



Contact Point

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Utah Academy of General Dentistry

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UDA Luncheon Report

During the last UDA convention, the UAGD luncheon was well attended. Dr. Lloyd Tilt lectured on the topic of "When Bad Things Happen to Good Implants". As a renown periodontist, Dr. Tilt has lectured the world over on laser-assisted periodontal therapy. This day's topic addressed a key issue that we'll see more of as implants are becoming a more chosen therapy to address tooth loss.

First, peri-implantitis is irreversible bone loss surrounding an implant. Whereas peri-implant mucositis is essentially gingivitis associated with an implant. Contrary to many implant company touted statistics, many implants have problems. A 10 year AAP study showed that 8% of all implants were lost, 17% have peri-implantitis, 26% had some peri-implant disease and 65% showed some mucositis. Individual risk factors for loss are associated with smoking (6X's higher), excess cement, previous history of implant loss, load, occlusion, etc. Dr. Tilt reminded us that implants are less resistant to inflammation than teeth as they have no source for precursor cells, have decreased vascularity and no tissue attachment as a second line of defense. Multiple splinted implants experience more bone loss it seems. When an implant is lost, Dr. Tilt observes, the bone doesn't fill into the site. Perhaps because no PDL cells remain?

Dr. Tilt defined the procedure LAPIP (Laser Assisted Peri Implant Procedure) as being less destructive than other peri-implant recovery techniques. We don't know how long these procedures last yet. If an implant is flapped and debrided, the bone loss can often be worse. The laser is used by de-epithelializing the pocket (as in LANAP) by "probing" with it about 8 seconds/ side coupled with occlusal adjustment. The premise is that granulomatous tissue is essentially demineralized bone. To flap it and degranulate it is to lose the scaffold, but to lase it and de-epithelialize the pocket will allow it to remineralize. This process may take 18-24 months to see results. Dr. Tilt showed several case slides illustrating the healing process and successful resolution. Overall, LAPIP is anti-inflammatory, regenerative and gives consistent pocket reduction to ailing implants. Dr. Tilt summarized the growth of this field saying that 2000 dentists and 1000 periodontists are doing LANAP representing 20% of the AAP. In the end, we all hope for treatments which are predictable and less-invasive especially in the field of implants which will continue to grow. The UAGD thanks Dr. Tilt for his excellent presentation. ph

Your UAGD CE

Take a close look at the calendar in issues of UAGD news. Dates for upcoming CE are forecast into future years. One of the reasons for belonging to the AGD is because you value CE and hearing new ideas. You have a focus on education and professional development that most dentists don't. Your patients come to you because they value the "extras" they get from your background. You care about doing your best in their behalf.

Generally speaking, about 10% of the UAGD may be in attendance at any given CE course. These are often the same folks. If you haven't been to a CE course in a while, consider marking your calendar in advance, scheduling yourself the time and come see one of our speakers. CE topics are listed on the calendar also and any course will offer a few pearls of wisdom that may be new to you. Speakers sometimes are local. We know them and they know us. We have some excellent clinicians right here who do a great job educating us. We also have national speakers come in who have lectured many times and also have nice presentations.

We all need CE hours to maintain our license. AGD CE is an easy way to obtain these hours. It is local and relatively cheap. The Board makes a great effort to ensure that courses are affordable. Our budget comes from your AGD professional dues and revenues from CE courses. In the past, the UAGD struggled to make ends meet but today, due to good planning and wise use of funds, the UAGD is financially able to offer courses successfully. Some courses don't pay for themselves, but can be subsidized by others. This balance largely depends on how many participants we have. The more attendees there are, (for lecture courses) the cheaper they can be. The Board is quite cost conscious and expends a fair amount of discussion as to how the UAGD funds should be allocated on non-frivolous uses.

Several awards are available in the AGD for CE accumulation. After 500 hours of CE, and taking the FAGD exam at a national meeting or a local testing center, you may apply for the Fellowship of the AGD recognition. This is an academic title that can be used like your DMD or DDS. It is a prestigious accomplishment and represents work, commitment and achievement. Various stipulations and specifics may

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Mother: Has your tooth stopped hurting yet?...
Son: I don't know. The dentist kept it

Examine These

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our material and successfully help patients that have a wide range of questions and presenting problems--whether symptomatic or otherwise. In the end, the only way the test will be passed is to set a date at a season when you can spend a little time to study, prepare as well as possible and go take the test. A couple of months spent with a few hours each week might be adequate for most to prepare ph

Did you hear about the dentist who planted a garden?...

A month later he was picking his teeth

Dental Research--Cavity lining after excavating caries lesions: meta-analysis and trial sequential analysis of randomized clinical trials

May Fellowship Study Report

The UAGD CE course for May consisted of a Fellowship Exam practice test session. Attendees met at Roseman Dental School and took two practice exams to assess their readiness to take the actual Fellowship test.

