject to VAT at 23%.**

Advert size	Members	Non-members
up to 25 words	€80	€160
26 to 40 words	€95	€190

The maximum number of words for classified ads is 40.
If the advert exceeds 40 words, then please contact:
Think Media, The Malthouse, 537 North Circular Road, Dublin 1.
Tel: 01-856 1166 Fax: 01-856 1169 Email: paul@thinkmedia.ie

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- Positions Wanted
- Positions Vacant
- Practices for Sale/To Let
- Practices Wanted
- Equipment for Sale/To Let

Classified adverts must not be of a commercial nature. Commercial adverts can be arranged by contacting Paul O'Grady at Think Media.

Co. Wexford. Exciting opportunity for a general dentist to join our modern, well-equipped, well-established Smiles Dental practice in Enniscorthy. Position offers four to five days per week. Candidates must be IDC registered. Initial guaranteed earnings and golden hello available. Email joanne.bonfield@smiles.co.uk.

Part-time dentist required for busy west Limerick practice. Long-term option for right candidate. Practice is fully computerised, digital x-rays, excellent team delivering high-end, general dentistry. Please apply to info@mullanedental.ie.

Exciting opportunities for enthusiastic, self-motivated and experienced dentists in Dublin 1 and 12 areas. Full-time and part-time positions available. Also looking for experienced orthodontist. Modern, well-equipped practices, fully computerised with OPG x-ray. Email diamondsmilejobs@gmail.com.

North Dublin. GDP required for full-time busy practice with the possibility of partnership in the future. Great earning potential for the right candidate. Email dentalopportunity101@gmail.com.

Full-time dentist required for busy, well-established practice in Monaghan. Fully computerised, digital X-ray, recently refurbished, all new Sirona equipment, predominantly private. Great earning potential. Please email CV to associatemonaghan@gmail.com.

Part-time/full-time experienced dentist required for busy family dental practice in Raheny Village, to start mid September. Please contact oconnordental@hotmail.com.

Friendly, caring, dentist required for busy dental clinic in south Dublin. Replacing departing colleague. Must have a minimum of two years' experience, be well organised, team player. Endodontics and basic prostho experience desirable. Private, HSE, PRSI practice. Email info@cleardentalcare.ie.

Dentists – Kilkenny, Drogheda, north Dublin. Full-time or part-time for primary care setting commencing asap. Email CV to unagaster@gmail.com or phone Una at 087-917 4831.

Kiwi Dental in Carlow Town is looking for an outgoing dentist who is able to get on with the job. Come join the team and realise laughter and dentistry can co-exist. Modern surgery, amazing support staff, days negotiable. Email caroline@kiwidental.ie.

Exciting opportunities for enthusiastic, self-motivated and experienced dentists for a busy state-of-the-art dental practice in Limerick City Centre. Full/part-time available. Email nikki3dental@gmail.com.

Dentist required to replace departing colleague in purpose-built three-surgery practice in Portlaoise. Hygienists and orthodontist on site, visiting oral surgeon and periodontist. Fully computerised, digital x-ray. 50% remuneration. Possibility of partnership/take over for the right candidate. Email info@laoisdentist.ie.

Dentist needed for busy, modern practice one hour north of Dublin. Full list of patients, full-time ideally but part-time considered. Great remuneration. Email kingscourtdentalpractice@gmail.com.

Experienced (minimum three years) general dentist required full/part-time. Wicklow, 30/40 mins from Dublin City. Long-term view required. Digital, computerised, busy practice. Excellent conditions to right applicant. CV to info@rathdrumdental.ie.

Dentist for maternity locum, possibility of long-term part-time position. Modern, busy, private practice north Dublin near city centre. Computerised. Digital x-rays. Hygienist. Experience necessary, interest in prosthodontics desirable. Excellent opportunity for the right candidate. Email dentalassociate159@gmail.com.

Full-time dentist required for south Dublin practice. Busy practice, good staff, immediate start. Some experience a definite plus. Email CV to sbarnes@ballyfermotdental.ie.

