4-16-2001

ADA News - 04/16/2001

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AMERICAN DENTAL ASSOCIATION
ADA News®
APRIL 16, 2001 www.ada.org VOLUME 32, NO. 8

Taking it to the Hill

Dentists, legislators mix it up

BY CRAIG PALMER

Washington—Connecticut dentists went to the Hill to thank freshman Rep. Robert R. Simmons (R) for his "yea" vote repealing ergonomics rules.

Washington state dentists discussed privacy and dental education over lunch with freshman Sen. Maria Cantwell (D).

Tennessee dentists talked patient protections with Sen. Bill Frist (R). A Wyoming dentist visited a friend at the White House, Vice President Richard Cheney.

"Hasn't this been a great conference?" ADA President-elect D. Gregory Chadwick declared in wrapping up the annual Washington Leadership Conference and sending

See HILL, page 28

Photo by Anna Ng Delort

Welcome, Connecticut: Dentists from the Connecticut State Dental Association visit with Rep. Simmons in his office on Capitol Hill. From left are Rep. Simmons and Drs. Mark Desrosiers, Kurt Koral and Lawrence Lipton. Coverage of Washington Leadership Conference begins on page 26.

Photos by Anna Ng Delort

Waiting his turn: Dr. Anderton tells the joint roundtable that current law offers certain 'tax disincentives' toward starting new businesses.

Taxing debate: (From left) Rep. Don Manzullo and Sen. Kit Bond listen to Rep. Velazquez as she discusses her support for H.R. 1037.

Small business, big taxes tackled on Hill

ADA weighs in on debate

BY CRAIG PALMER

Washington—The American Dental Association April 4 urged relief for small business and an easing of "disincentives" for new business in tax legislation taking shape in Congress.

"It's very difficult now for a dentist to set up a practice," ADA President Robert M. Anderton told a joint House-Senate committee drafting a tax agenda for small business. He called for enhanced tax benefits on the purchase of new equipment and health insurance against "the prohibitive costs" of starting a practice and

NIH consensus conference on caries, page 22

See TAXES, page 29

Targeting licensure

Questions explored

BY KAREN FOX

How do licensure requirements affect practitioner mobility and access to care?

Should licensure processes be modified to accommodate dental school faculty? How will electronic learning and online continuing education impact the future of dental licensure?

These questions formed the basis of the Joint Licensure Conference—cosponsored by the ADA and the American Association of Dental Examiners—held March 19 at ADA headquarters.

The Joint Licensure Conference attracted more than 240 individuals and representatives from organizations with an interest in the dental licensure process.

The ADA has held invitational licensure conferences with the clinical testing agencies since 1996, but the ADA/AADE Joint

See LICENSURE, page 25

BRIEFS

'Best Sellers' on its way to you

The Association this month distributed the 2001 ADA Best Sellers Catalog.

In addition to the new continuing education videos and CD-ROMs, this year's Best Sellers include the most popular patient education, practice management and infection control/occupational safety materials, and the following new titles:

- Why Doesn't My Insurance Pay for This?
- Periodontal Maintenance Procedures—Preserving the Progress You Have Made;
- Dry Socket—What Is It? Who Gets It? How Is It Treated?

Additionally, the catalog offers for the first time new Quick Reference Cards and Mirror Clings covering brushing, flossing, gum disease and dental emergencies.

ADA members receive special pricing and a money back guarantee on all products. In addition to the Best Sellers Catalog, look for the Annual ADA Catalog every September for the full line of ADA products.

For information or to request a catalog, call 1-800-947-4746. ■

INSIDE

Whiter smiles

Whiteners and bleaches are examined in Dental Practice Today. **Story, page eight.**

Golden Apples seek nominations

New awards recognize Web sites, best member-related service/benefit

In its 13th year, the ADA Golden Apple Awards Program honors excellence and leadership among the ADA's tripartite.

This year's Golden Apples Awards Program includes a new award that recognizes a dental society Web site and an enhanced best member-related service/benefit category.

"By presenting an award to a society Web site, we hope to encourage the development of this powerful communication tool," said Dr. Kim Keisner, Council on Communications chair.

New Golden Apple awards this year include:

- Dental Society Web Site—to either a constituent or a component for Web sites active for at least one year by May 31, 2001.
- Best Member-Related Service/Benefit—an expanded award that gives societies an opportunity to enter programs that served members, patients and the health of the public.

Golden Apple awards to dental societies also recognize Legislative Achievement; Membership Recruitment and Retention Activity; Excellence in Dental Health Promotion; Outstanding Achievement in the Promotion of Dental Ethics; Achievement in Dental School/Student Involvement in Organized Dentistry; and Excellence in Science Fair Program Support and Promotion.

Categories recognizing individual members include the New Dentist Leadership Award and Outstanding Leadership in Mentoring.

The awards recognize programs and activities produced between June 1, 2000 and May 31, 2001.

Entries for the awards must be postmarked by Friday, June 1. For a complete entry package, go to "www.ada.org/members/ada/insite/triteams/0101/apple13.html".

For more information on Golden Apple Awards, call Ron Polaniecki, Dental Society Services, at Ext. 2599. ■

ADA News
American Dental Association

(ISSN 0895-2930)

APRIL 16, 2001 VOLUME 32, NUMBER 8
Published semimonthly except for July and December by ADA Publishing, a division of ADA Business Enterprises, Inc. at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, e-mail: "ADANews@ada.org" and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by ADA Publishing, the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.
POSTMASTER: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, Ill. 60611.

ADA.org
"www.ada.org"

ONLINE EXTRA

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AtPressTime

Oral health important to heads of households

About eight out of 10 heads of U.S. households responding to an ADA survey said they had a dentist and had visited their dentist within the past year, mainly for nonemergency care.

The figures come from the Association's nationwide 2000 Public Opinion Survey, the findings based on telephone interviews of 1,000 randomly selected adults, aged 18 years and older, who identified themselves as the head of a household.

Nine out of 10 respondents said they considered maintaining oral health "very important." Nearly all (95 percent) said they brush their teeth at least once a day, but only 61 percent brush twice daily and just 49 percent said they floss or use an interdental cleaner each day.

Eight out of 10 said they "strongly agree" that preventing periodontal disease is important to maintaining oral health, though just over half the respondents (53 percent) believe there's a link between gum disease and other, systemic health problems.

Most respondents (77 percent) said they would recommend their current dentist to friends and family. Watch this space for more facts from the public opinion survey in the weeks ahead.

ADA set to shutter Marketplace in May

The ADA Marketplace, an online shopping mall that offered Association members discounts on consumer goods and services, will cease operation May 1.

James Sweeney, chief executive officer of ADA Business Enterprises, Inc., cited low membership response for the impending shutdown.

"Since its introduction," he said, "acceptance of the ADA Marketplace by the membership has not met expectations. Few members visit the site and few purchase goods."

Introduced in August 1999 through an alliance with BATNET1, a provider of Internet programs and services, the ADA Marketplace offered discounts of 30 percent or more on everything from cars to computers.

HIV patients more likely to need dental care

Oral health problems associated with the acquired immunodeficiency syndrome virus go untreated more than twice as often as other HIV-related problems, a new study shows.

The study also found that uninsured patients with HIV are three times more likely to have untreated dental and medical needs than those with private insurance. And Medicaid patients with state-supported dental coverage have "significantly higher" unmet dental care needs than privately insured patients.

Published in the current issue of the Journal of Public Health Dentistry, the study was conducted by researchers at the University of California at Los Angeles and RAND Health, with support from the U.S. Agency for Healthcare Research and Quality. Findings are based on a national probability sample conducted in 1996.

Of the roughly 231,000 people in treatment for HIV that year, about 58,000 had either unmet dental or medical needs, or both. Patients were categorized as having unmet needs if they hadn't been treated for their condition over the previous six months.

Researchers estimated that 14.3 percent of HIV patients had unmet dental needs, 6.2 percent had unmet medical needs and 5 percent had both unmet dental and medical needs. ■

—Reported by James Berry

CAPIR: The Council on Access, Prevention and Interprofessional Relations meets March 16-17 at ADA Headquarters. From left, Dr. Philip Hutt reads from his statement addressing the council while Dr. William Maas consults his notes.

ViewPoint

Snapshots of American Dentistry

Laura A. Kosden, *Publisher* **Dr. Lawrence H. Meskin,** *Editor*

James H. Berry, *Associate Publisher, Editorial* **Judy Jakush,** *ADA News Editor*

MyView

Progress: 'It is not a slam-dunk'

A new orthodontic treatment modality has gained phenomenal popularity in the last year. For an orthodontist, it is a prevalent topic of discussion at dental meetings, social gatherings and even high school basketball games, as people frequently ask about "that new Invisa-thing."

The concept of an alternative to traditional braces has also created considerable discussion within the orthodontic profession. My motivation for writing is not to praise or criticize the technique but to examine its significance as a byproduct of the forces that will shape dentistry in the future.

Invisible braces represent the latest in 3-D computer technology. Using a virtual model, the orthodontist's treatment plan and proprietary (aka, secret) computer technology, a series of clear, customized, removable acrylic retainers are created to sequentially move the teeth approximately 0.25 millimeters every two weeks into the determined final position.

Gerald S. Phipps, D.M.D.

As amazing as this may seem, it merely represents the dawn of an era of mind-boggling technological advances. The concept is not new. It is technology that makes it feasible, and it is technology that will continue to make the previously unfeasible become reality.

Invisible braces represent the overwhelming trend in all of dentistry toward esthetics and giving patients what they want: an attractive smile, both during and after treatment.

Recent research, funded by the National Institute of Dental and Craniofacial Research, identified that "Americans tend to view oral health as a cosmetic issue and to assume that the only consequence of poor oral health is poor self-esteem."

Since what patients want is rarely all they need, the greatest asset of esthetic dentistry is its appeal to the many patients who would otherwise choose to overlook asymptomatic dental disease. With a straight white smile as their goal, patients are more willing to comply with the primary care necessary to prepare them for the esthetics, in some cases above and beyond their insurance benefits.

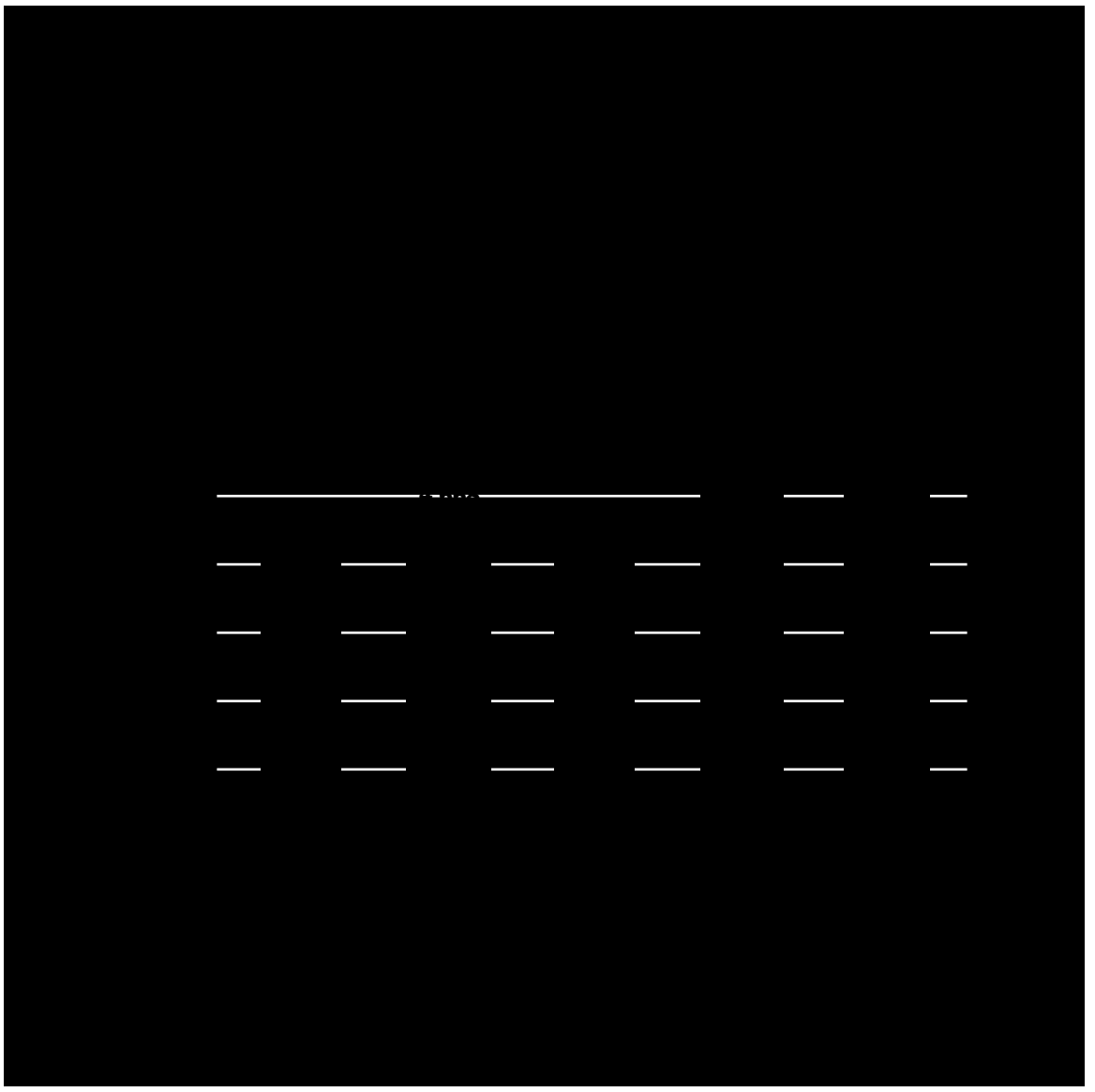
Traditionally, dental manufacturers marketed their products to dentists, and we chose the materials and techniques that "worked best in our hands" to provide our dental services.

The manufacturer of invisible braces ventured into new territory by marketing a dental service directly to the public with print and TV ads. This approach is certainly not illegal, unethical or, in the eyes of the public, unprofessional. But for those of us in orthodontics and dentistry in general, it is new and different.

See MY VIEW, page five

Letters Policy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".



Letters

Natural choice?

I read with great interest your article in the Jan. 22 ADA News focusing on the dental software company PracticeWorks.

It interested me because we use a computer system from a vendor that was acquired by Infocure and then PracticeWorks, a spin-off of Infocure, in our multi-doctor oral surgery practice.

It is an extremely reliable UNIX-based Rovak system. Support from Rovak was excellent and rarely necessary.

We have been informed by PracticeWorks that we would no longer receive support for our software, despite the fact that we have a software support agreement and have purchased all applicable upgrades.

We were advised to buy a new Windows-based system that in my mind does not offer the security, reliability, speed and functionality of our current system.

PracticeWorks has decided not to provide us with support but is supporting identical systems purchased within the last five years. As they are supporting identical newer systems, the only reason I can see for discontinuing ours is that PracticeWorks sees much more profit in selling a new system (MicroDesigns WinOMS).

The practices I have contacted who use Windows systems have said that they are not as reliable, will crash sometimes several times a week and "have bugs that they are working through."

After reading the Jan. 22 ADA News article, which was the basis for the March 5 article—"Software Vendor Wants Input"—I took Al Fiore, PracticeWorks' vice president of business development, at his word and called the company to see if they had changed their policy and decided to continue to support the system.

They had not. They again recommended that we buy a new system. Since we had reservations about purchasing another system from them, we asked one simple question: "Can we count on your support five years from now?"

The reply was that we could not because of the rapid changes taking place in dental software. While we applaud an honest answer, we don't feel that this helps with customer confidence.

My impression of this whole situation is that PracticeWorks has bought up a lot of dental software firms to eliminate competition and choice in the dental software marketplace, without any intention to continue to support the systems. When they cancel your support they are hoping to get a piece of the pie from people who are afraid of not having any help if they need support.

If PracticeWorks and Mr. Fiore want input, as requested in the March 5 ADA News, mine would be: "Expand your company by providing excellent support and services so that when we, not you, feel the need to replace our systems, our natural choice would be PracticeWorks."