We discovered that many questions remain the same from year to year--encouraging the use of past tests in our preparations and study. Because the practice tests come with a published review, critique and answer key, it becomes possible to study why answers are correct or incorrect and review key elements of dental learning. Within a short period of time, I had a list of several topics that warranted further review. Personally, I felt that if I dedicated the hours to reviewing as the practice exams dictated, I would be ready to take the Fellowship exam at a local testing center or at the National AGD meeting. The cost of the actual exam (\$600) would definitely force me to make a concerted effort at study in order to not blow the test.

It was good to see that a few questions were a little "off" in their target or answer--sometimes blatantly so. Seeing this ahead of time, helped CE participants realize they shouldn't waste much time if there was confusion or hesitation in understanding. It is important to pace yourself and move along in the question pool. Those questions that pose undo hardship should be answered as best as possible and moved on from without agonizing. There is no penalty for wrong answers so take a stab at each question.

After a bunch of years since dental school, it is still possible to prepare well and make a goal to pass the Fellowship exam. Yes, the knowledge base has changed and new issues have arisen in our literature that were unknown during your school years, but passing the exam is a great thing to do. Doing so is professionally distinguishing as well as being an excellent review for the type of knowledge that our patients expect us to call up in an instant. The feeling of competency and confidence can only come as we know

Continued on next column

Objectives

After removal of dentin caries lesions, cavity lining has been advocated. Non-clinical data support this approach, but clinical data are sparse and ambiguous. We aimed at evaluating the benefits and harms of cavity lining using meta-analysis and Trial Sequential Analysis.

Data

We included randomized clinical trials comparing restorations without versus with cavity lining for treating primary caries lesions. Only trials reporting failure (defined as need to re-treat) after ≥ 1 year follow-up were included. Trial selection, data extraction, and risk of bias assessment were conducted independently by two reviewers. We conducted random-effects intention-to-treat and per-protocol meta-analyses, and Trial Sequential Analysis to control for random errors.

Sources

Electronic databases (PubMed, Embase, CENTRAL) were systematically screened, and hand searches and cross-referencing performed.

Study selection

From 128 studies, three randomized trials (89/130 patients or teeth), all treating primary teeth, were included. The trials had high risk of bias. All trials compared no lining versus calcium hydroxide lining after selective caries removal followed by adhesive restoration. Follow-up was 36 to 53 months. Restoring the cavity without lining did not significantly affect the risk of failure (intention-to-treat relative risk (RR) [95% confidence interval] 0.71 [0.49 to 1.04], per-protocol RR 0.52 [0.24 to 1.10]. According to Trial Sequential Analysis, no firm evidence was reached. The quality of evidence was very low.

Conclusions

Strong recommendations for using cavity liners are unsubstantiated, but firm evidence for omitting lining is also unavailable. Our findings apply only to primary teeth and calcium hydroxide liner.

Clinical significance

Whilst lining is frequently performed in dental practice, very few randomized clinical trials investigated this issue. The three trials included in this review treated deciduous teeth and did not find lining with calcium hydroxide beneficial. Lining is not supported by sufficient clinical evidence.

Dental Sleep Medicine
Utah Academy of General Dentistry
Friday, September 18, 2015 from 9:00 AM to 4:30 PM (MDT)
University of Utah
Salt Lake City, UT

Dr. David Shirazi, DDS, MS, LAc, MA, RPSGT, DABCP, DABCDMSM

First and only dual degreed dentist and sleep technologist. After graduating from dental school from Howard University in Washington D.C., he earned a Master's degree from Samra University in California and became a board licensed acupuncturist. Dr. Shirazi then earned a masters degree in Psychology from the University of Santa Monica. In 2005, he completed hospital mini-residencies in oriental medicine at the China Beijing International Acupuncture Training Center and at Kyung Hee University and Medical center in Seoul, Korea. He has completed over 2000 hours of continuing education in TMD and facial pain, craniomandibular orthopedics, and sleep disordered breathing.

Dental Sleep Medicine

The course will be focusing on TMD and OSA patients in the dental setting. We will discuss and review the research on the correleation between chronic pain and occlusion, as well as the dental and health history presentation of OSA patients. Oral appliances will be discussed and reviewed.