Deansgrange Dental Clinic has a fantastic opportunity for an experienced general dentist in a state-of-the-art facility on a part-time basis, with a view to full-time. Private practice with ortho, implants, hygiene and general dentistry. CBCT, 3D Printer, Cerec, etc. Email careers@deansgrangedental.ie.

Co. Donegal. Popular practice with special interest in orthodontics seeks fun-loving dentist. Experience in implants/prosthodontics ideal but not essential. Modern three-surgery practice with excellent local and county reputation. Email siomurr@hotmail.com.

Locum dentists

West Dublin practice seeks locum dentist for three days a week for a maternity cover of five months. More than two years' experience required. Email Oconnellb67@gmail.com.

Experienced locum required for maternity cover in mixed practice in Douglas, Co. Cork. November start. Flexible hours. Email mariadouglaswest@gmail.com.

Kilkenny City Centre practice seeking a locum dentist for four to five days a week starting the end of November for five months. Email CV to dentistkilkenny18@gmail.com.

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Long-established south east general practice seeks visiting periodontist assistance with huge burden of patients requiring significant gum disease intervention. Implant placement opportunities. Computerised, OPG, hygienist, full admin/auxillary support, other specialist also visiting. Email SEdentalpractice@gmail.com.

Oral surgeon/implantologist required for busy south Dublin practice. Implants, endo, surgical extractions. Two days per month at least. Email alex@whitesmiledental.ie.

Specialist orthodontist required for busy Kerry practice to replace departing colleague. Part-time. Huge potential. High referrals. Established orthodontic clinic. Email kerrydentists@gmail.com.

Specialist practice with available chairs for oral surgeon/endodontist/periodontist/paediatric dentist/prosthodontist in Waterford City and new premises opening in Tramore, Co. Waterford soon. Contact info@waterfordortho.com to discuss further.

Specialist orthodontist required to provide ortho services part-time in the west of Ireland, Galway based. Modern, computerised practices with excellent support staff and great patient loyalty. Specialist registration essential. Email careers@dentalcareireland.ie.

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Experienced dental nurse required for full-time position in busy general dental practice in Dublin 14. Please send CVs to bellavistadental@eircom.net.

Qualified dental durse required for a busy and modern Ennis practice, with four dentists and two hygienists. Send CV to gbrowne.ennis@gmail.com.

Rathfarnham Dental Practice has a dental nurse position becoming available. Candidates must be cheerful, friendly and helpful. They must be very well presented at all times and be methodical, well organised and conscientious. Experience is desirable but not essential. Email info@rathfarnham dental.com.

Dental nurse/receptionist required for a modern, busy multi-surgery practice in Ballincollig, Cork. Part-time or full-time options available. Experience desirable but not essential. Please email CV to marian@corkdental clinic.com.

Full-time dental nurse required to cover maternity leave from October 2018 in busy general practice. Potential for long-term position. Please send email/CV to care@skerriesdental.com.

Part-time dental nurse required to replace departing colleague in busy general practice in Gorey, Co. Wexford. Immediate start, good renumeration. Send CV to info@goreydentalpractice.ie.

Full-time position for dental nurse-receptionist in modern, computerised practice in Dublin 9 to join expanding team. Excellent communication and IT skills, caring and enthusiastic approach required. Exact software knowledge advantageous. Email niamh@drumcondravillagedental.ie.

Full-time position for dental nurse in modern Galway city centre practice. Looking for a friendly, flexible and energetic candidate to join our team. Email info@kingdental.ie.

Dental nurse required full/part-time in modern, established south Dublin single surgery practice. Experience with Software of Excellence an advantage but not essential. Immediate start available. CVs to warrenmowlds@hotmail.com.

Ormond Orthodontics. Full-time qualified dental nurse required for Kilkenny/Thurles orthodontic practice. We are seeking a warm, friendly person with good communication and computer skills. Email application to reception@kylemoreclinic.ie.

Full-time qualified dental nurse/receptionist required to join our modern multi-surgery practice. We are seeking new members to join our expanding friendly team in Dublin 13. Candidates must have excellent communication and IT skills. Please send CV to suken.shah@smartdentalcare.co.uk.