C. Scott Hlady, D.D.S.
Moline, Ill.

Satisfied customer

I want to express my sincere gratitude to PracticeWorks Inc. for the new PracticeWorks Office software that I recently purchased.

See LETTERS, page five

Letters

Continued from page four

Let me share with you some of the reasons for my thoughts.

First, a little background. Practice Outlook, the practice management software I had been using for the last 15 years, had recently been purchased. I was a beta test site for them for 14 of those years. I could have remained with Practice Outlook since PracticeWorks was still continuing to fully support this product and I was in no way pressured to move to PracticeWorks. However, I wanted to move to the next level, invest in my future and select a practice management software that would fully utilize the potential of a "paperless" office. I felt that PracticeWorks was the way to go and really the best choice for doing so.

In valuating current practice management software, I wanted to convert to a software that would take a proactive approach to contact management and would automate vs. computerize my dental practice. After spending many hours and phone discussions with various dental software companies, I came to the conclusion that PracticeWorks was the software and the company to go with.

They have a very professional regional sales staff in Jeff Munford and Zhanna Buckley leading the way in the Texas area. It was logical for me to convert to PracticeWorks because of the software itself and the detailed Level II conversion that they would provide.

In retrospect, it was a great experience. The conversion was remarkably detailed and the whole conversion team did a superb job. The overall experience with the transition was outstanding—from Vicky Young in implementation, to the terrific Marie King in training. One might approach a conversion with a great deal of fear and anxiety but the conversion and whole PracticeWorks team made it a gratifying and worthwhile realization.

Congratulations to PracticeWorks Inc. and the PracticeWorks Office software, and a "Job Well Done" to the whole PracticeWorks team. It's great to be with a winner!

Robert E. Day, D.D.S.
Houston

Editor's note: The ADA News received many other letters on this article. This issue is of great concern to members and is being addressed by the Council on Dental Practice and the ADA Board of Trustees.

Charts

It was with much concern and disappointment that I read your article, "Software Limbo," in the Jan. 22 edition of ADA News. Your article misled your readers and damaged Easy Dental Systems sales, a strong supporter of the American Dental Association.

The graphs in your article showed Easy Dental Systems as the third largest software vendor in 1999 but not having any market share in 2000 or 2001.

This error creates an extremely negative perception of Easy Dental—nothing could be farther from the truth. Beginning in 1999 and continuing today, Easy Dental sales have remained strong and have continued to grow. I believe that Easy Dental has sold more systems than any other software company in the dental market with the exception of Dentrix Dental Systems.

Your article states that "PracticeWorks" has the most market share, when in reality it is PracticeWorks plus the dozen or more other companies Infocure acquired that you are referring to as having the most market share.

To create the perception that there are more PracticeWorks users in the dental industry is false and misleading. The 19 different software companies under the Infocure/PracticeWorks umbrella account for those numbers, not just PracticeWorks alone. If you wanted to accurately portray the market share of the individual software programs, you would have listed the market share of each individual software pro-

See LETTERS, page six

MyView

Continued from page four

Nearly everything about invisible braces is new and different. For this reason we should view "that new Invisa-thing" as a metaphor for the transformation of dentistry: an evolution in progress that will be dominated by constant changes—changes in materials, techniques, technology, marketing, patient demand, insurance coverage and government regulations, to name only a handful.

Dentistry is submerged in a sea of changes, and how we as dentists respond to these changes will determine the future of our profession.

Some greet change with apprehension and resistance, while others greet it with determination and achievement. When I graduated from dental school in 1978, implants and Class II composites were considered by most to be inferior techniques, the work of charlatans and rogues. Today, thanks to the tenacity of many clinical pioneers (and a generous helping of research and development), these procedures are state of the art.

We will likely encounter a myriad of challenges as we assay new developments for their benefits, limitations and imperfections. It is not a slam-dunk, and that is what differentiates the dentist from the technician. While our learned beliefs and seasoned treatment philosophies are invaluable, we must be visionary and keep an open mind as scientists and clinicians to evaluate the new and different in a relentless effort to improve our services and, ultimately, enrich the lives of our patients.

Dr. Phipps, a member of the Washington State Dental Association's Board of Directors, is an Editorial Advisory Board member of WSDA News. His comments, reprinted here with permission, were originally published in the February 2001 issue of that publication.

Letters

Continued from page five

gram, a graph that I believe would show Easy Dental Systems at least maintaining our number three position in 2000 and 2001. PracticeWorks would have been in the number four or five position, hardly the industry leader.

I request that you make an immediate retraction of this article and provide your readers with accurate information in regard to the market share of Easy Dental Systems.

Jeff Harmon
Director, Easy Dental Systems

Editor's note: The Department of Dental Informatics notes that as written in the charts, all three were based on the Survey of Practice Management Systems Vendors which was conducted in 1999. The projections to 2000 and 2001 were intended to demonstrate the consolidation in the industry by the PracticeWorks acquisitions by combining the 1999 market shares for acquired products, or for products sold by the same vendor.

This was described in the article.

For ease of recognition, vendors with multiple products were identified by the predominant product name in the 2000 and 2001 charts. For example, Henry Schein's Practice Technologies and Services Group offers both the Dentrix and Easy Dental Products. PracticeWorks, the company, acquired 19 products including Practice-Works, the product. Typically, most software vendors are identified by their predominant product.

More on diversity

Regarding Dr. J. Dennis Lewis' letter against the resolution on diversity in the April 2 ADA News, I suspect that Dr. Lewis has not himself been a victim of discrimination.

As the first woman to be president of the Indiana Dental Association, I have put the spotlight on diversity this year and the need for us to change to make organized dentistry attractive to the changing profession.

Are all allowed to participate in the American Dental Association? Yes.

Although with membership voted on at the component level, racial discrimination continued into the 1970s in some areas.

Are all welcomed everywhere? The answer is no.

Gender, racial and ethnic discrimination are at least politically incorrect now, but prejudice against dentists in certain modes of practice is still flamboyant and well-accepted by many dentists.

The point of a resolution, to me, is to become aware that both subtle and overt prejudice does still exist, and we have to recognize that it exists as a problem before we can change it.

Elimination of prejudice is a hard, slow process; but I have heard many a prejudiced statement preceded by, "I'm not prejudiced, but..."

Our very survival depends on becoming an organization that welcomes diversity.

Jean R. Williams, D.D.S.
Crawfordsville, Ind.
President
Indiana Dental Association

Survey reports analyze education, practice, patient characteristics

Three new reports from the ADA Survey Center address predoctoral and advanced dental education and the characteristics of dentists in private practice and their patients.

The 1999/2000 Survey of Predoctoral Dental Educational Institutions—Volume 1: Academic Programs, Enrollment, and Graduates compiles data from the Survey of Predoctoral Dental Education. This survey is conducted annually to support the accreditation of the 55 dental schools in the United States and collects a wide variety of information on enrollment levels, graduate statistics, tuition and stipends.

Volume 1 of the report contains general information about dental school programs, admissions, enrollment and graduate statistics and student education expenses. The cost of this report is $40 for ADA members and $60 for non-member dentists (catalog number 5MM1).

Also in the education arena, the 1999/2000 Survey of Advanced Dental Education final report analyzes a wide variety of data on enrollment levels, graduate statistics, tuition and stipends from approximately 800 accredited specialty and post-doctoral general dentistry programs in dental school and non-dental school settings. The cost of this report is $40 for ADA members and $60 for non-member dentists (catalog number 5AA9).

In addition to these two reports, the Survey Center is about to release the latest in a series of reports from the 1999 Survey of Dental Practice. The report Characteristics of Dentists in Private Practice and Their Patients provides extensive information on dentists in private practice and the number and type of patients they see.

Data in the report include hours and weeks worked by dentists per year as well as the average number of patient visits on a weekly and monthly basis (catalog number 5C99).

For more information on the reports, call the Survey Center at 1-312-440-2568, or go to the Association's Web site at "www.ada.org/prof/prac/issues/survey/index.html". ■

Dental Practice Today

Whiteners put shine on dental care

More options create more demand for esthetic treatments

By Stacie Crozier

It's what your patients want.

Since whitening hit dentistry's mainstream in 1989, consumer demand for tooth bleaching and whitening products and services has skyrocketed.

The whitening and bleaching products marketplace is booming, both for dental practices and manufacturers. Chances are, you are already performing occasional chairside whitening, fitting motivated patients with home-use nightguard trays and advising other patients about the pros and cons of over-the-counter whitening products.

As this esthetic dentistry market continues to grow, it will be up to the profession to continue to educate patients about the latest developments to ensure that patient safety and satisfaction are the most important priorities.

Bleaching comes of age

Reports of tooth bleaching have dotted the literature for more than a century, but the procedure never had a status of importance when dentists were studying and fighting caries and other basic oral health concerns. Early bleaching methods were crude at best, and limited to nonvital teeth.

By the 1980s, the average dental patient typically had good regular dental care and protection from caries. Well-educated about oral health, he or she used fluoride toothpaste, scheduled regular checkups and cleanings and was more open to complicated dental procedures like orthodontics and prosthodontics than in the past.

Patients began to place more focus on making their teeth esthetically pleasing. Often, bonding, crowns or veneers were used to even out and brighten the appearance of smiles in patients who wanted not only good health and function, but great-looking teeth.

That's when dentistry's most conservative esthetic treatment really hit its stride, says Dr. Harold O. Heymann, professor and chairman of the department of operative dentistry at the University of North Carolina School of Dentistry.

"The field of whitening has really grown dramatically," Dr. Heymann says. "Now there are a wide variety of whitening options available to dentists and patients. When the dentist and patient work together as a team and use a proven whitening method or product, they are choosing the safest, most conservative way for a patient to improve the appearance of his smile."

Dr. Heymann, editor of the Journal of Esthetic Dentistry, was one of the authors of that first reported study on home-use nightguard bleaching and is considered by dental experts a pioneer in the field.

Co-author of the premier study and fellow bleaching trailblazer is Dr. Van Haywood. He notes that the prevalence of whitening has developed around the fact that bleaching is both simple and cost-effective.

A consensus about the safety of home-use products didn't emerge until guidelines were developed by the American Dental Association. "It wasn't until products were tested according to these guidelines that there was any scientific assessment of their safety," says Dr. Kenneth Burrell, senior director of the ADA Council on Scientific Affairs.

"It has been a blessing to watch this field develop from ground zero," says Dr. Haywood, professor in the department of oral rehabilitation at the Medical College of Georgia. "But we've reached a crossroad where marketing is beginning to outpace research, so caution by the dentist is needed to ensure that patients use safe and effective whitening methods and products."

The science behind the smile

Though delivery systems and formulations of bleaches vary, the science behind how they work is relatively simple.

"Bleach is bleach is bleach," explains Dr. Heymann. "It's effectiveness is time- and dose-related."

Bleaching products work by combining exposure time and concentration of bleaching agents. The higher the concentration of active ingredients, the lower the exposure time needed to lighten the color of teeth through the oxidation of organic pigments in the tooth, he says.

"The end result of all products is potentially the same," says Dr. Heymann. "So it remains the dentist's responsibility to make patients aware of their options."

For changing the pigment of the tooth structure, dentists can choose a high-concentration hydrogen peroxide product (30-35 percent) to perform in-office bleaching with barrier protection. This method can be used for problem cases, patients who want the most immediate results possible, or patients who don't feel comfortable using a system at home.

Dentists can also fit patients with custom "nightguard" trays that hold a milder bleaching gel (10 percent carbamide peroxide, which is equivalent to three percent hydrogen peroxide) and fit over teeth. Patients use the trays a few hours every day or overnight for up to several weeks.

A new over-the-counter bleaching system uses polymer strips coated with a bleaching solution that patients can apply at home for a half hour twice a day for two weeks. This system only whitens the anterior teeth.

Patients with mild surface staining who don't mind a slow whitening and stain removing process may find satisfaction by simply choosing one of today's popular whitening toothpastes.

Dr. Heymann's first choice for bleaching, in most cases, he says, is dentist-supervised at-home use of a nightguard that contains a bleaching gel.

"The nightguard method saves the dentist chair time, but still gives him or her supervision over the process," he says. "The custom-fitted nightguard ensures a perfect fit for each patient's teeth that optimizes bleach exposure and lessens the chance of leakage that can lead to serious sensitivity or oral tissue damage."

"Dentist-supervised at-home bleaching is the safest, most effective and most cost-effective method we have today," notes Dr. Haywood. "But you need to be familiar with the pros and cons of every whitening system to help your patients make the best choice for their individual needs."

With any bleaching method, results can vary widely between individuals. Some patients respond with several shades of whitening in just a few days. Others may see minimal effects or even no whitening at all.

"Bleaching can work well for some people and not at all for others," explains Dr. Haywood. "But bleaching can be an inexpensive and ultra-conservative option for a patient to try before moving toward veneers or other more complicated treatment options."

Product development

Several manufacturers of whitening products for professionals and consumers have a history of working closely with the American Dental Association and the scientific community to improve the products available to meet a variety of patient bleaching needs.

Relying heavily on research and cooperation with the dental profession, these companies have developed a wide range of products that dentists and consumers have come to rely on for whitening.

"You could say we work in partnership with the dentist to provide a family of products that give patients a conservative option to improve their smiles," says Dr. Robert Ibsen, president of Den-Mat Corp. "As a professional dental products company, our goal is to offer a wide range of treatments for dentists to use while providing patients with the best oral care products possible."

■ "The end result of all products is potentially the same. It remains the dentist's responsibility to make patients aware of their options," says Dr. Heymann.

Den-Mat obtained the ADA Seal of Acceptance for "Rembrandt Lighten Bleaching Gel 10%" professional whitening gel and its "Rembrandt Whitening Toothpaste" also received the ADA Seal. The dentifrice was first developed to gently clean laminates and veneers, but the company's studies showed it was also effective as a whitening toothpaste.

"Patients have different desires and comfort levels," Dr. Ibsen says. "Some may be comfortable with higher costs and chairside treatment, others are comfortable with trays, gels and time commitments, and others may only be interested in trying a whitening toothpaste. It serves a useful purpose to supply all types of products and to help educate consumers about their choices."

Another whiteners manufacturing pioneer, Ultradent Products Inc., focuses on offering a product line that meets a variety of patient needs, says Jennifer Barney, Opalescence product manager.

"We have a range of products that can help dentists meet a variety of patient needs, including time constraints, tooth sensitivity and difficult stains," Ms. Barney says. "Opalescence Whitening Gel 10% is an ADA-accepted syringe-delivered at-home bleaching gel. We also offer a whitening toothpaste to help patients protect their bleaching results."

The way of the future for whitening might well be the development of faster whitening systems as well as the development of more in-office bleaching options, says Dr. Bill Dorfman, founder of Discus Dental Inc.

"As whening options develop, dentists will

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Dental Practice Today

Whitening

Continued from page nine

be more able to help more patients achieve whiter smiles in a way that fits their needs, preferences and lifestyles."

Discus Dental works with dentists to provide in-office training, patient education videos, brochures and other support for its whitening products.

Dr. Dorfman also has a private dentistry practice in the Beverly Hills area, giving him a perspective of the whitening market from both the manufacturer's and the practicing dentist's viewpoint.

"My practice sees about 100 whitening cases each month. Whiteners are something our patients are really excited about because they give patients a safe and effective way to achieve dramatic cosmetic improvements in their smiles."

Procter and Gamble developed an over-the-counter polymer strip delivery system for tooth bleaching.

"We recognized that whitening had universal appeal, from the quickly growing whitening toothpaste market to the increasing popularity of other bleaching techniques," says Dr. Robert Gerlach, principal scientist in worldwide clinical investigations. "We wanted to make a whitening product that offered safety, efficacy and convenience, and a product that most consumers would find acceptable."

Dr. Gerlach says that company studies show the effectiveness of Whitestrips can be compared to tray/gel systems, though Whitestrips can only whiten anterior teeth. Consumers who have relatively straight anterior teeth, don't wear braces and only want to whiten their front teeth may be satisfied with the results they achieve with this new whitening product, he says.