Pediatric/Adult Obstructive Sleep Apnea (OSA) Treatment

Airway Connection Growth and Development

Craniofacial Pain Therapy and Connection to OSA

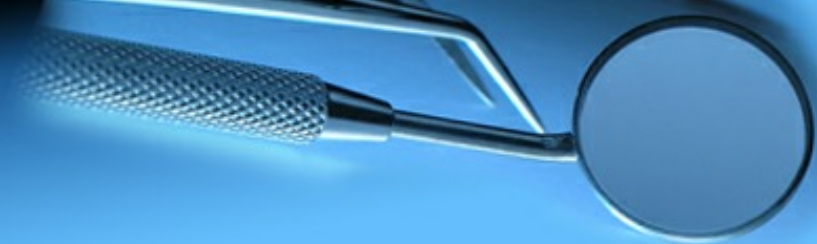
<http://www.tmjandsleeptherapycentre.com/testimonials/>

Course Organized by Dr. Michael Bennett on behalf of the Utah Academy of General Dentistry:

Ticket Information. Register at the website below

TICKET TYPE	SALES END	PRICE
AGD member early registration	Aug 28, 2015	\$325.00
Non-AGD early registration	Aug 28, 2015	\$425.00
AGD Member Late Registration	at event	\$350.00
Non-AGD Late Registration	at event	\$450.00
Student AGD member	Sep 30, 2015	\$100.00
Student non-AGD member	Sep 30, 2015	\$200.00

<https://www.eventbrite.com/e/dental-sleep-medicine-tickets-18171330940>



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. **Please note that in 2016, the Spring CE and Mastership will trade places (CE in March and September and Mastership in May and November in order to give six months for completion of presentation work).**

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

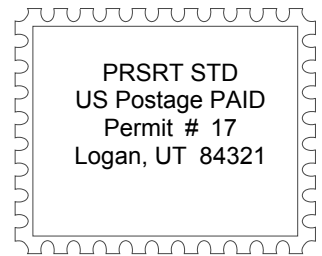
AGD Mastership Award Requirements (simplified)

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

2015	
Sep 18	Sleep Medicine, Pharmacotherapeutics, Annual Meeting
Nov 6-7	MPD/Occlusion hands on/ Mastership
2016	
Mar 4-5	Traumatic Injuries, Emergencies, Anesthesia and Pain Control
May 13	Operative hands on course/ Mastership
July 14-17	AGD annual in Boston
Sep 16	Pediatric pearls, Interceptive Orthodontics, Annual
Nov 4-5	Fixed Pros hands on/ Mastership
2017	
Mar 3-4	Material Choice, Bone Grafting, GTR Surgery
May 12	Removable Pros Mastership
Sep 15	Cariology and prevention, Endodontic Science and Pearls, Annual meeting
Nov 3-4	Periodontics Mastership
2018	
Mar 2-3	Using Research and Evidence Based Dentistry
May 18	Endodontics hands on/Mastership
Sep 14	Prosthodontics and Esthetics
Nov 2-3	Oral Surg Mastership
2019	
Mar 1-2	Oral Diagnosis and Biopsies
May 17	Implants Mastership
Sep 13	Operative Dentistry
Nov 1-2	Esthetics Mastership

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"Open wider." requested the dentist, as he began his examination of the patient. "Goodness !" he said startled. "You've got the biggest cavity I've ever seen - the biggest cavity I've ever seen." "OK Doc !" replied the patient. "I'm scared enough without you saying something like that twice." "I didn't !" said the dentist. "That was the echo."

Your UAGD Ce continued

be found at agd.org or in each newsletter. The Master of the AGD may be applied for after obtaining the FAGD and accumulating 600 additional hours of CE for which there are minimums in each area of dentistry. In addition, hands-on hours for main subject areas must be earned. These hours are accumulated in specific courses that the UAGD offers in the "hands on" or "Master track" courses which occur twice per year. The Master Track courses are designed to complete Mastership requirements within 5 years of consistent attendance. A 16 hour course (Friday and Saturday) will yield up to 32 hours of CE credit once a homework assignment is completed and presented at a subsequent meeting. CE hours accumulate rapidly this way. These courses give participants the opportunity to showcase their own work, practice lecturing to their own peers and get feedback regarding the treatment modality presented. Much value occurs through this process as an applicant masters the areas of dentistry.

After Mastership is earned, the AGD continues to reward CE seekers at 500 hour increments with Life Time Learning Awards. Utah has a few multiple awardees and their contributions are valuable to all of us by virtue of their superior CE exposure.

May we each recall an AGD "hero" whom we regard as an example of professional excellence. You may have someone in mind who exemplified clinical expertise and who mentored or helped you gain confidence in practice. Knowing the standard of care inspires confidence. Having various tricks up your sleeve to use in unusual cases give your patients and you satisfaction in treating cases well in spite of unforeseen challenges. CE can help add to our repertoire and imaginative problem solving. Taking CE above and beyond licensure requirements is what makes you an AGD dentist. Recall the lofty standard that attracted you to the AGD in the first place and take steps to continue on that journey by attending regular AGD courses. Take a moment to coordinate your office calendar with UAGD courses today. ph



Can you identify this patient?