Full-time dental nurse required for busy modern Galway practice. Must be fully qualified; experience an advantage but not essential. Immediate start. CV to devonparkdental@hotmail.com.

Dental nurse – friendly, efficient dental nurses required on a full-time and part-time basis for lovely general practice based in south Dublin minutes from the M50. Experience preferred. Email enrightse@gmail.com.

Full-time dental nurse required to cover maternity leave from October 2018 in busy, friendly general practice. Experience desirable but not essential. Please email CV to mcgrath.eimear@yahoo.ie.

Full-time dental nurse position available in modern and super friendly practice in Limerick. Please contact us on Racefielddental@gmail.com.

Part-time dental nurse required to cover maternity leave from October 2018. 12-16 hours per week in a friendly mixed practice in Douglas, Co. Cork. Please email CV to mariadouglaswest@gmail.com.

We are looking for a qualified dental nurse with experience also in orthodontics to join our busy practice in Dublin 5. CV to northcitydental@gmail.com.

Part-time dental nurse required for a busy, modern, computerised, award-winning dental practice in Navan, Co. Meath. We are looking for a highly motivated individual to join our professional team. Email meathdentists@gmail.com.

South County Dublin. Full-time dental nurse position available in modern, computerised, friendly practice with good team atmosphere. Excellent remuneration for right candidate. Email dentalassoc993@gmail.com.

Experienced dental surgery assistant required full-time for busy family dental practice in Raheny, Dublin 5. Contact Deborah or Esther 01-85 10340 or email oconnordental20@gmail.com.

Experienced dental nurse required for full-time position in mixed dental practice in Naas, Co. Kildare. Replies please to info@naasdentalcentre.ie.

Dental nurse required to cover maternity leave from October 2018. Flexible 30 hours per week. Modern, friendly, private practice in Limerick. Please email CV to dsalimerick2018@gmail.com.

Dental nurse required for a busy Cork City practice. Experience is an advantage but training can be given to the right person. Email info@cantydental.ie.

Full-time dental nurse required to join our busy, modern Dublin 6 practice. Experience preferred but not essential. Assistance with formal college training can also be provided. Email info@beechwooddental.ie.

Dental nurses north/south Dublin. Full/part-time for primary care setting commencing asap. Email CV to unagaster@gmail.com or call Una at 087-917 4831.

Part-time, enthusiastic, empathetic, forward-thinking front-of-house lead dental nurse/receptionist required. Newly established, fabulous north Dublin DART line location. Excellent, friendly, modern environment. Flexible, approx. 25 hours per week. Email with CV/personal profile to: bespokedental.info@gmail.com.

Part-time dental nurse required for specialist practice. Ten to twelve hours/week, flexibility and IT experience preferable. Please send CV to dublin18dentalclinic @gmail.com.

Full-time dental nurse required modern practice Galway City. Specialised orthodontics and cosmetic dentistry. Good remuneration package and benefits. Email eliana@quaydental.ie.

Northern Cross Dental is a modern, specialist practice. We are currently seeking a qualified dental nurse. Experience preferred but not essential as full training will be provided. Full-time role, Monday to Friday. Email lisa@ncdental.ie.

Dental nurse required for specialist practice in Dublin 4. Full-time hours over four days, excellent salary. Previous perio/implant experience not essential as full training provided. Would suit a dental nurse looking to take next step in their career. Email careers@dentalcareireland.ie.

Hygienists

Hygienist required for Cork city practice. Two to three days per week. Email alex@whitesmiledental.ie.

Enthusiastic, experienced dental hygienist required part-time for established modern practice based in Galway city centre. Email dentaljobsgalway@gmail.com.

Dental hygienist required to join a family dental practice in Greystones. A fantastic team to become part of with excellent support. Forward your CV to manager@luceydental.ie.

Busy practice in Meath, 10 minutes from Blanchardstown, requires dental hygienist two days per week maternity cover, starting end of August. Well-developed hygiene book with great, motivated patients and excellent support staff. Forward CVs to dentalpracticemeath@gmail.com.