"The ADA recommends that patients see their dentists before starting a procedure such as this," says the ADA's Dr. Burrell.

The ADA also advises patients to consult with their dentists to determine if bleaching is appropriate. This is especially important for patients with many fillings, crowns and extremely dark stains.

Not only are new concepts in delivery systems giving dentists and patients more whitening options; whitening manufacturers are exploring new innovations in whitening product formulations and concentrations.

"It is important when selecting a tooth-whitening product to consider clinical experience, product effectiveness and safety," stresses Dr. Fiona M. Collins, director of professional relations and services at Colgate Oral Pharmaceuticals, Inc.

Colgate's "Platinum Daytime Professional Whitening System 10 percent" is an ADA-accepted whitening product, and Colgate also has two ADA accepted dentifrices: "Colgate Tartar Control Plus Whitening Gel" and "Colgate Total Plus Whitening Toothpaste."

Practice pros and cons

"First and foremost, people want whitening," says Dr. Jeff Morley, "and they are going to rely on dentists to give them good advice."

Dr. Morley, a practicing dentist in San Francisco who specializes in esthetics, is also a member of the Journal of the American Dental Association editorial board and a co-founder of the American Academy of Cosmetic Dentistry.

"There is a place for every type of whitening in the profession," says Dr. Morley. "Patients may try a whitening, stain-removing toothpaste and be happy with the results. But, then again, they may want more, and that's usually when they come to us for more specialized and intensive whitening options."

The field is driven by patient demand, he adds, and whitening can lead a patient into a variety of other areas of dental care as well.

"Patients who are happy with the appearance of their smiles are more likely to be interested in broader oral health issues like periodontal disease, orthodontics or more complex esthetic considerations," says Dr. Morley. "Tooth whitening is part of the dentist's treatment armamentarium today. This is a positive place for dentistry, because whitening can be the door to better overall oral health and personal well-being."

"When you whiten a patient's smile, you are often initiating one of the most significant behavior changes in dentistry," says University of North Carolina's Dr. Heymann. "Patients often become more receptive to other esthetic improvements and become more aware and take stronger ownership of their oral health as well."

"Our culture," adds Dr. Haywood, "focuses on the fact that others perceive us as healthier, happier and younger when our teeth are bright and attractive. Whitening can change people's lives when used safely and properly. The profession benefits most when dentists use and recommend the whitening products and systems that are proven to be safe and effective."

"What I find when I am teaching is that more and more dentists are working on their cosmetic dentistry skills and keeping up with the latest advances in the profession," he says. "Cosmetic dentistry is growing by leaps and bounds.

An American Academy of Cosmetic Dentistry 2000 member poll shows that demand for whitening has grown by more than 300 percent in the past five years and bonding and veneers are also dramatically on the rise. This trend shows us that we need to stay focused to continue to bring the safest and most effective esthetic care possible to our patients."

Esthetics ethics

As the bleaching boom continues to broaden, the mainstream media has begun to saturate the public with information on how to have whiter teeth.

In recent months, women's magazines such as Good Housekeeping and First have published self-conducted reviews of a variety of whitening products and methods, from dentist-supervised and/or ADA-accepted whiteners to whiteners marketed strictly to consumers via home shopping networks, the internet and local drug stores.

Countless local news radio and television spots now focus on recent whitening innova-

bleaching and the onslaught of whitening toothpastes hitting the over-the-counter market.

How should the profession respond to patient perceptions about whitening choices?

"The only way you can know for sure that a whitening or bleaching product has met a set of criteria for safety and effectiveness is when that product bears the ADA Seal," says Dr. Burrell.

Though the growing trend is to target consumers in the whitening marketplace, consumers, dentists and the profession can only benefit when the dentist becomes an active advocate and educator about whiteners and the benefits of whitening.

Dr. Haywood

Dr. Heymann

Dr. Morley

"We can continue to see whitening grow and thrive by keeping an open line of communication with our patients," says Dr. Heymann.

"We can educate and listen and guide patients toward their safest and most effective options, whatever their whitening needs. And this will make patients feel better about themselves and protect their oral and overall health."

"There are lots of variables when it comes to whitening," explains Medical College of Georgia's Dr. Haywood, "and it's up to dentists to do the right thing for patients and for the profession. The ethics of whitening is a big issue we will face now and in the future."

■ **Overview of in-office and home whitening systems, page 12**

"This," according to Dr. Haywood, "can open you up to all kinds of dangers and problems. The key is to make sure that manufacturer claims are backed with solid scientific evidence and quality control. If something sounds too good to be true, it probably is."

"I rely heavily on the ADA Seal," says Dr. Heymann. "It shows that the manufacturer has met the rigors of testing and documenting safety and efficacy."

ADA positions on procedures such as laser-assisted bleaching are also important for practicing dentists to be aware of, Dr. Heymann adds.

"There isn't enough scientific evidence to show that using a CO_2 laser with a bleaching agent is safe," he says. "The ADA Council on Scientific Affairs has said that the long-term effects of these heat-generating methods on hard and soft tissue in the oral cavity have not been proven, and much more study needs to be done."

Some laser-assisted bleaching products, notes Dr. Haywood, may take significantly longer to work than manufacturers claim.

"It's important to explain to patients that they may need between two and six office visits to achieve the same results as a nightguard bleaching system, making costs and time significantly higher for both dentists and patients."

Bleaching should be a primary alternative to more extensive esthetic procedures, Dr. Haywood adds. "It's the most simple and inexpensive method to help patients improve their smiles without picking their pocketbooks.

Dentists need to present bleaching as a first step whenever possible, rather than moving right into more invasive and expensive esthetic options. Bleaching can be the most ethical choice to help some patients avoid costly esthetic treatments that require altering tooth structure." ■

ADA accepted bleaching products

These professional, dentist-dispensed and over-the-counter bleaching and whitening products have earned the ADA Seal of Acceptance, which means the manufacturers have proved safety and effectiveness data to the program through a variety of laboratory and toxicology evaluations and demonstrated efficacy by conducting two independent, double-blind human-subject studies.

Professional bleaching products with concentrations of 10 percent carbamide peroxide:

- Colgate Platinum Daytime Professional Whitening System (Colgate Oral Pharmaceuticals Inc.);
- Rembrandt Lighten Bleaching Gel (Den-Mat Corp.);
- Nite White Classic Whitening Gel (Discus Dental Inc.);
- Patterson Brand Tooth Whitening Gel (Patterson Dental Co.);
- Opalescence Whitening Gel (Ultradent Products Inc.).

Professional bleaching products with concentrations of 35 percent hydrogen peroxide:

- Starbrite In-Office Bleaching Gel , 35 percent hydrogen peroxide; (Spectrum Dental Inc.);
- Superoxol, 35 percent hydrogen peroxide (Sultan Chemists Inc.).

Consumer stain removal products:

- Colgate TartarControl Plus Whitening Gel (Colgate-Palmolive Co.);
- Colgate Total Plus Whitening Toothpaste (Colgate-Palmolive Co.);
- Rembrandt Whitening Toothpaste, Original and Mint Flavor (Den-Mat Corp.);
- Crest Extra Whitening with Tartar Protection Toothpaste (Procter & Gamble Co.);
- Crest Multicare Whitening Toothpaste (Procter & Gamble Co.);
- Aquafresh Whitening Toothpaste (SmithKline Beecham Consumer Brands). ■

Whitening systems

By Stacie Crozier

Dental Practice Today

There are probably as many whitening and bleaching products—both professional and over-the-counter varieties — as there are shades of tooth whiteness.

And there is probably a bleaching or whitening delivery system or product to meet most patients' needs.

It's important for the patient to understand that every individual's teeth respond in a unique way to bleaching and whitening products. Some people will see dramatic results in a short time. Others will see little results or need lengthier treatment to achieve desired results.

"The effects of the bleaching procedures will vary from person to person depending on the condition that produced darkened teeth in the first place," said Dr. Kenneth Burrell, senior director of the ADA Council on Scientific Affairs. "Lifestyle variables, such as smoking, drinking coffee, red wine or tea are among the factors that determine when teeth will need a bleaching touch-up."

In every case, the advice and supervision of a dentist is important for the safety of the patient and favorable results. A patient intending to use whitening products should be evaluated before treatment to determine that oral health is good and that he is a viable candidate for bleaching.

Sensitivity can be a common side effect when using any type of bleaching product, and this and other side effects need to be monitored by a dentist.

In-office whitening

Before whitening hit mainstream dentistry a dozen or so years ago, in-office tooth bleaching was the only option open to dentists whose patients wanted a brighter smile.

Today, in-office "power bleaching" systems are still the best way to meet such specific special needs of patients as:

- immediate results (about one hour of chair time, from one to several appointments);
- single-tooth treatment for a tooth darkened by pulp recession or other causes;
- sensitivity to bleaching products on the gingiva for extended periods;
- multi-faceted treatment that can include a combination of bleaching, veneers, bonding or other esthetic procedures.

Chairside bleaching products have a relatively high peroxide concentration, generally 35 percent, to achieve quick whitening results. The bleaching agent is applied after the patient's oral soft tissue is protected with a rubber dam or a protective gel.

Some professional bleaching products for in-office use are designed to be "laser-assisted," employing the laser as a heat source to accelerate whitening.

The ADA Council on Scientific Affairs, in a 1998 report, cautioned that the long-term side effects of CO_2 laser-assisted bleaching on hard and soft tissue are unknown, and urged manufacturers to conduct clinical studies to more closely examine the issue.

The report noted that use of the argon laser may be acceptable though, because the argon laser creates much less pulpal heat or damage than the CO_2 laser.

Dentist-supervised home-use whitening

Dentist supervised home-use systems are a great choice for both patient and dentist. They may provide the most effective bleaching option for the price in cases of moderate staining or discoloration.

The nightguard tray holds a gel-based bleaching product, and is worn over the teeth for several hours each day or overnight. The process can range from a few days to several weeks, depending on the patient's response to treatment. The custom-fitted nightguard helps protect the patient's oral cavity from leaking peroxide that can damage or cause sensitivity.

There are several carbamide peroxide tray-applied gel products that have the ADA Seal of Acceptance. Although carbamide peroxide gel whitening products can be purchased in several different concentrations, the only home-use products with the Seal are 10 percent concentrations.

Over-the-counter whitening non-dentifrice products

A patient who tries an over-the-counter at-home tray system may be setting himself up for disappointment in results as well as potential dangers to oral health.

Over-the-counter systems use a "one- size-fits-all" tray that may not fit properly over every dentition, making the patient prone to leaks and spills of bleaching solution into the mouth. Though much less expensive than dentist-supervised systems, often as little as $10 per kit, the old adage holds true: "You get what you pay for."

Whitestrips, a new over-the-counter whitening option uses a new delivery system—a polyethylene strip coated with bleaching gel. The patient applies the strips over anterior teeth for 30 minutes twice every day for two weeks.

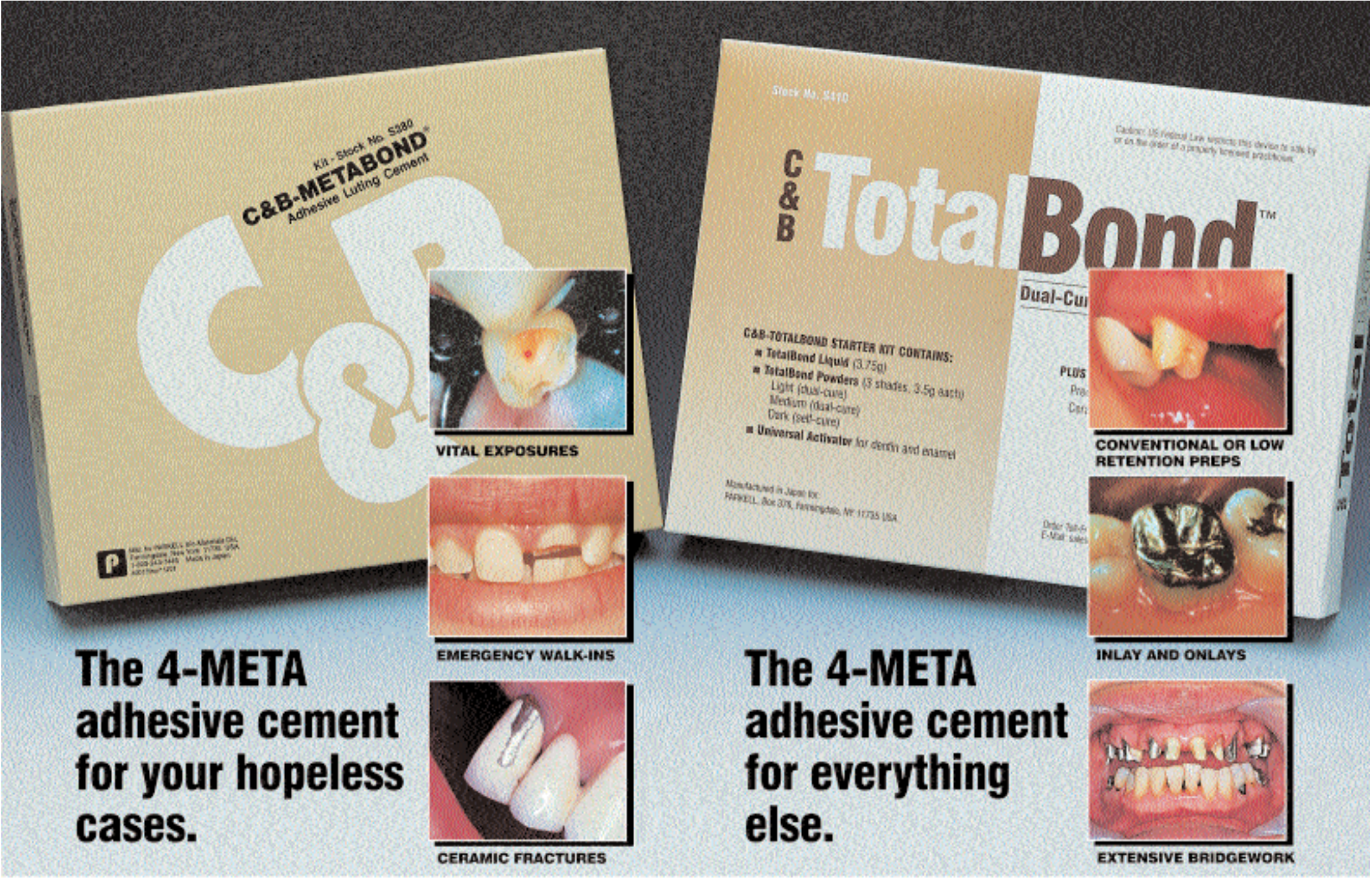
Over-the-counter whitening dentifrices

Mild to moderate staining due to aging, smoking or coffee, tea, colas, red wine and other enamel-staining substances can often be removed with the gentlest of whitening agents—whitening toothpastes.

Whitening toothpastes do not lighten the color of tooth structure. They simply remove surface stains with mild abrasives or special chemical or polishing agents to brighten teeth and help restore original tooth color.

A wide variety of whitening toothpastes carry the ADA Seal of Acceptance, and are a safe and effective option for the consumer who wants to remove surface staining over time.

The consumer can choose formulas that also help control tartar and plaque buildup, help prevent cavities and gingivitis and freshen breath as well as remove surface stains. ■



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You get good bond strength with TotalBond. Not C&B-Metabond-class perhaps, but far better than glass ionomer or conventional resin-reinforced ionomers. And since TotalBond is a dentin adhesive, you don't have to apply a separate bonding agent to persuade it to stick to the tooth. When you seat a crown, the 4-META-based resin automatically bonds to the tooth structure.

Economical enough to use on every case.

A kit of Panavia® or C&B-Metabond will run you about $250. In contrast, a basic kit of TotalBond costs just $79.95. That's roughly the same as you'd pay for a glass ionomer.

As easy to use as zinc phosphate.

There's no learning curve with Totalbond.

No need to refrigerate it. No need to apply special anaerobic sealants to get it to set. And no need to lubricate the crown to allow clean up.

