In Pursuit of Excellence Through Continuing Education

Contact Point

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Worn Dentition Course Summary

On May 17, the UAGD was favored to hear Dr. Terry Donovan speak on caring for the worn dentition. Dr. Donovan is a popular speaker on biomaterials from North Carolina and has been lecturing 35 times per year since 1981. His no-nonsense attitude helped clarify misconceptions and alerted listeners to reasons and treatments for erosion, abfractions, and other wear disorders.

Recognizing dental erosion is critical to management success. Cupping of cusps is pathognomonic for chemical erosion rather than bruxism only. Erosive Tooth Wear is the preferred term for these lesions. Erosion is defined as a chemical loss of tooth structure with no bacterial cause. Citrate is a major cause as is chelates calcium and is acidic to boot. Abrasion is defined as pathologic wear due to abnormal mechanical processes. Porcelain wears twice as fast in citrate as water and is 10 times more abrasive than gold or enamel. Attrition is tooth to tooth wear. Surprising to some was the statement that a vegetarian diet is very erosive. Many fruits and vegetables are highly acidic and mulling these in the mouth results in much chemical erosion.

Dr. Donovan suggested that cupping in any teeth besides the mandibular first molar is a problem. A connection between GERD, bruxing and ETW was made throughout the day. GERD gives rise to acid in the mouth which stimulates burning in the mouth and bruxing. This leads to wear, inflamed tonsils and consequently airway narrowing and apnea. Apnea results in decreased intrathoracic pressure leading to more GERD due to a weak upper gastric sphincter. Especially in children, ETW of the molars suggests all of the above. We need to be very proactive in recognizing GERD, tonsil inflammation and ETW in kids and take immediate action. The GERD and bruxing in kids cause small arousals and sleep disturbances in kids which lead to breathing disorders and ADD when children don't get enough sleep. Donovan's GERD questionairre asks about persistent coughing, choking, halitosis, too much saliva, and a lump in the throat feeling. He recommends treating GERD with a

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UAGD PACE Approved CE

October 11, 2013 and November 1,2

Location: Joseph Smith Memorial Building

Time: 7:30 am Registration, 8:00-5:00pm

Cost: $295 AGD, $350 for non- AGD

October 11, 2013

Speaker: Dr. Louis Malcmacher

"Hottest Topics in Dentistry Update 2013"

Registration

Name_____AGD#_____

E-mail_____Office Phone_____

Send registration form with payment to: Dr. Joe Stobbe, UAGD CE, 715 E 3900 S #112, SLC, UT 84107, 801-263-7711

Dr. Paul Romreill on Aesthetics in Dentistry

A Hands On Mastership Course, November 1-2, 2013

Ultradent 505 W 10200 S, South Jordan, UT, 16+ hours of CE for only $395! ($450 for non-AGD)

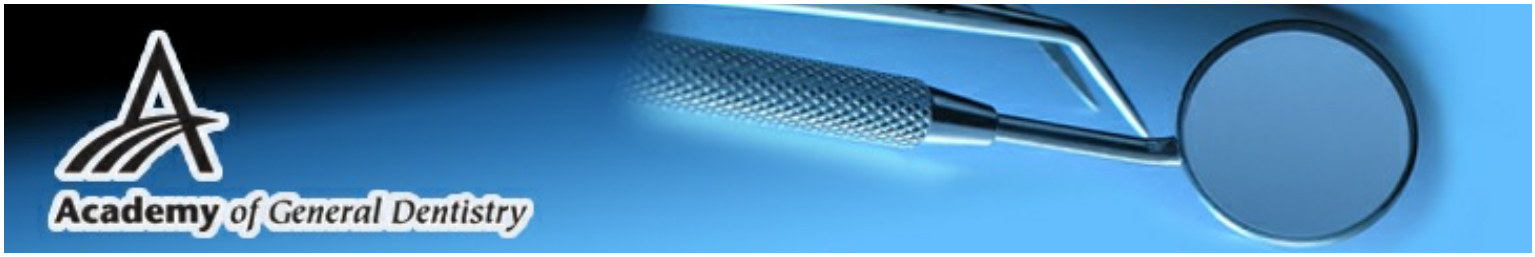
Topics : A system for case planning and Smile design, Shade Selection, Tissue management and impression techniques with digital equipment, Temporization, Treatment of severely discolored dentition, Restoring a single anterior tooth, Alternatives to full mouth reconstruction for lost VDO, Esthetics in RPDs, Dentures and Implants, using technology to increase case acceptance and compliance, partial overlays

Registration

Name_____AGD#_____

Email_____Office Phone_____

Send registration form and payment written to "Utah AGD" to: Dr. David Peterson, UAGD Mastership, 6440 Wasatch Blvd, Ste. 140, SLC, UT 84121



AGD Fellowship Award Requirements (simplified)

1. Current AGD membership for three (3) continuous years
2. Completion of 500 hours of FAGD/MAGD-approved continuing education credit, with at least 350 hours earned in course attendance. Mastership credit begins to accrue on the date that the 500-hours requirement has been met.
3. Successful completion of the Fellowship Examination.
4. Attendance at a Convocation Ceremony, held during the AGD Annual Meeting, to receive the award

AGD Mastership Award Requirements (simplified)

600 hours of MAGD-approved continuing dental education credit, 400 of which must be in participation courses. Mastership credit begins to accrue on the date that the 500-hour Fellowship Award requirement has been met. The 600 credit hours must be earned in specific disciplines, as outlined under "Subject Category requirements."