We are looking for an experienced, enthusiastic and caring hygienist to join our award-winning team on every Thursday and one Saturday morning per month, at Portobello Dental. Please email CV and cover letter to tara@portobellodental.com.

Enthusiastic, experienced hygienist required one day a week for a busy, well-established general dental practice in Monaghan town, fully computerised, excellent support staff, recently refurbished. Please send CV to ellenquinn82@gmail.com.

Ivory Dental Care in Malahide seeks a hygienist for three sessions per week for our growing private practice. Our ideal candidate would be caring and friendly with strong clinical skills. We look forward to receiving your CV via email at helenmarielane@ivorydental.ie.

Part-time dental hygienist position required for friendly, qualified and experienced dental hygienist for computerised general dental practice in Sandyford. Position is for Mondays or Thursdays. Please send CV to blackglendental@gmail.com.

Dental hygienist required full-time to join our exciting team in Athlone. We are looking for a motivated, passionate, committed team player who has a calm, caring rapport and focused on prevention. Ideally experienced with EXACT. Cavitron and Florida probe provided. Email athlone@dentalexcellence.ie.

Friendly, experienced hygienist required one day a week for a busy, well-established general dental practice in Skerries. Fully computerised, excellent support staff, flexibility on day. Please email CV to care@skerriesdental.com.

Qualified dental hygienist, required two days a week (Monday/Tuesday), to work with children in a very busy paediatric practice, in the Hermitage Clinic, Lucan. Please forward CVs to marianne@burlingtondentalclinic.com.

Part-time dental hygienist position required for friendly dental hygienist for general dental practice in Co. Clare. Experience is preferable but not essential. Please email CV to mcgrath.eimear@yahoo.ie.

Maternity cover dental hygienist required from January 2019, two days per week in three-surgery practice in Portlaoise. Visiting periodontist. Hours flexible, can be half days. Email info@laoisdentist.ie.

Part-time hygienist required for busy, modern, city centre practice. Very nice friendly patients and staff. Must be IDC registered. Please email your CV to bdentald2@gmail.com.

Hygienist required for three days in busy Limerick City clinic.The ideal candidate will be friendly and gentle with strong clinical skills. We also have two additional days available in our county clinic. Please send your CV to jennifer.bowedental@gmail.com.

Dental hygienist required to start a hygienist service in an established dental practice in Athlone. Flexible, part-time hours, opportunity to create a full-time service. Suitable candidate should be comfortable treating the nervous patient. Please email ceirefitzgerald@gmail.com.

Experienced, enthusiastic, hygienist required at McGarrity Dental Practice in Cavan Town. Fully established patient list. Completely computerised modern practice with visiting periodontist. Excellent team. Email info@mcgarritydental.ie.

Deansgrange Dental Clinic requires a full-time dental hygienist to cover maternity leave for six months with a view to a permanent position. Modern, fully equipped practice with a supportive team. We would love to hear from you either by phone at 01-558 0000, or email at careers@deansgrangedental.ie.

PRACTICES FOR SALE/TO LET

For sale – Kilkenny City – spacious 4+ surgeries, well established, long leaseable, OPG, computerised, good figures, PRSI and private only, owner retired, SE. Associate departing. Realistic price for early sale. Email rogerryandental@gmail.com.

Leinster midlands: single-handed surgery within easy commute to Dublin – one hour. Ample room for expansion. Very well equipped, including OPG, etc. Flexible options, rent/freehold. Good profits. Favourably priced. Very large potential for growth. Email niall@innovativedental.com.

Galway City Centre. Well-established city centre practice for sale. Two surgeries, predominantly private practice, excellent location. Contact steven@medaccount.ie in confidence or call 01-280 6414.

South east. Long-established, busy, full-time, four-surgery general practice in an excellent location. Experienced loyal staff. Digitalised, partially computerised. Modern equipment. Low medical card. Hygienist service. Good new patient numbers. Great potential for growth. Immediate sale. Email practicesoutheastforsale@yahoo.com.