Just apply the Green Dentin Activator to the tooth surface. After 10 seconds, rinse it off and lightly dry it. Mix the TotalBond powder and liquid on a pad. The exact proportions aren't critical, so feel free to adjust the ratio till you get the consistency you like.

By the way, you can take your time ... even on complex cases. If you spread it thin on the pad and protect it from light, Totalbond will give you 10 minutes of working time.

Then load the crown and seat it as if it were zinc phosphate. That's all there is to it.

The one limitation to TotalBond ...

TotalBond comes in three shades, but we don't call it a "cosmetic" cement. That's because it's extremely opaque. (The opacity is built into its chemistry. Anything we did to make it translucent would ruin its great properties.)

Therefore, we don't suggest TotalBond for use where a visible cement line would pose a problem, or where an opaque cement might affect the overall shade of the restoration.

Adhesive cement has never been this easy to clean up

TotalBond is both light-cure and auto-cure. Left on its own, it'll self-cure under a crown in about 4 minutes. But if you zap the margin with your light for 20 seconds, you can pop off the excess with a hand instrument.*

A 4-META hybrid layer to protect the tooth. Filled to protect the cement.

Like all our 4-META-based adhesives, TotalBond creates an acid-resistant resin hybrid layer within the tooth surface. If somehow the restoration dislodges, this hybrid layer remains part of the tooth (like bionic enamel), to protect it from leakage and sensitivity.

If a margin is less-than-perfect, the exposed TotalBond won't abrade like glass ionomer or unfilled resin cements. That's because we've toughened it with the same inorganic and organic fillers we use to make our Epic®-TMPT composite so wear resistant.

Try it for 3 months risk-free

TotalBond comes with a simple money-back offer. We ask you to pay within a month, but if it doesn't deliver what you're looking for, call us anytime within 3 months. We'll have the material picked up at our expense, and we'll give you all your money back ... including shipping charges.

The intro kit gives you everything you need to bond to virtually every material encountered in dentistry: TotalBond liquid, all three shades of powder (light, medium, dark), special primers that permit strong chemical bonds to unetched porcelain and precious metal.

If you want just basic cementing, however, you can order the etchant, TotalBond liquid plus any shade of powder for $79.95.

** TotalBond's dark shade is so dark that your curing light won't have much effect on it. Though the two lighter shades are true dual-cure ... it's best to think of the dark shade as a self-cure.*

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Visit Parkell at major dental meetings: Anaheim CDA (Apr 19-22, Booth 2259), San Antonio TDA (May 3-5, Booth 783)

New business: Benefits are reviewed at the March 23-24 Council on Insurance meeting. From left, Drs. Charles S. Willis; Peter S. Trager, co-chair; and Richard M. Smith, chair.

Not bulletproof anymore?
MedCash insurance can step in to defray medical contingencies

By Arlene Furlong

The good news is advances in medical care mean more people survive critical illnesses.

The bad news is the cost of survival and recovery. It can eat away a life's savings or force a well-planned estate into bankruptcy.

At a time when medical advances make the future even less game to gamble on than it used to be, the ADA is offering members a new insurance plan, MedCash, through Great-West Life and Annuity Insurance Company to help dentists protect their savings.

"When crafting the new product, we wanted to be able to say that the ADA product outshines competing products," said Dr. Richard Smith, chair of the Council on Insurance.

MedCASH offers dentists and their families two kinds of supplemental insurance coverage:

- Hospital Coverage—cash benefits for hospital stays;
- Critical Condition Coverage—a lump-sum cash benefit when a critical illness is first diagnosed.

Dr. Brian D. Shelton of Oklahoma said the policy paid off when his daughter was recently hospitalized.

"Even with good health insurance, there are deductibles and copayments," he said. "So instead of worrying about the financial implications of being away from my practice when my daughter was hospitalized, I could concentrate on my daughter's health," he said.

MedCASH Hospital Coverage pays from $100 to $500 for each day a dentist or family member is hospitalized and offers additional cash benefits for emergency room visits, outpatient surgery and other special circumstances.

And whereas life-threatening and catastrophic illnesses may have caused death in the past, modern medicine may enable survival and necessitate costly home and lifestyle modifications.

The amount of the Critical Condition Coverage cash benefit correlates to the amount of Hospital Coverage chosen. An ADA member or covered dependent can receive a lump sum benefit of up to $50,000 when first diagnosed with an eligible critical condition.

"Enabling lifestyle adjustments without depleting savings is the concept behind the Critical Condition Coverage," says Dr. Smith.

The plan covers a comprehensive list of 17 eligible critical conditions. The Core MedCASH Plan is available to ADA members on a guaranteed acceptance basis; only the higher amounts of optional Critical Condition Coverage are subject to a medical questionairre.

"Everyone thinks that they will never come down with something and you hope your children are healthy, but even if you have a good income, you aren't as bulletproof as you think you are," said Dr. Shelton. "It doesn't take very long to appreciate another source of income coming in."

For information about MedCASH call 1-888-463-4545. More information about MedCASH is coming soon to ADA.org. ■

Assets: Dr. Robert S. Hart confirms details about an investment fund administered under the ADA member retirement program.

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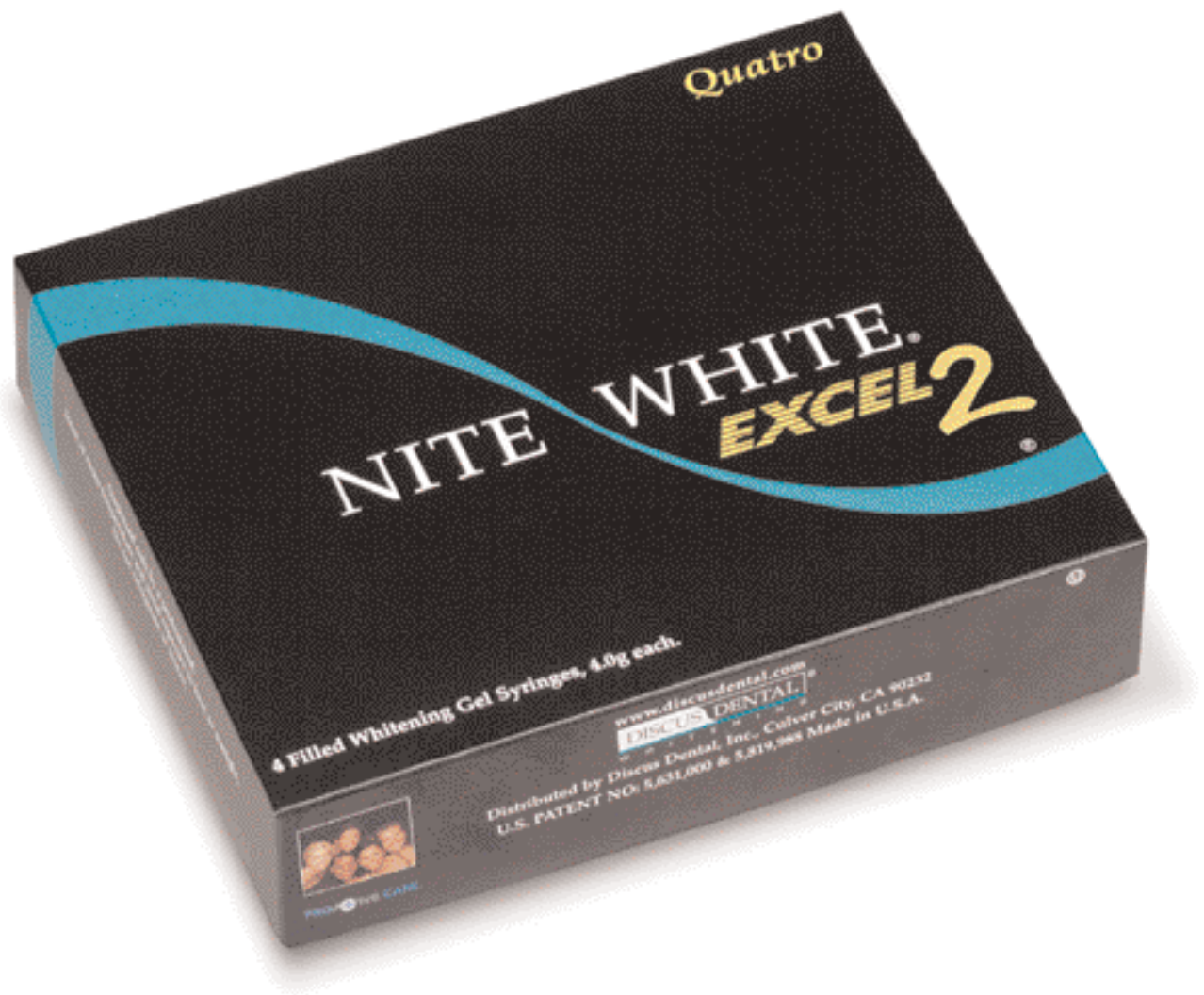

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Health & Science

ADA, ADAHF present

Science expands at AADR meeting

By Mark Berthold

Researchers from the American Dental Association and the ADA Health Foundation gave 29 oral and poster presentations at the 30th Annual Meeting and Exhibition of the American Association for Dental Research.

The March 6-11 meeting attracted thousands of dental research scientists, students and educators from around the world. ADA and ADAHF presentations were among more than 1,900 symposia and oral and poster sessions.

Evidence-based dentistry: Dr. I. Stangel (left) of McGill University and Dr. Amid Ismail of the University of Michigan speak at the AADR meeting.

The ADA Health Policy Resources Center presented the following posters:

- "Electronic Dental Claims Submission in the U.S.: Results from Recent ADA Surveys";
- "Financial Aspects of Specialists in Private Practice, 1992 and 1997/98;
- "Technological Advances in the Dental Office";
- "Change in Percentage of Time Active Private Practitioners Spent in Various Dental Procedures During the Period of 1981-1996";
- "Private Practitioners' Employment of Chairside Assistants: Results of a 1999 Survey."

The following ADA Health Policy Resources Center researchers presented these posters: Dr. L. Jackson Brown; Beverley A. Johns, Ph.D.; Vickie Lazar; Brad C. Petersen; Jon D. Ruesch; Karen Schaid Wagner and Tom P. Wall.

The ADAHF Paffenbarger Research Center, Research Institute, ADA and guest scientists presented the following papers:

- "Nitric Acid-Modified N-Phenyliminodiacetic Acid–A Total Self-Etching Primer";
- "Synthesis of Polymerizable Cyclodextrin Derivatives (PCDs) for Dental Applications";
- "Fluoride Uptake and Subsequent Re-release from Depleted Glass Ionomer Cement";
- "Treatments with a Mildly Supersaturated Calcium Phosphate Solution Reduced Dentin Permeability";
- "Microtensile Bond Strengths of Adhesives with Various Acetone Concentrations";
- "Network Formation of BisGMA- and UDMA-based Resin Systems";
- "Dental Materials Meeting the Standards";
- "Tear-strength Measurement Methods for Latex Rubber Dam";
- "Characterization of Calcified Bovine Pericardium Explants by Various X-ray Methods";
- "Remineralization of Dentin Lesions from Bonded and Nonbonded Ca-PO4 Resin Cements";
- "Flexural Strength and Volumetric Shrinkage of Experimental Urethane Dimethacrylate Composites";
- "A Polyethylene Fiber Reinforced Calcium Phosphate Cement";
- "Effect of Photoinitiator Complexation in Methacrylated Beta-Cyclodextrin (MCD) Composite Formulations";

See AADR, page 20

ADA Seal Products

The ADA Council on Scientific Affairs awarded the ADA Seal of Acceptance during the period from October 2000 through March 2001 to these products:

Accutron Inc.
Ultra DC Flowmeter Model 31980

Ahold USA
Finast Antiseptic Mouth Rinse
Finast Blue Mint Antiseptic Mouth Rinse
Finast Spring Mint Antiseptic Mouth Rinse
Stop & Shop Antiseptic Mouth Rinse
Stop & Shop Blue Mint Antiseptic Mouth Rinse
Stop & Shop Spring Mint Antiseptic Mouth Rinse
Super G Antiseptic Mouth Rinse
Super G Blue Mint Antiseptic Mouth Rinse

Austenal Inc.
DuraBlend 20 Rapid Cure Denture Base Resin
DuraBlend Denture Base Resin
DuraBlend F-R Fluid Denture base Resin
DuraBlend Premium High Impact Denture Base Resin
DuraBlend Reline & Repair Denture Base Resin

Colgate-Palmolive Co.
Colgate Sensitive Maximum Strength Toothpaste

CVS Pharmacy
CVS Spring Mint Antiseptic Mouthrinse

DeMoulas Supermarkets
Market Basket Antiseptic Mouthrinse
Market Basket Blue Mint Antiseptic Mouthrinse

Den-Mat Corporation
Rembrandt Whitening Toothpaste, Original and Mint Flavors

Dolgencorp Inc.
DG Guarantee Antiseptic Mouthrinse
DG Guarantee Blue Mint Antiseptic Mouthrinse
DG Guarantee Mint Mouthrinse

H.E. Butt Grocery Company
Personal Expressions Antiseptic Mouth Rinse
Personal Expressions Blue Mint Antiseptic Mouth Rinse
Personal Expressions Spring Mint Antiseptic Mouth Rinse

Kmart Corporation
American Fare Antiseptic Mouthrinse
American Fare Blue Mint Antiseptic Mouthrinse

The Kroger Co.
Perfect Choice Antiseptic Mouth Rinse
Perfect Choice Blue Mint Antiseptic Mouth Rinse
Perfect Choice Spring Mint Antiseptic Mouth Rinse

Medical Products Laboratories Inc.
NaFrinse Mouthrinse Powder, 0.2% when reconstituted
NaFrinse Tablets, 0.5 mg, 1.0 mg
NaFrinse Unit Dose Mouthrinse Solution, 10 mg, 20 mg

Meijer Inc.
Meijer Antiseptic Mouth Rinse
Meijer Blue Mint Antiseptic Mouth Rinse

Mexpo International Inc.
Blossom Textured Powder Free Latex Exam Gloves with Aloe Vera

NutraMax Products Inc.
Good Sense 28 Knot Good Value Toothbrush

Oralscan Laboratories Inc.
OralCDx Computer Assisted Oral Brush Biopsy Analysis

Pechiney Plastic Packaging
Kenpak Self-Sealing Sterilization Pouch

Phoenix International Tradelink Inc.
RubberCare Powder Free Latex Exam Gloves

Provision Dental Systems Inc.
Dexis Digital X-Ray System

Regaltex International Inc.
Health+Aid Powder Free Latex Exam Gloves

St. George Technology Inc.
Excel-P Formula Auto-Cure Pourable

SciCan
Statim 2000 Cassette Autoclave
Statim 5000 Cassette Autoclave

Shaw's Supermarkets Inc.
Shaw's Elite Angle Toothbrush

Tom's of Maine
Tom's of Maine Natural Fluoride Toothpaste (Wintermint)
Tom's of Maine Natural Fluoride Toothpaste for Children (Silly Strawberry, Outrageous Orange Mango)

Topco Associates Inc.
Topcare Antiseptic Mouthrinse
Topcare Blue Mint Antiseptic Mouthrinse

U.S. DenTek Corp.
DenTek Oral Pain Relief, Cherry and Mint Flavors
DenTek Quick Stix, Cherry Flavor

Winn Dixie
Ultra Fresh Spring Mint Antiseptic Mouthrinse

The following products were reaccepted during the period from October 2000 through March 2001:

BioResearch Inc.
BioJVA Joint Vibration Analysis
JT-3 Electrognathograph

Challenge Products Inc.
Perfect Choice Home Gel 0.4% Stannous Flouride

Colgate-Palmolive Co.
Colgate for Kids Toothpaste (102 Dalmatians, Barbie, Bugs Bunny, Tweety, Taz, Star Wars, Barney)

Diamond Products
Diamond Fresh Mint Antiseptic Mouth Rinse
Diamond Icy Mint Antiseptic Mouth Rinse