	Hands On	Total Hrs
Endodontics	30	46
Electives	30	46
MPD/Occlusion	30	46
Operative Dentistry	30	46
Oral & Maxillofacial Surgery	30	46
Orthodontics	12	12
Pediatric Dentistry	12	12
Periodontics	30	46
Practice Management	0	24
Fixed Prosthodontics	30	46
Removable Prosthodontics	30	46
Implants	30	46
Oral Med/Oral Diagnosis	12	12
Special Patient Care	12	12
Esthetics	30	46
TOTAL HOURS	360	544
TOTAL REQUIRED	400	600

Continuing Education Calendar

The UAGD Board continually strives to furnish the best possible CE courses at a reasonable price. There are at least four traditional CE courses offered per year. Two day hands-on courses are given on the second or third weekend in March and the first or second weekend in November and follow the rotating schedule shown below in order to fulfill Mastership requirements, but all are invited to participate. Space is limited so register early. Lecture CE courses are typically offered in May and in September when we elect local officers. Suggestions for topics and speakers are welcome and should be addressed to the board member over CE or Mastership.

2013	
June 27-30	AGD Annual Meeting in Nashville
Oct 11	Louis Malmacher and Utah Annual Meeting
November 1-2	Paul Romreill Esthetics hands on
2014	
March	Ortho/Pedo hands on
May	Lasers in Perio Treatment
June 26-29	AGD Annual Meeting in Detroit
September	CE and Utah Annual Meeting
November	Oral Med/Diagnosis, Basic Sci hands on
2015	
March	Photo/ Special patient care hands on
May	CE course TBA
September	CE and Utah Annual Meeting
November	MPD/Occlusion hands on
2016	
March	Operative hands on course
May	CE course TBA
September	CE and Utah Annual Meeting
November	Fixed Pros hands on

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UTAH AGD

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combination of the classes of treatment: antacids (Tums, Mylantis), H2 Blockers (Pepcid, Tagamet), Proton Pump Inhibitors (Prilosec, Nexium). Attendees were reminded of critical pH values for the point at which tooth structure starts to dissolve: root dentin at 6.7 enamel at 5.2. Compare these to a Red Bull at 2.8 and a Coke at 2.6 or strawberries at 3.0. Even apples can cause severe erosion at the Class V position. Wines have a high titratable acidity meaning a substance takes a great deal of neutralizer to buffer. Cheese was suggested as an excellent buffer and functions as an inexpensive MI paste. Dr. Donovan reminds us of pop consumption statistics and how serving sizes has increased significantly. Some medications such as albuterol have a very low pH. Yogurt can have a pH of 3.8–4.2 with fruit. Tea can be down around 3.1. Eating more than 2 citrus fruits per day equals a caries risk. Swimmers may be at risk swimming in acidic water due to the chlorine. An example given displayed a very low risk patient who lost a great deal of enamel in two weeks of swimming in a foreign pool.

Anorexics and bulimics must be treated psychologically before dental treatment commences, otherwise the restorative work will not last. Dr. Donovan always refers these patients for behavioral care. Confronting the patient by saying "how long have you been doing this?" forces a response and doesn't give the patient a lame way out when they really need to address a problem they've been denying.

Erosion can be diagnosed by 1. Cupping of cusps, 2. Restorations standing proud—look for the breakdown of composite edges and islands of restorative material, 3. Loss of anatomic grooves—the whipped clay effect, or dull enamel. GC's Saliva Check can test for pH, buffering capacity, and stimulated and unstimulated saliva flow rates. Groups of patients at particular risk for erosion are 1. Pts subject to dehydration (furnace workers and athletes) who need alternatives to sports drinks like Hammer Heed with a pH>7 or Clif energy gels+water 2. Xerostomics, 3. Bulimics/Anorexics, 4. GERD/alcoholic patients, 5. Asthmatics with a 200% risk, 6. Diabetics and cardiac med pts. Due to drying meds. Donovan suggests management consisting of the following: 1. Refer appropriate pts to a psychologist or GI physician, 2. reduce acid intake—beverages, conduct an in-depth diet analysis, reduce frequency and amount, substitute water or milk, 3. reduce the acidity, 4. increase saliva flow with xylitol mints, gum like Epic, Ice Cubes, or use pilocarpine or cemiveline.5. Rehydrate—drink more water and 6. Remineralize with F varnish, amorphous calcium phosphate or 5% NaF pastes. 7.Reduce abrasion—rinse with water after acids, delay brushing for 30 min after an acid insult to not brush adherent, but demineralized tooth structure away, 8. Reinforce teeth with sealant, flowable or filled resins.

Although not an exciting topic, erosive tooth wear is something we all see every day. Managing it correctly is a tremendous service to our patients and we are the only ones equipped to deal with it effectively.