Practice for sale. Cork City Centre. Two surgeries with room to expand, X-ray room, staff and patient WCs, sterilising room, store room, well equipped and maintained with good patient mix. Contact steven@medaccount.ie in confidence or call 01-280 6414.

Arklow, Co. Wicklow. Dental practice for sale, owner retired, two surgeries, Main St location established 40 years. Contact 086-221 6814, or email malonejb@gmail.com.

Dental practice for sale in busy south Mayo town. Good mix of private/PRSI/GMS patients. Excellent potential for growth. Principal retiring. For further details email dentistinwest@gmail.com.

PREMISES FOR SALE/TO LET

Specialists' rooms to rent – Sessions in specialist clinic available to specialist only. Clinic based in Nenagh. For details email nenaghspecialist@gmail.com.

PREMISES WANTED

Specialist dentist seeks a dental suite to rent on a sessional basis in the South or East region. Contact by email specialistirishdentist@gmail.com.

EQUIPMENT FOR SALE

Sirona Orthphos Digital OPG for sale. Excellent condition. Please contact Dr Arthur O'Connor on 086-819 9315 or via email at aoconnor29@gmail.com for details.

Equipment for Sale: Kodak 8000 Adult and Child digital OPG for sale. Including free standing floor support base. Also includes a PC for image/data management. Service history available. POA. Please email dublin18dentalclinic@gmail.com.

Equipment for sale. Wall-mounted Faro light, Jun-air compressor, USG autoclave. Various smaller items. Dentist retired. Call 086-318 4146, or email patstafford47@icloud.com.

Seeing both sides

DR CHRISTINE MYERS is a Principal Dental Surgeon in the HSE in Dublin and incoming President of the HSE Dental Surgeons Group of the IDA.

What led you to first get involved in the IDA?

I moved to Ireland from the UK in 1998 having worked in the NHS for three years. Moving to a new country can be extremely daunting, especially when the majority of graduates qualified in that country so everyone seems to know each other. Joining the IDA meant that I could make new connections with colleagues. When I moved over I was working in a very small practice, and it's difficult to meet people when you're in that isolated environment. The IDA was invaluable for that.

What form did that involvement take?

I attended Metro Branch meetings initially, but about two years ago I saw an email inviting people to become members of the HSE Committee. I thought it was time that I put my name forward so I did and I was voted onto the Committee. I was then asked if I'd become President Elect.

What is your involvement now?

I will take over as President of the HSE Group in October at the HSE Dental Surgeons Seminar, so this year I've been involved in committee meetings and in organising the Seminar. It's hard work. There are a lot of phone calls and emails, but it's very enjoyable.

What has your involvement in the IDA meant to you?

Dentistry is going through a lot of changes at the moment, with Minamata and the phasedown of amalgam, the GDPR and the new oral health policy, whatever that turns out to be. I can be involved in the discussions, get my own ideas heard and feel like I'm making a difference.

The IDA has also been very helpful to me personally. Some years ago when I was working in private practice, I received a phone call from a journalist from a Sunday newspaper saying they had sent a journalist to 10 dentists, including me. They were doing an article on dentists' fees and treatments, and would I like to comment? I was upset and worried, so I rang the IDA and the advice they gave was amazing.

What has been the single biggest benefit of IDA membership for you?

Being part of the Committee means there's a lot of networking, and meeting people you might not necessarily meet otherwise. Getting to know different people and different points of view is really beneficial and it affords us the opportunity to learn from each other.

How would you like to see the Association progress into the future?

The IDA needs to continue being a progressive association, but it always needs to be synonymous with quality care for patients. The patients are why we go to work in the morning. That's who we provide our care to and they need to be at the centre of our minds all the time.

Originally from Nottingham, Christine studied in Newcastle, where she met an Irishman who persuaded her to move here in 1998. She has three daughters – 16-year-old twins and an 11 year old – for whom she provides a very efficient taxi service. She attends her local gym for personal training sessions and dance fit classes, and is a member of both the local tennis club and the local book club. She also plays violin and piano, and has been known to play occasionally at weddings!