GC America Inc.
Kooliner Hard Chairside Denture Reline

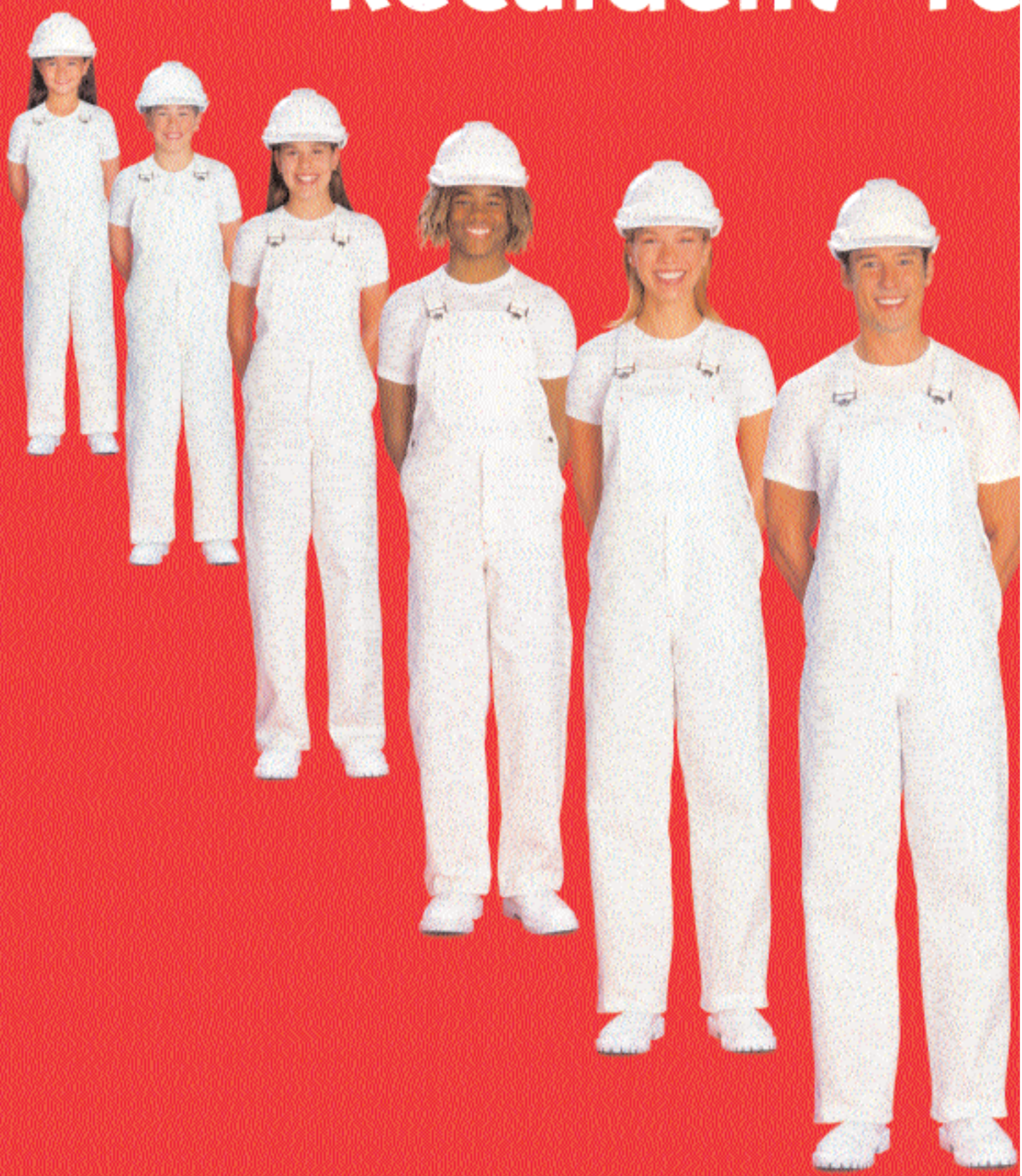
Johnson & Johnson Personal Products Co.
Reach Stim-U-Dent Plaque Removers

Lenty Sales Inc.
Vital Shield Gold Non-Sterile Medical Examination Gloves

Porter Instrument Co.
Porter Conscious Sedation Flowmeter Model 1000

See PRODUCTS, page 20

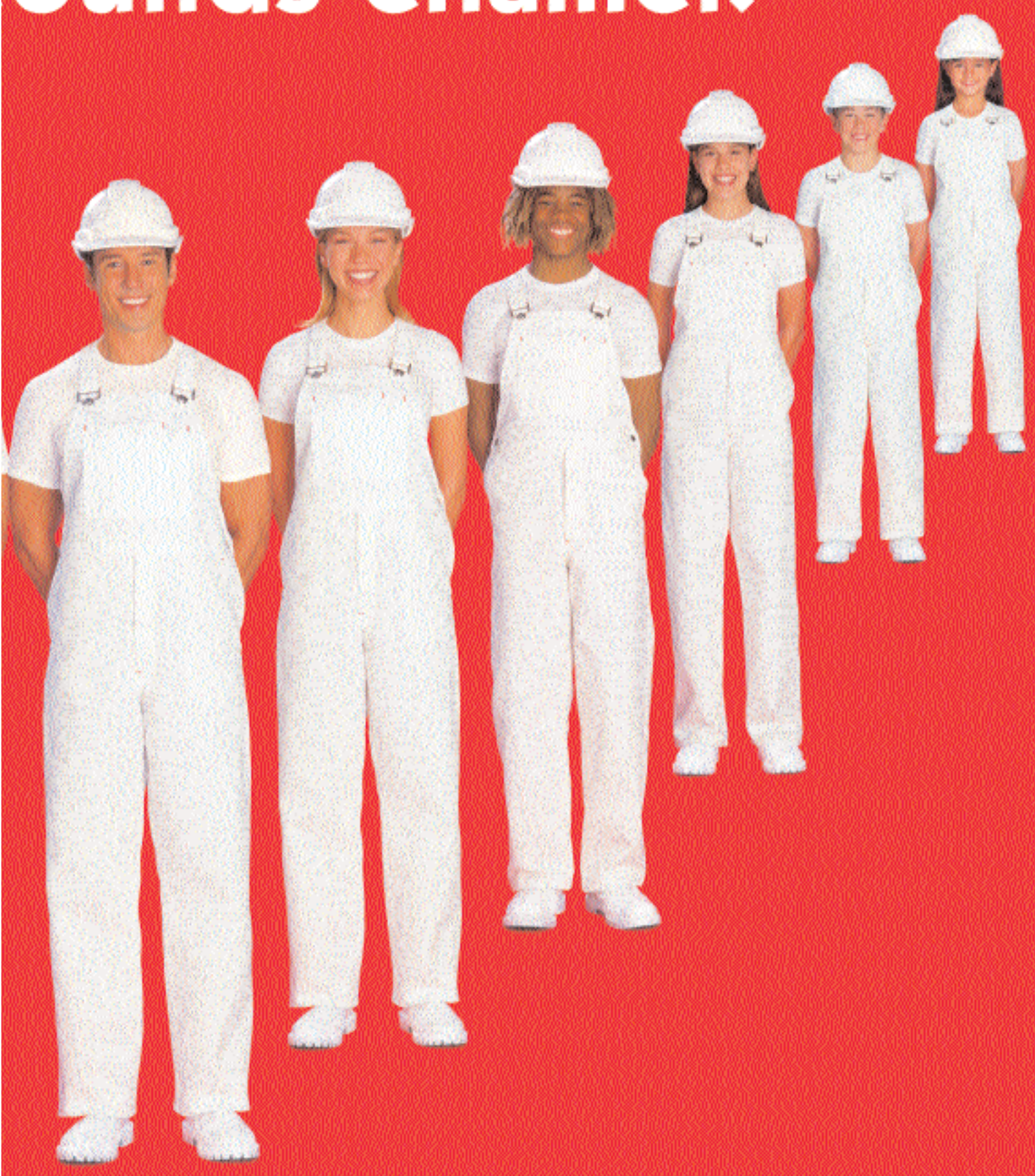
Recaldent™ re



Plaque bacteria convert dietary sugars into acids, stripping the teeth of calcium and phosphate in the process known as demineralization. Saliva naturally aids the rebuilding of tooth enamel by delivering calcium and phosphate back to the teeth. However, the consumption of sugars in the diet will inevitably push this process in favor of demineralization, leading to dental caries and tooth decay.

Recaldent™ is a new milk-derived ingredient† currently added to certain Trident™ products* which has demonstrated anticariogenic properties. Recaldent™ provides calcium and phosphate to the tooth in a highly

builds enamel.



available form, inhibiting demineralization and promoting remineralization. Further damage of the tooth enamel by acid is reduced, and subsurface lesions in the enamel can actually be repaired.[1-4] In other words, Recaldent™ is a breakthrough product that helps look after your patients' hard working teeth.

References: 1. Harper DS, Osborn JC, Hefferren JJ, Clayton R. Caries Res. 1986;20:123-130. 2. Reynolds EC, J Dent Res. 1997;66:1180-1187. 3. Reynolds EC, J Dent Res. 1997;76:1587-1595. 4. Reynolds EC, J Spec Care. 1998;18(1):8-16.

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Dental education flexes its muscles

Oral health 'part of a balanced research agenda'

By Karen Fox

More than 1,600 dental school deans, faculty and corporate representatives attended the 78th annual session of the American Dental Education Association March 2-7.

The Annual Session TechnoFair of educational programs and exhibits, such as the latest in digital course curriculums and Internet-based instruction, brought 40 exhibitors.

U.S. Surgeon General David Satcher, M.D.—on assignment in Alaska—sent in his place Rear Admiral Kenneth P. Moritsugu, M.D., who reiterated Dr. Satcher's dedication to the dental profession, education and research, as evidenced by last year's first-of-its-kind Surgeon General's Report on Oral Health.

"We need to see this report for what it is—the best available science," said Dr. Moritsugu, calling it "part of a balanced research agenda."

He called on dental educators to "continue their investment in research" to change the perception of oral health among the public, legislators, insurers and health policy groups.

Unable to address the ADEA meeting due to illness, Marian Wright Edelman, founder and president of the Children's Defense Fund, was replaced by her husband, Peter Edelman, a law professor at Georgetown University and former assistant secretary of the U.S. Department of Health and Human Services.

Mr. Edelman discussed the Children's Fairness Act—which seeks to guarantee all children a healthy, fair, moral and safe start in life—and suggested using taxes to improve the standing of poor families. "We have surpluses to give us the capacity for unmet needs," he said. "Now we need the will to do so."

Other speakers included baseball legend Joe Garagiola of Oral Health America's National Spit Tobacco Education Program, and Lois Cohen, Ph.D., NIDCR associate director for international health. ■

Health & Science

AADR

Continued from page 16

- "Effects from Long-term Water Exposure on Glass Ionomers";
- "Whisker-silica Filler Reinforcement of Resin Composites";
- "Adhesive Area Effects on Composite-to-Dentin Shear Bond Strength";
- "Dental Composites Based on Hybridized and Surface-modified Amorphous Calcium Phosphate Fillers";
- "Chemical Characterization and Dissolution of Plasma-sprayed Hydroxyapatite Coatings";
- "Prevalence of Carpal Tunnel Syndrome and Median Mononeuropathy among Dentists";
- "Laboratory Comparison of Nitrous Oxide Monitors";
- "Evaluation of a Low-cost Amalgam Separator";
- "Synthesis of Mussel Adhesive Decapeptide-Polyethylene Glycol Bioconjugates";
- "Biocompatibility of a Consolidated Silver Dental Filling Material";
- "Update of Hepatitis C Infection among Dental Professionals."

ADA™ HEALTH FOUNDATION

The following ADAHF and ADA researchers presented abstracts and posters: Kristy L. Azzolin; Hanu Batchu; Dr. Rafael L. Bowen; Clifton M. Carey, Ph.D.; Ai-Shuan Cherng; Hwai-Nan Chou; Laurence C. Chow, Ph.D.; Dr. Sabine H. Dickens; Dr. Fred C. Eichmiller; Naomi Eidelman, Ph.D.; P.L. Fan, Ph.D.; Glenn M. Flaim; Cynthia J.E. Floyd; Anthony A. Giusepetti; Raymond Gove; Steve E. Gruninger; Latiff A. Hussain; Dr. Dan M. Meyer; Charles L. Miaw, Ph.D.; Herbert J. Mueller, Ph.D.; Janet B. Quinn, Ph.D.; James Sandrik, Ph.D.; Dr. Gary E. Schumacher; Chakwan Siew, Ph.D.; Drago Skrtic; Mary Spencer; Sharon K. Stanford; Shozo Takagi, Ph.D.; Ming S. Tung, Ph.D.; and Haukun Xu, Ph.D.

Staff from the ADA and ADAHF also participated in the ADA Standards Committee on Dental Products and the ISO TC/106 meetings prior to the AADR meeting. ■

ADA Seal Products

Continued from page 17

Preventive Care Inc.
Savacare/Exam-Perfect Latex Exam Bloves

Sheffield Laboratories Inc.
Sheffield's Fluoride Toothpaste (Original, Bubblegum, Mint Flavors)

Sultan Chemists Inc.
Eugenol, USP
Zinc Oxide, USP

Sultan Dental Products
Topex Topical Anesthetic Gel
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Topex Topical Anesthetic Spray

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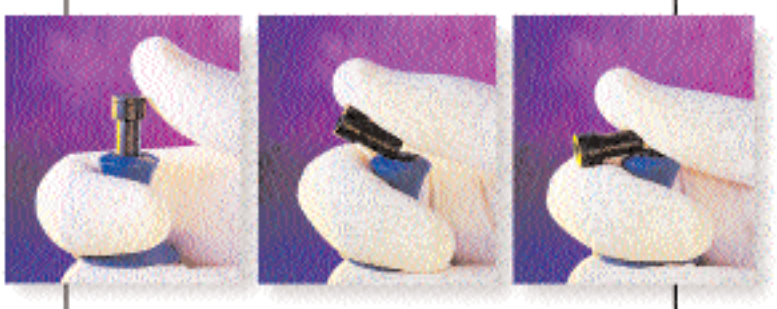

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Say no more!

Consensus: caries research lacking

Panel urges funding to improve studies, diagnostics

By Clayton Luz

Bethesda, Md.—More funding is needed to spur research into the detection and treatment of early phase dental caries, says a panel of research and health care experts.

This and other findings emerged from a Consensus Development Conference on the Diagnosis and Management of Dental Caries Throughout Life, convened by the National Institutes of Health here March 26-28.

During the 1-1/2 day conference, the panel conducted a systematic review of current dental caries literature and heard presentations by 30-some industry experts in addition to public comment.

Health & Science

The panel issued on March 28 a draft of its consensus statement detailing its findings. At press time, no date had been set for the panel's release of a final report.

NIH Consensus Statements are prepared by a non-advocate, non-federal panel of basic and clinical scientists, health care professionals, research methodologists and public representatives.

The statement is an independent report of the consensus panel and is not a policy statement of the NIH or the federal government.

The panel concluded there was "a clear impression that clinical caries research is underfunded, if not undervalued" and urged a "major investment of research and training funds" to support the ongoing development of emerging diagnostic techniques.

Consensus building: Panel chair Dr. Michael C. Alfano reads from the draft statement of the NIH Consensus Development Conference on dental caries.

It also called the identification of early caries lesions and treatment with non-surgical methods the "next era in dental care," but warned that current diagnostic and management practices aimed at "stopping and reversing of caries" is "inadequate."

Early and accurate diagnosis, the panel said, remains a developing field that demands improved diagnostic techniques.

"Existing diagnostic modalities require stronger validation," the panel wrote, "and new modalities with appropriate sensitivities and specificities for different caries sites, caries severities and degrees of caries activity are needed."

About 20 percent of children between the ages of 2 and 4 have experienced dental caries, and by the age of 17 almost 80 percent of young people have had at least one cavity. More than two-thirds of adults between the ages of 35 to 44 have lost at least one permanent tooth due to dental caries, and one-fourth of those aged 65 to 74 have lost all of their natural teeth.

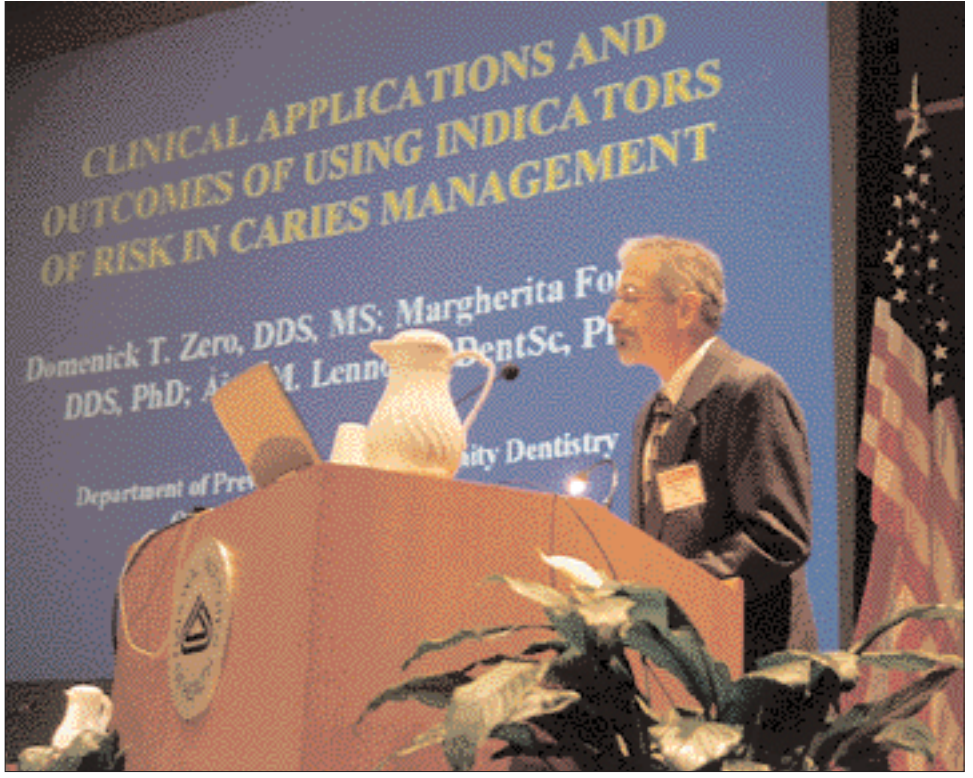
Effective dentistry, noted the panel, requires early identification of children at high risk for extensive caries so that they may receive early and intense preventive intervention. Children at low risk also need to be identified to reduce unnecessary care and expenditures.

According to the panel, the clinical data studies it reviewed were small, poorly described or otherwise methodologically flawed.

The panel reviewed data that supported treatment options such as fluoride varnishes in permanent teeth, fluoride gels and sealants, and oral health education. Although the panel did not evaluate the evidence for the effectiveness of community water fluoridation and fluoride toothpaste, it acknowledged that water fluoridation and fluoride products markedly reduce dental caries prevalance.

Among its other recommendations, the panel called for:

- studies of dental caries in the population that collect information on natural history, treatment and outcomes in all age groups;
- studies of diagnostic methods, including established and new devices and techniques;
- clinical trials of established and new treat-



One expert's perspective: Dr. Ernest Newbrun, professor emeritus, University of California, San Francisco, was among 30-some presenters during the NIH Consensus Development Conference. Dr. Newbrun here discusses his presentation, "Topical Fluorides in Caries Prevention and Management From a North American Perspective."

■ The panel concluded there was "a clear impression that clinical caries research is underfunded, if not undervalued" and urged a "major investment of research and training funds"

ment methods that conform to contemporary standards of design, implementation and analysis;

- systematic research on caries-risk assessment;
- studies of clinical practice including effectiveness, quality of care, outcomes, health-related quality of life and appropriateness of care;
- genetic studies to identify genes and genetic markers of diagnostic, prognostic and therapeutic value.

The NIH Office of Medical Applications of Research manages the NIH Consensus Development Program. The office organizes conferences that produce consensus statements and technology assessment statements on controversial issues in medicine important to health care providers, patients and the general public.

The conference was sponsored by the National Institute of Dental and Craniofacial Research and the NIH Office of Medical Applications of Research. Cosponsors included the National Institute on Aging and the U.S. Food and Drug Administration.

NIH Consensus Conferences typically convene for 1-1/2 days of scientific presentations and public testimony, after which the panel meets in an executive session to write the draft consensus statement. On the third and final day of the conference, the draft statement is circulated to the conference audience for comment. Afterwards, the panel resolves any conflicting recommendations and releases a revised statement at the end of the conference.

The complete draft of the NIH Consensus Statement on Diagnosis and Management of Dental Caries Throughout Life is available by calling 1-888-NIH-CONSENSUS or through the NIH Consensus Development Program Web site at "www.consensus.nih.gov". ■

Rapton voluntarily withdrawn

By Mark Berthold

West Orange, N.J.—Organon Inc., has voluntarily withdrawn its injectable anesthesia Raplon from the market after indications the drug may be associated with bronchospasm.

According to a press release of the Food and Drug Administration, bronchospasm is a mild-to-severe inability to breathe normally that can lead to permanent injury or death.

The manufacturer contacted the Food and Drug Administration of the withdrawal after five deaths occurred during administration of the rapacuronium bromide drug, a muscle relaxant for breathing-tube placement and surgery.

The manufacturer also wrote March 27 to all anesthesiologists, hospital pharmacists and other consignees of the drug, notifying them of the withdrawal and providing information on how to return unused inventory.

With many other alternatives on the market, the recall shouldn't hamper dentists' ability to conduct surgery as before, says Cynthia McCormick, M.D., of the FDA Center for Drug Evaluation and Research.

Health care providers can contact Organon by phone at 1-800-241-8812 or visit the FDA's MedWatch page on the Web at "www.fda.gov/medwatch". ■

UW schedules May symposium on impact of new science, technology

Seattle—The University of Washington will hold its Distinguished Professor in Dentistry Symposium May 24-25 at the Four Seasons Olympic Hotel.

"Dentistry's Future: Broadening the Impact on Patient Health and Dental Practice" will explore new science and technology and their impact on long-term health, well-being and quality of life.

For more information, contact UW Office of Continuing Dental Education at 1-206-543-5448. ■

Licensure

Moving along

Scoring guideline progresses

Observations: Sharing their perspectives at the Joint Licensure Conference are (from left) Drs. William Wathen; Bruce Graham; ADA President-Elect D. Gregory Chadwick and Richard Buchanan.

BY KAREN FOX

The American Association of Dental Examiners-appointed "Interagency Committee on Scoring Practices and Post-Examination Analysis" met for the second time March 20, immediately following the ADA/AADE Joint Licensure Conference.

The committee's objective is to develop guidelines the clinical testing agencies can use to design, construct or review clinical licensure examinations and develop defensible scoring systems and methods to analyze those examinations.

Dr. Ohtani

Dr. Cole

Dr. Deron J. Ohtani, Council on Dental Education and Licensure chair, is the ADA's liaison to the committee.

"This is a very interesting group because it's comprised of people who are experts in testing methodology and those who are dental-content experts," Dr. Ohtani explained. "The resulting document will combine the validity factors for examinations with the clinical side of examinations, and devise a practice by which we can evaluate clinical competence."

Dr. James R. Cole II, AADE president-elect and interagency committee chair, said the committee's primary resource for developing the document is the 1999 Standards for Educational and Psychological Testing.

Supported by the American Educational Research Association, the American Psychological Association and the National Council on Measurement in Education, Dr. Cole says the standards are considered the definitive basis for guidance and testing.

At its March 20 meeting, the committee further developed the draft document's 15 talking points related to scoring and post-examination analysis.

Dr. Cole said the draft is "beginning to look like something that everyone can buy in to."

The committee will meet again in September. After that, Dr. Cole expects that the draft document will be ready for distribution to the communities of interest. ■

Full house: More than 240 from state dental boards, dental societies, regional examining boards, dental schools and national organizations attended the conference.

Licensure

Continued from page one

Licensure Conference was somewhat of a departure.

This year's conference reached a broader audience through its inclusion of representatives from the state dental boards and the constituent societies who participated in discussions with their colleagues from the regional examining boards, dental schools and national organizations.

Commenting on the representatives from state dental boards and constituent societies attending this conference, ADA President-Elect D. Gregory Chadwick stated: "Constructive change in the dental examining and licensure process can come only through the agreement and cooperation of the states and licensing jurisdictions."

The ADA Council on Dental Education and Licensure collaborated with AADE and the American Dental Education Association in selecting the conference's speakers, all of whom represented a group with a strong interest in dental licensure. Speakers included dental examiners, practitioners, educators, students and new dentists.

Dr. Chadwick, who spoke for dental practitioners, said the ADA "recognizes and fully supports the right of states to regulate dental licensure," adding that "with the necessary protection for the public in place, there should be freedom of movement within the profession."

Joining Dr. Chadwick on the speakers' panel included:

- Dr. Ronald I. Maitland, AADE first vice-president;
- N. Karl Haden, Ph.D., ADEA associate executive director for Educational Policy and Research;
- Daniel A. Bills, American Student Dental Association vice president and chair, ASDA Task Force on Dental Licensure Reform;
- Dr. Charles A. Sadler Jr., ADA Committee on the New Dentist.

With dental school faculty shortages at an all-time high, Dr. Bruce S. Graham, dean of the University of Illinois at Chicago College of Dentistry, shared his personal experiences with provisions for faculty licensure, faculty permit and limited faculty licensure.

Patricia Ramsay, executive director of the Massachusetts Board of Registration in Dentistry, provided an overview of state laws regarding the complex provisions for faculty licensure.

"We need to look at issues that come up at meetings like this and go back to our individual states and tweak our regulations," she said. "We need to make sure we are helping dentists, and helping the student who wants to go to dental school in Massachusetts and maybe get a license in Indiana, but also the people we serve—the public—and keep them in mind as we make changes."

Mr. Bills, one of four ASDA representatives at the conference, said that states currently accepting all four regional board exams as credentials for dental licensure "are on the forefront of dental licensure reform."

He also applauded the efforts of the Central Regional Dental Testing Service and the Western Regional Examining Board, which last year agreed to urge their member states to accept each other's exams for initial licensure.

The day's final presentations—by Dr. William F. Wathen of the Baylor College of Dentistry, and Dr. Richard Buchanan, ADEA visiting senior fellow—provided insight into electronic learning and continuing education programs.

The speakers' presentations led to the afternoon breakout sessions, where smaller groups of participants discussed and provided to AADE recommendations on three specific issues: electronic learning, specialty licensure and faculty permits/limited licenses for faculty.

Some of their ideas included:

- Faculty licensure permits should allow intramural clinical practice.
- Use of electronic learning for continuing education may be more valuable than the traditional model.
- The ADA should consider the accreditation of foreign dental schools.
- The practice of requiring dental specialists to take a general dentistry examination should be reconsidered in those jurisdictions where it is required.

Panelists: Officials from organizations with an interest in dental licensure address the ADA/AADE Joint Licensure Conference March 19. Pictured from left: Dr. Haden, Daniel Bills, Dr. Sadler and Patricia Ramsay.

The 2001 Joint Licensure Conference registered the highest attendance for an AADE Mid-Year meeting. AADE officials say 43 of 50 state dental boards were represented.

AADE President Newell H. Yaple said he looks forward to continued collaboration with the ADA.

"The attendance at this conference speaks volumes about the program we put together, and the priority this audience places on licensure and examination issues," said Dr. Yaple.

Officials from the ADA Council on Dental Education and Licensure say that the invitational licensure conferences have been instrumental in facilitating recent changes in the licensure process. Traditionally, the invitational conferences have covered items contained in the Agenda For Change ("www.ada.org/prof/prac/licensure/lic-change.html").

But ADA officials note that the Agenda for Change primarily addresses issues related to the clinical testing agencies, not state dental boards or constituent societies.

In the future, the CDEL will consider sponsoring a conference—to include state dental boards and constituent dental societies—where participants may generate a consensus document similar to the Agenda For Change addressing other issues of concern to the licensure community. ■

Government

Grassroots kudos

WLC recognizes good work

Photo by Anna Ng Delort

For continued success: Grassroots activists are cited for developing "meaningful political relationships that benefit dentistry." From left are Dr. Jim Moreau, Dr. Chuck Wingard, Dr. Ray Maddox, Jocelyn Lance, Dr. Terry Dickinson, Jayne Fuller, Dr. Perry Tuneberg, Dr. Robert Griego, Gerri Cherney and Dennis McGuire.

By Craig Palmer

Washington—Grassroots activists won plaudits at the March 25-27 Washington Leadership Conference and a pat on the back from the profession's leaders for developing "meaningful political relationships that benefit dentistry."

ADA grassroots awards cited outstanding action teams, successful fundraisers, and state association and Alliance of the ADA activities.

"We built our grassroots network on a bipartisanship foundation for a reason," ADA President Robert M. Anderton told the leaders of grassroots action teams. "To continue to succeed, we need meaningful relationships with lawmakers who understand dentistry and the importance of oral health no matter which way the political wind blows."

Nearly 500 dentists, spouses and constituent society staff attended the annual meeting in the nation's capital. Dr. Jane Grover of Jackson, Mich., ADPAC board member, presented the 2001 ADA grassroots awards "to highlight what some dentists and spouses have achieved in their (congressional) districts."

Most outstanding action teams:

- Dr. Perry Tuneberg, action team leader for the Illinois 16th district, represented by Rep. Don Manzullo (R), for "crucial grassroots advocacy" inspiring congressional hearings resulting in modification of IRS procedures on tax issues important to dentists and small businesses;
- Dr. Jim Moreau, action team leader for Louisiana's 1st district, represented by Rep. David Vitter (R), for support of bipartisan patient rights and legislation easing PAC reporting requirements.

"They have demonstrated that by staying active and organized, action teams can develop meaningful relationships that benefit dentistry," said Dr. Grover.

Most successful fundraisers:

- Dr. Robert Griego, action team leader for Arizona's 4th district, for hosting a home fundraiser attended by more than 100 dentists and spouses, and regular meetings on key issues with Rep. John Shadegg (R);
- Dr. Anoop Sondhi, action team member for Indiana's 5th district, for a home fundraiser for Rep. Steve Buyer (R);
- Dr. Jeffrey Levin, action team leader for Virginia's 7th district, for supporting the candidacy of freshman Rep. Eric Cantor (R).

Cooperative effort with the Alliance of the ADA:

- Jocelyn Lance of Richmond, Va., for partnering with the American Dental Political Action Committee and the action team network in training spouses to become advocates for the profession and chairing a legislative subcommittee charged with promoting the Washington Leadership Conference.

Most outstanding states:

- Michigan Dental Association for springtime trips to Capitol Hill the past 38 years to visit with their congressional delegation;
- Texas Dental Association for fundraisers, campaign events and partnering with the American Student Dental Association for student ADPAC involvement;
- Wisconsin Dental Association for setting the standard for a new partnership between state societies and the ADA Washington Office.