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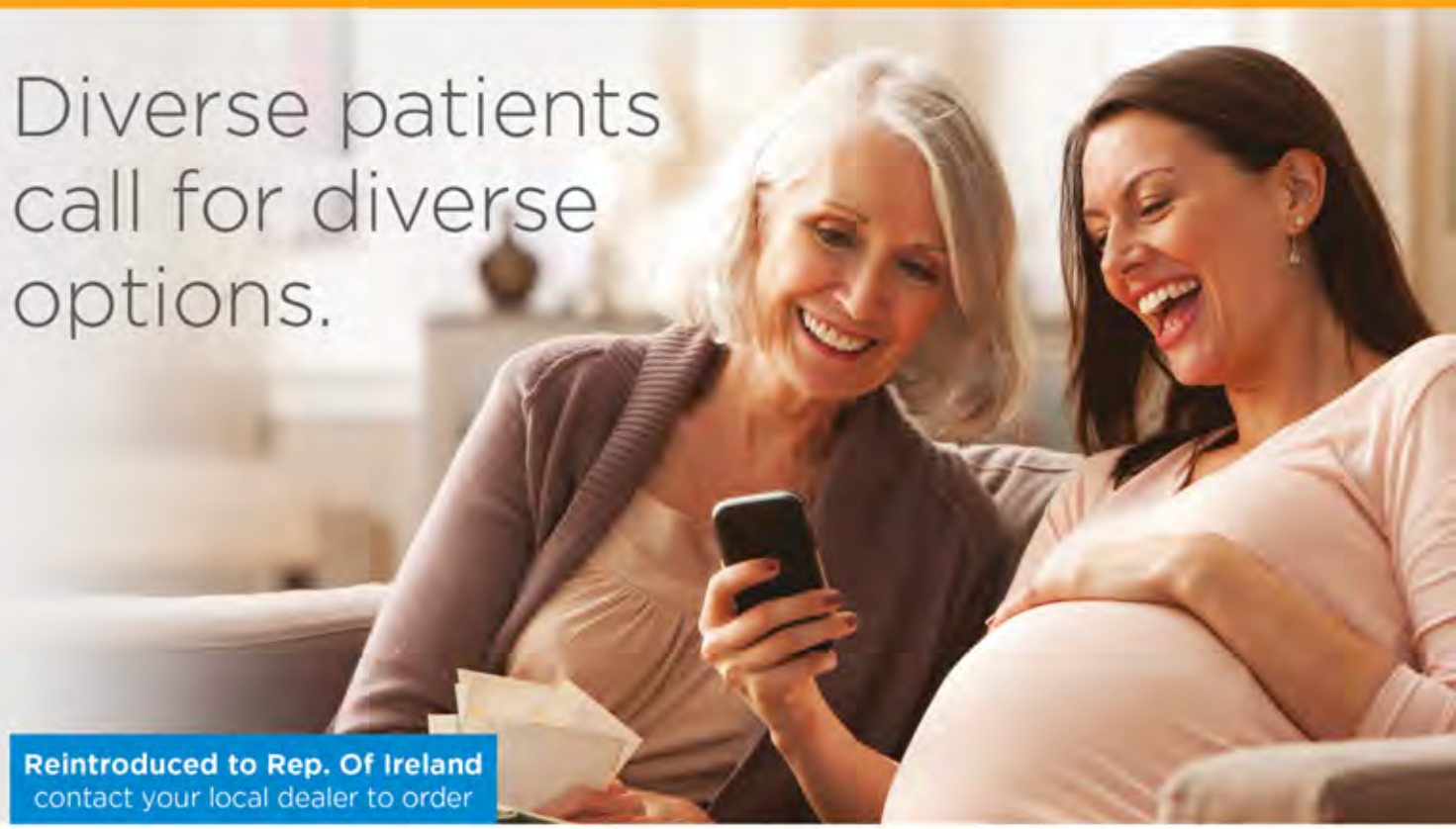

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