Most improved state:

- Oregon Dental Association for quickly re-energizing a state grassroots program with e-mail, training, message development and advocacy. ■

Dentists lobby with technology

Health care that works visits the Hill on CD-ROM

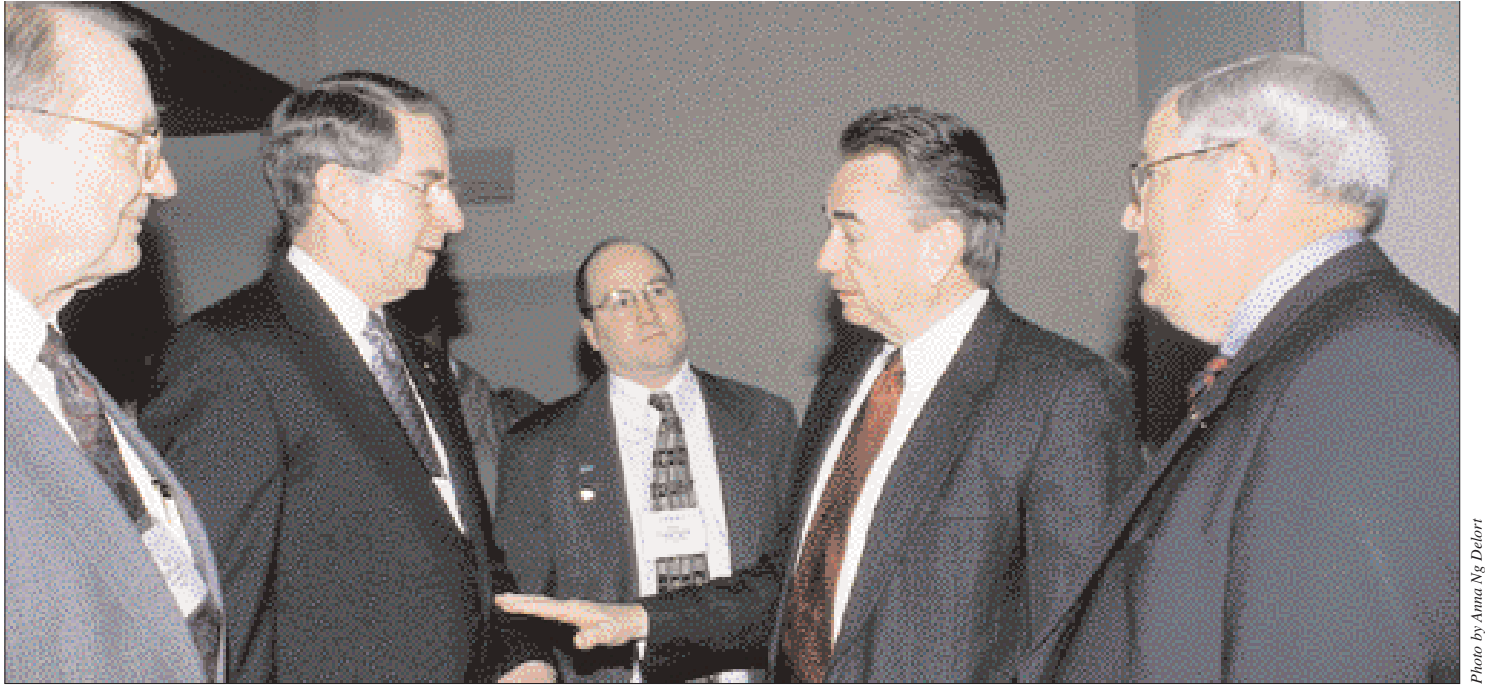


Photo by Anna Ng Delort

Cabinet officer: Tommy Thompson, Secretary of Health and Human Services (second from right), reviews dental issues with (from left), Drs. Robert M. Anderton, D. Gregory Chadwick, Thomas J. Hughes and (far right) S. Timothy Rose.

BY CRAIG PALMER

Washington—Dentists lobbied with technology during the March 25-27 Washington Leadership Conference, linking Congress to the Association's online legislative and regulatory resources.

Dentists distributed the Association's first legislative/regulatory CD-ROM to House and Senate members and congressional staff and opened an electronic door for legislators and policy makers to ADA policy.

The "Dentistry: Health Care That Works" area of ADA.org ("www.ada.org/dentistry works") offers the U.S. Congress the most extensive single-source summary to date of the profession's major legislative and regulatory issues in a format allowing for timely information updates.

It is far more comprehensive than the paper issue packets distributed at previous ADA leadership conferences in the nation's capital.

The Web content covers the nine topic areas on the disk with links to other Association resources, statements and publications and will be expanded to include other topics.

"The ADA applauds the recent resolution by Congress to repeal the Occupational Safety and Health Administration's ergonomics regulation," begins an ergonomics section that was updated literally as the disk was going to press to report the recent repeal of regulations that would have covered dentist employers.

The ergonomics section offers links to ADA comments on the proposed rules and a recent Journal of the American Dental Association report reprinted by permission of ADA Publishing.

"The ADA supports efforts to create a safer, healthier work environment and looks forward to working with Congress and the Department of Labor to develop a more measured, appropriate approach to promoting workplace safety," the ergonomics section concludes.

The online and CD-ROM versions of "dentistryworks" also cover access to oral health care, protecting patients' rights, tax issues, research, malpractice reform, fluoridation, military/federal dentistry and tobacco.

"This disk section of ADA.org was prepared as a resource for legislators and policymakers on behalf of the thousands of dentists and dental spouses who donate their time and resources to advocate for their profession and the nation's oral health," says the CD-ROM. The disk distributed on Capitol Hill is packaged with print summaries of each covered topic.

The current ADA online version of "Dentistry: Health Care That Works" has been available to public and professional visitors since its mid-March posting.

Dentist members of ADA grassroots action teams carried disks to Capitol Hill and distributed them to congressional staff and in some cases directly to members of Congress during the Washington Leadership Conference. Grassroots action teams provide liaison with members of Congress in the members' home districts, and many schedule visits with their lawmakers when they come to Washington. ■

Government

Hill

Continued from page one

political activists off to Capitol Hill to meet with their hometown representatives and senators. ADA President Robert M. Anderton opened the March 25-27 meeting with a pat on the back for grassroots activism and credited the dentist volunteers for "help[ing] us fight off an onerous, costly and ineffective ergonomics standard."

"How excited I am that you're here," Georgia dentist/Rep. Charlie Norwood (R) declared in a conference speech to repeated applause. "OSHA is now under my subcommittee and I intend to do business with them. Perhaps we'll go back and deal with ergonomics sometime but that particular rule is gone, ladies and gentlemen." Rep. Norwood led the floor fight in the House of Representatives for repeal of the Occupational Safety and Health Administration regulations. He chairs a workforce protections subcommittee.

Nearly 500 dentists, spouses and constituent society representatives from across the country, many of them leaders of ADA grassroots action teams, canvassed Capitol Hill and met with administration officials including Health and Human Services Secretary Tommy Thompson to discuss state and national policy issues important to dentists.

"You are doers," Secretary Thompson told the dental audience. "The dentists always lead and I thank you for your leadership." Dr. S. Timothy Rose, a past ADA president, introduced the former Wisconsin governor to the Washington Leadership Conference as "a friend of dentistry."

The grassroots dentists urged government officials and lawmakers to:

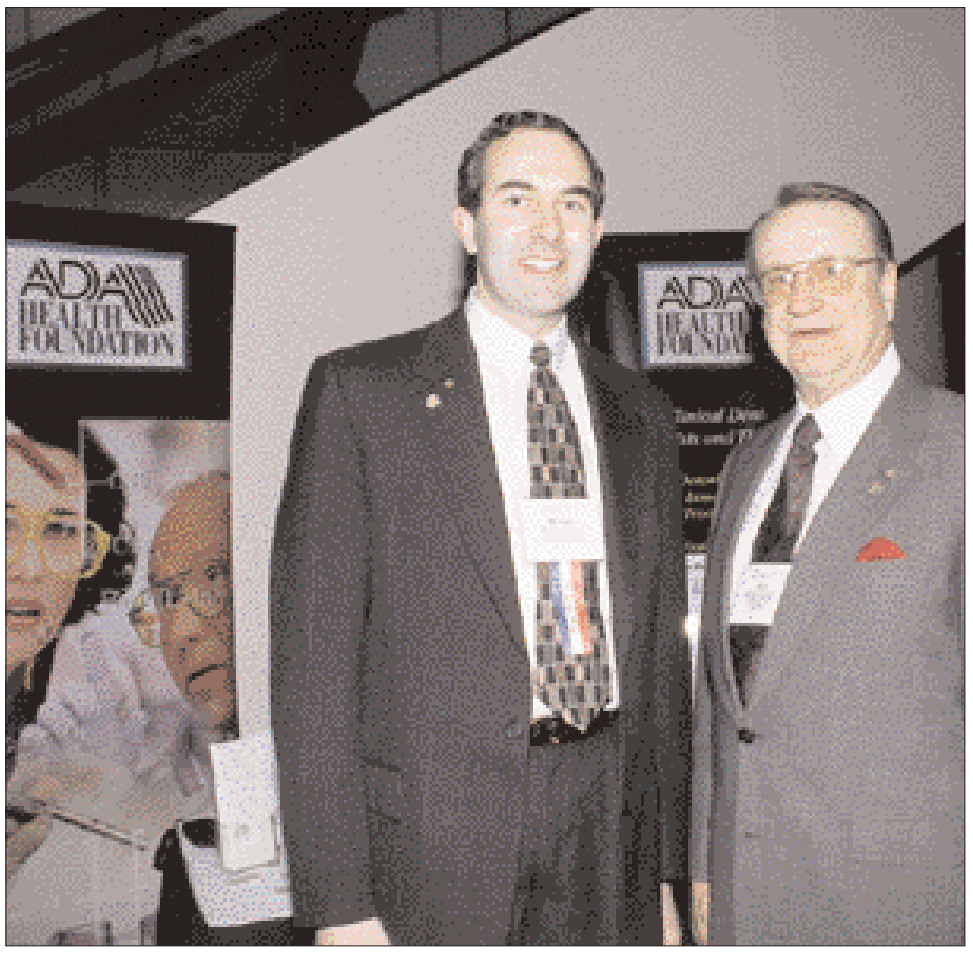
- support comprehensive patient rights legislation covering free-standing dental plans;
- amend medical privacy rules issued by the Clinton administration.

Many thanked their representatives and senators for voting to repeal ergonomics rules that had been scheduled to take effect Oct. 14 for dentists and other employers. President Bush signed the repeal legislation March 20.

Nine of 10 post-conference evaluations rated speakers, activities and conference organization as "excellent" or "good" and included such comments as "great" and "it's always good to hear from the real decision makers." ■

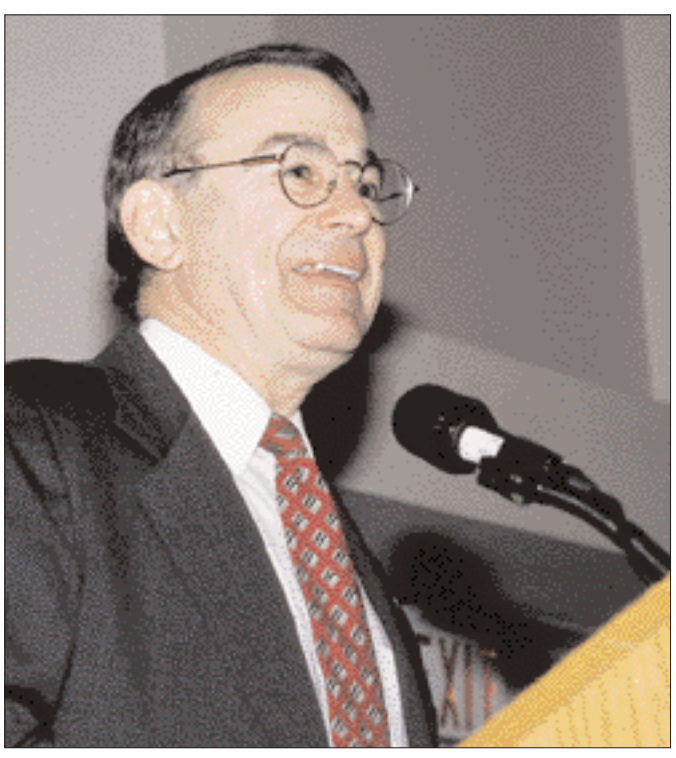
Photos by Anna Ng Delort

Cold cuts, hot topics: A March 27 luncheon for members of Congress at the Rayburn House Office Building drew (from left) dental student Adam K. Rich, Dr. John O'Cull, U.S. Rep. Ken Lucas (D-Kent.), Dr. Leslie C. Horn and Dr. W. Ken Rich.

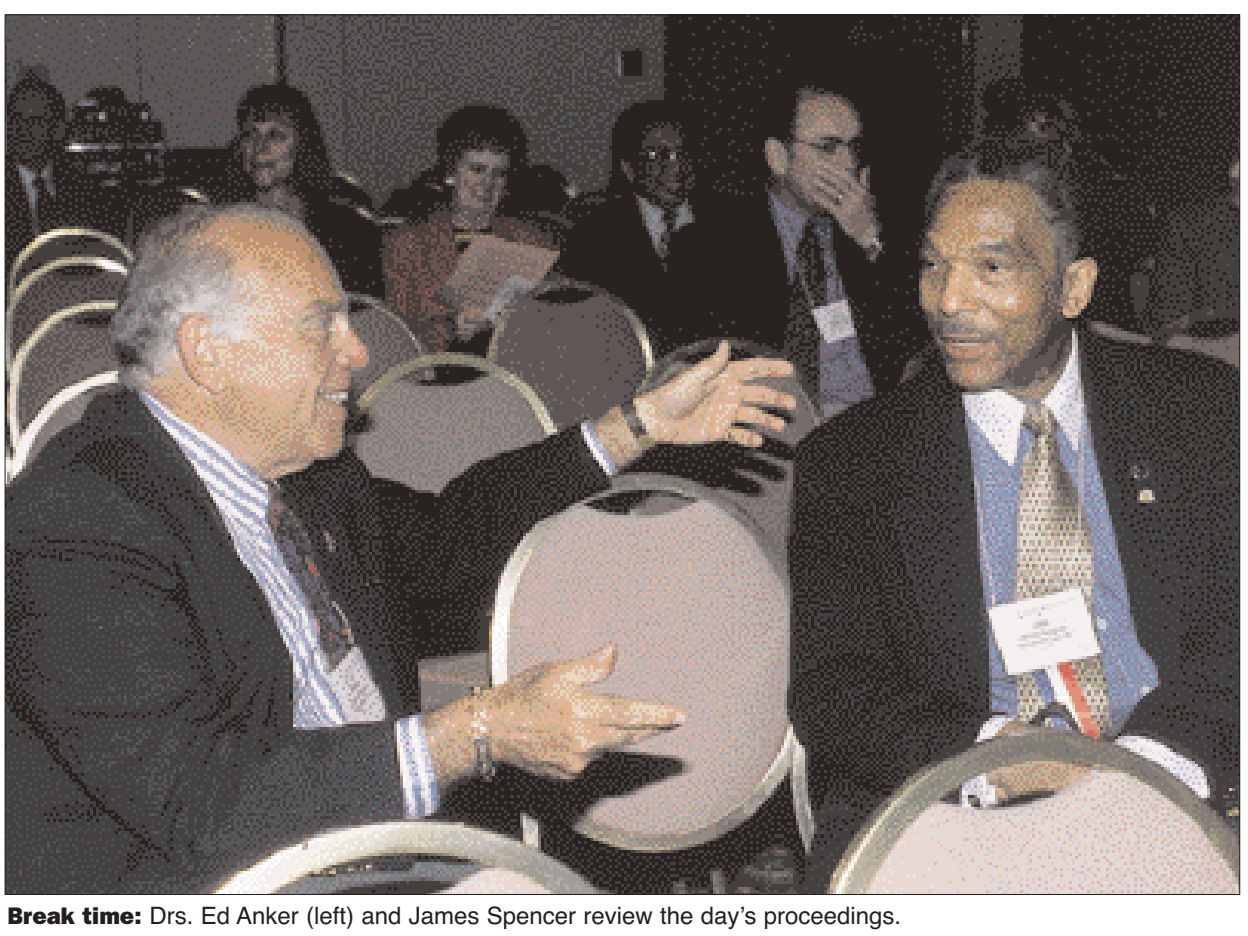


Dental presidents: Michael Pickard (left), American Student Dental Association president, meets with Dr. Robert M. Anderton, ADA president, during the Washington Leadership Conference.

Question: Dr. Ronda Trotman-Reese of Portland, Ore., poses a query during the Washington Leadership Conference.



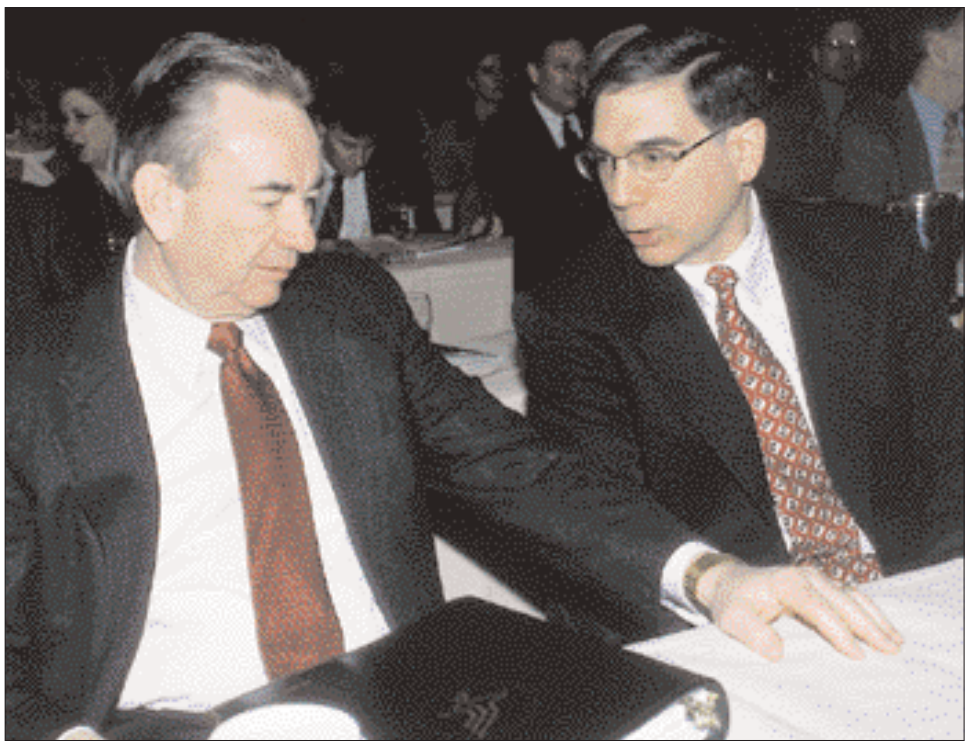
Patient rights: 'I'm sure we're all going to be together at the end of the day on a patient bill of rights,' physician/Rep. Greg Ganske (R-Iowa) told the conference. His bipartisan patient rights legislation is modeled on legislation offered in the last Congress by dentist/Rep. Charlie Norwood (R-Ga.) and Rep. John Dingell (D-Mich.).



Break time: Drs. Ed Anker (left) and James Spencer review the day's proceedings.

Photos by Anna Ng Delort

Standing ovation: ADA members show support for Rep. Charlie Norwood (R-Ga.). Dr. Norwood led the House floor fight for repeal of OSHA's controversial ergonomics regulations.



Government officials: At left, Tommy Thompson, Secretary of Health and Human Services, and Dr. Lawrence A. Tabak, director of the National Institute of Dental and Craniofacial Research, have a discussion during the March 25-27 conference.

Taxes

Continued from page one

legislation that would allow dentists to choose cash-based accounting for tax purposes. Current law offers certain "tax disincentives" toward starting new businesses, the ADA president said.

The Association has also called for tax relief for student borrowers against the heavy loan debt incurred in financing professional education.

Various congressional panels are drafting legislation during what Sen. Christopher S. "Kit" Bond (R-Mo.), said is a "red hot" tax policy debate shaping on Capitol Hill. Sen. Bond, small business chair, and Rep. Don Manzullo (R-Ill.), his House counterpart, co-chaired the joint roundtable to consider President Bush's tax plan and tax legislation affecting small businesses.

"There is much more that can be done to ease the tax code and compliance burdens faced by small businesses," Sen. Bond said in opening the roundtable to more than 30 small business representatives.

Dr. Anderton, a practicing dentist, joined ranchers, printers, bankers, accountants, restaurant, dry cleaning and other owners, and operators of small businesses across the country as the lone invited health professions representative at the first joint meeting in the 107th Congress of the two small business committees.

Tax benefits needed: Dr. Anderton, at left, tells a joint House-Senate committee April 4 that tax benefits should counter 'the prohibitive costs' of starting a dental practice.

"Dentistry, of course, is a small business," the ADA president told the congressional panel.

He offered the American Dental Association's support for the Bond-Manzullo legislation, the Small Business Works Act of 2001, a broad-ranging tax-relief and simplification package to ease burdens on self-employed individuals and small business firms.

The Association supports S. 189 and H.R. 1037, which would:

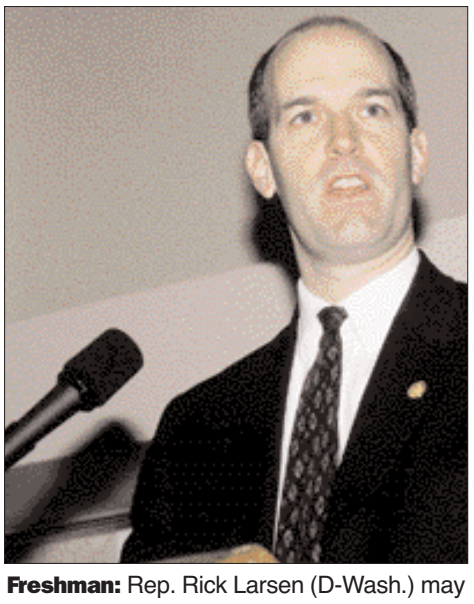
- allow use of the cash method of accounting for small businesses;
- accelerate tax deductions toward 100 percent deductibility of health insurance premiums for self-employed business owners;
- enhance the tax code's Section 179 expensing provision for purchases of capital equipment.

When the debate turned briefly to patient rights legislation, described as "the only contentious issue at the table," Dr. Anderton stepped in to counter one small business representative's expressed concerns about increased liability for employers.

The Association supports only narrowly-drawn liability provisions that would not affect the vast majority of employers, particularly small businesses, Dr. Anderton said.

The roundtable covered such other issues as the tax treatment of capital gains, alternative minimum tax, deductions for business meals and estate tax relief, the latter also provoking spirited debate among committee members and business owners over the scope and timing of legislation. ■

Recap: Many constituents sent multiple representatives to Washington last month. From left above, Dr. John S. Olmsted confers with Dr. Stanley L. Allen, both of Greensboro, N.C.



Freshman: Rep. Rick Larsen (D-Wash.) may be new to Congress but 'I know the dental issues pretty well,' he told a Washington Leadership Conference audience. This was his first speech as a congressman at the springtime meeting, but he's been to these meetings before with the Washington State Dental Association—where he was director of public affairs before his November 2000 election.

Annual Session

Esthetics workshop a beaut

Two-day program debuts at fall meeting

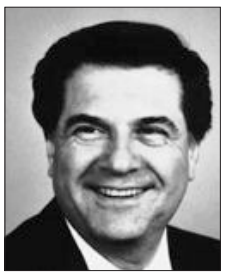
By Clayton Luz

Kansas City, Mo.—The stars will be out early in mid-October when five stellar clinicians will help participants enhance their practice at a new and exciting program during this year's annual session.

The "2-Day Esthetics Continuum" (PW19) will run two information-packed days, Oct. 15-16, from 9-11:30 a.m. and 1:30-4 p.m. Participants will work hands-on with world-renowned clinicians such as Dr. Jeffrey Golub-Evans, Drs. Cherilyn Sheets and Jacinthe Paquette, Dr. Paul Belvedere and Dr. Roger Levin.

Dr. Belvedere, co-director of postgraduate programs in esthetic dentistry at the University of Minnesota, says the continuum will instruct practitioners about cutting-edge esthetic techniques and how to implement them to save time while increasing the bottom line.

"This program is practical in that it provides the participants a tactile experience on how they can manipulate tools and techniques they've never used before," says Dr. Belvedere. "They will not only increase their productivity, but also their treatment planning productivity and have a more stress free environment when it comes to using resin-based composites."



Dr. Belvedere

Dr. Sheets

Designed as a "meeting within a meeting," the program will provide a continuum of learning and experience through four workshops that will improve your clinical practice.

The "2-Day Esthetics Continuum" (PW19) will include workshops, speakers and hands-on learning. Lunch is included both days. Cost is $750 ($800 onsite).

"Direct Composite Dentistry—The Esthetic Continuum"—Dr. Paul Belvedere will present state-of-the-art, practical, time-saving techniques for the dental team.

"Keys to Success in an Esthetic Restorative Practice"—Drs. Jacinthe Paquette and Cherilyn Sheets will cover the esthetics-based practice, examination process, clinical procedures, instrumentation in teeth preparation for all-porcelain restorations.

"How Soon Can We Get Started: Case Presentation, Ethical Selling Skills to Increasing Case Acceptance"—Dr. Roger Levin will discuss step-by-step strategies for for encouraging patients to say "yes" to treatment.

"Media Saavy in Cosmetic Dentistry"—Dr. Jeffrey Golub-Evans will discuss how to develop a media plan that defines your unique message and becomes a resource.

Badminton anyone? Four giant shuttlecocks occupy the Nelson-Atkins Museum of Art's sculpture lawn in Kansas City.

For more information, contact the Council on ADA Sessions and International Programs, 211 E. Chicago Ave., Suite 200, Chicago IL 60611-2658; call 1-800-232-1432 or 1-312-440-2388; or e-mail "annualsession@ada.org".

Updates on annual session events are posted on ADA.org at "www.ada.org/session". ■

Get ready to register

The ADA Annual Session Preview, coming in May, includes advance registration information and everything you need to register for the meeting, scientific programs, participation workshops, special events, Kid's Camp, tours and hotels.

To request your copy of the ADA Annual Session Preview, call 1-800-232-1432 or e-mail "annualsession@ada.org". You can register for everything online at "www.ada.org/session" after May 25. ■

Workshops offer something for everyone

Learning abounds in record number of courses

Kansas City, Mo—Looking for something to do at annual session?

How about choosing from 33 participation workshops, the most ever in the Association's session history?

This year, two workshops in restorative dentistry will move you right along the learning curve. After you complete the first course, "Provisional Restorations in Restorative Dentistry" (PW9A/B), you can then participate in "Advanced Provisional Restorations (PW18A/B). See below for details.

"You'll have the opportunity to participate in a unique learning experience with world-class clinicians," says Dr. J. Steven Tonelli, 2001 program director of the Council on ADA Sessions and International Programs, about this year's record-breaking number of programs. "Where else in dentistry can you receive such a tremendous value in dental education? The annual session will be a wonderful experience for you and your whole dental team."

The 142nd Annual Session of the American Dental Association convenes Oct. 13-17, with pre-sessions starting Oct. 12.

Some workshops and their presenters are listed below:

- "Cosmetic Periodontal Surgery" (PW2)—Dr. David Baab will conduct a hands-on participation workshop on free gingival grafts, subepithelial connective tissue grafts, how to increase the local width of gingiva, cover exposed roots, incision-making, site preparation and suturing. Oct. 13, 9:45 a.m.-12:15 p.m., continues 1:45-4:15 p.m. Cost is $250 ($295 onsite);
- "Provisional Restorations in Restorative Dentistry" (PW9A/B)—This beginner's course in provisional restorations will discuss how complex provisional restorations can facilitate diagnostic evaluation of occlusal vertical dimension, occlusal scheme, incisal edge position and esthetics. Dr. Thomas McDonald's hands-on exercises will guide participants through fabrication of direct and indirect provisional restorations for single and multiple units esthetic contouring, troubleshooting and repairs. Oct. 13, 9:45-a.m.-12:15 p.m. (PW9A), repeated 1:45-4:15 p.m. (PW9B);
- "Advanced Provisional Restorations" (PW18A/B)—Dr. McDonald's course for practitioners experienced in provisional restorations will emphasize advanced techniques for fabrication, color characterization and esthetic contouring of simple and complex cases. Designed for dentists and auxiliary staff. Oct. 14, 9-11:30 a.m. (PW18A), repeated 1:30-4 p.m. (PW18B). Cost is $150 ($195 onsite).
- "The Art of Endodontics: A Hands-On Course" (PW11)—Dr. L. Stephen Buchanan will present a system-based approach for treating all root canal forms, from large straight canals to severe apical bends. Oct. 14, 9-11:30 a.m., continues 1:30-4 p.m. Cost is $450 ($500 onsite);
- "Anterior Restorative Dentistry" (PW12)—Dr. Ronald Presswood will discuss and demonstrate the rationale, technique and bench experience for diagnoses, preparation and delivery of excellent anterior cosmetic restorations. Oct. 14, 9-11:30 a.m., continues 1:30-4 p.m. Cost is $250 ($250 onsite);
- "Periodontal Surgical Designs and Techniques" (PW21)—Drs. Robert Fiella and Michael Sonick's program will highlight the rationale and techniques for the implementation of periodontal surgery into a practice. Oct. 15, 9-11:30 a.m., continues 1:30-4 p.m. Cost is $250 ($295 onsite);
- "Posterior Single Tooth Implant" (PW24A/B)—Dr. Carl Misch will present a step-by-step approach on posterior single-tooth implant surgery and prosthetics. Oct. 15, 9-11:30 a.m. (PW24A). Repeated (PW24B) 1:30-4 p.m. Cost is $250 ($295 onsite).

For more information contact the Council on ADA Sessions and International Programs, 211 E. Chicago Ave., Suite 200, Chicago 60611-2658; call 1-800-232-1432 or 1-312-440-2388; or e-mail "annualsession@ada.org".

Updates on annual session events are posted on ADA.org, the Association's Web page, at "www.ada.org/session". ■

More, more, cutting edge

Courses cover practice gamut

Kansas City, Mo.—When it comes to annual session workshops, too much of a good thing can be, well, good.

Below are more programs ready for your participation. Courses are listed by date, times, title, code, presenter, cost and onsite cost in parentheses:

Saturday, Oct 13: 9:45 a.m.-12:15 p.m., continues 1:45-4:15 p.m.—"Achieving Clinical Excellence in Esthetic Posterior Restorations" (PW1), Dr. Jeffrey Brucia, $250 ($295); **9:45 a.m.-12:15 p.m., repeats 1:45-4:15 p.m.**—"Oral Surgery Workshop for the General Practitioner" (PW5A/B), Dr. Robert R. Edwab, $200 ($250 onsite); "Evaluation and prevention for the Perio-Implant Ttissues" (PW6A/B), Drs. Robert Eskow, Valerie Sternberg-Smith, $150 ($195) "Better, Errorless Full-Mouth X-Ray Technique" (PW8A/B), Drs. Jack Hadley, Thomas Schiff, $150, ($195); **1:45-4:15 p.m.**—"Bonded Post and Cores" (PW10), Dr. Freedman, $175 ($195);

Sunday, Oct. 14: 9-11:30 a.m., continues 1:30-4 p.m.—"Quick and Simple Troubleshooting Denture Techniques" (PW13) Dr. Joseph Massad, $250 ($295); "It's About Time to Get on the Cutting Edge" (PW15A/B) Judy Bendit, $150 ($195);

Monday, Oct. 15: 9-11:30 a.m., repeats 1:30-4 p.m "New Techniques, Materials and Concepts for Everyday Crown and Bridge" (PW22), Dr. Arun Nayyar, $250 ($295);

Tuesday, Oct. 16: 9-11:30 a.m., continues 1:30-4 p.m.—"Predictably Successful Endodontics II" (PW27) Dr. Donald Yu, $250 ($295); "Occlusal Splint Therapy: Rationale, Indications and Fabrication" (PW33A/B), Dr. Henry Gremillion, $250 ($295).

For a complete list of all participation workshops, see the ADA Session Preview. ■

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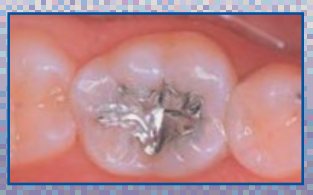

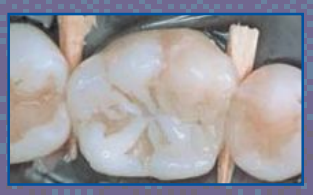

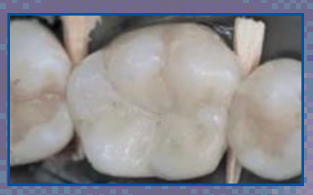

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[1] Data on file [2] Toothbrush Abrasion Study, 56K Cycles Simulating 5 Years, University of Montreal Tooth Design by Dr. E. Russo.