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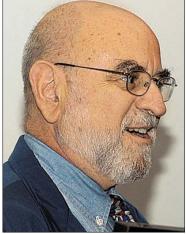
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AMERICAN DENTAL ASSOCIATION

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ADANEWS.

JUNE 20, 2005 VOLUME 36 NO. 12



Diagnosis: Biochemist Daniel Malamud, Ph.D., discusses collecting and using saliva to diagnose medical diseases.

'What is our role?'

Oral-medical relationship explored

BY STACIE CROZIER

"Before you open wide, the doctor would like to take your blood pressure." Will dentists in the not-too-distant future be more active in their patients' overall health care, as research continues to discover and shed light on links

The ADA Board of Trustees spent the afternoon June 13 hearing about the proven science behind oral-systemic relationships, learning the latest devel-

between oral health and medical health?

Head Start aids access to dental care, page seven

opments that could facilitate detection of disease in the dental practice and discussing how dentists can be responsive to scientific evidence and patients' well being

The overreaching question, said Dr. Daniel M. Meyer, ADA associate execu-

tive director of the Division of Science, is: "What is our role as heath care providers as knowledge of oral-systemic relationships evolves and becomes more clearly defined?"

Timothy DeRouen, Ph.D., executive associate dean for academic affairs and research at the University of Washington-Health Sciences School of Dentistry, examined past studies that showed associations between medical

describes salivary diagnostics to

Michelle Bryner of Psychology

Today magazine and Amos Kenigsberg of Popular Science magazine.

See ORAL-MEDICAL, page 19

The scopy: Dr. David T.W. Wong

Face of the future ADA hosts media conference

BY MARK BERTHOLD

New York—Saliva to detect systemic disease, stem cells taken from deciduous teeth and third molars, gene therapy to regenerate facial bone lost to cancer and a tooth whitener that actually strengthens teeth.

More than amazing, they're tantalizingly close on the horizon—and newspaper and television reporters were the guests June 8 to hear about these cutting-edge advances in dental research at the ADA-sponsored conference, "Face of the Future: The New Oral Biology."

"Each of these developments is even more impressive," stated ADA Executive Director James B. Bramson to open the national media conference, "in light of our growing understanding See CONFERENCE, page 11

BRIEFS

Living history: The tour of newly designated "Authentic Baltimore Sites" visits the Dr. Samuel D. Harris National Museum of Dentistry.

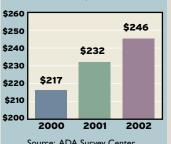
"We are protecting our cultural heritage," Mayor Martin O'Malley said at a May 16 ceremony recognizing the inaugural class of 33 sites, services and events that tell the city's story. The museum embraced by the dental profession and designated the "official museum of dentistry" by the U.S. Congress has a rich history of its own ("www.ada.org/ada/about/history/ada_timeline_1840.asp").

"Baltimore is home to the world's first dental school so it is fitting that the museum is here to share the history of the profession with visitors from around the world," said NMD Director Rosemary Fetter. The collection includes portraits of Baltimore College of Dental Surgery founders Dr. Chapin A. Harris and Dr. Horace A. Hayden; the first diploma awarded by the BCDS to Dr. Robert Arthur in 1840, and dental instruments created by Baltimore craftsmen.

Other Baltimore City Heritage Area authentic sites include the Babe Ruth Birthplace and Museum, Fort McHenry National Monument and Historic Shrine, Café Hon and the Jewish Museum of Baltimore.

JUST THE FACTS Dental expenditures

Amount spent for dental services per capita in the United States, 2000-2002



Source: ADA Survey Center "survey@ada.org", Ext. 2568



Team leaders: From left, Dr. Tristram Kruger (Southern Maryland Dental Society), Dr. Debra Higham (Atlantic Coast District Dental Association), Detlef Moore (International Association for Orthodontics), Dr. William Lamas (South Florida District Dental Association) and Dr. Arthur Fridley (Maryland State Dental Association) hear a speaker at the annual Leadership Team Forum. More than 42 representatives from state, local and national dental organizations attended the May 13 event, which Kellogg School of Management faculty helped facilitate.



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1. Evaluation of Hyperbranched Polymers Effect on Dental Composite Properties, Lizenboim, K., Dodiuk-Kenig, H., Eppelbaum, I, Shenkar College for Engineering and Design, Ramat-Gan, Israel
2. Independent laboratory study from Creighton University, date on file. Dent. Research (1153,2002)



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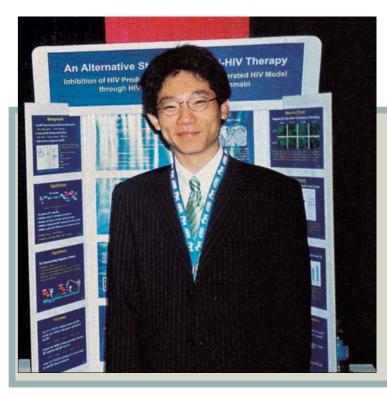
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Judges: The ADA Foundation was a special awards sponsor and worked with the Council on Scientific Affairs to nominate as judges Drs. Bashar Bakdash and Valerie Murrah of the University of Minnesota and University of North Carolina dental schools, respectively, and both CSA members.

Winner: Michael Mi, a student at Mount Lebanon High School in Pittsburgh won the 2005 Intel International Science and Engineering Fair award for best project relevant to dental research at the ISEF in Phoenix in May. His project, "Inhibition of HIV Production in Genetically Generated HIV Model through HIV TAT TAR RNA Binding Domain," netted the award sponsored by the ADA Foundation. The Intel ISEF annually draws more than 1,200 high school students from 40 countries.

Mucositis drug OK'd for cancer patients

Rockville, Md.—Cancer patients may find relief from painful sores in the mouth or throat due to chemotherapy or radiation treatments from a new drug recently approved by the U.S. Food and Drug Administration.

Palifermin (brand name Kepivance) is an intravenous drug that is designed to help prevent or shorten the duration of mucositis in cancer patients.



For more information related to this story, visit the ADA's Web site, using the Web address above.

Many cancer patients who develop this complication have trouble eating and swallowing, some to the point that they must receive nutrition and fluid replacement intravenously.

A study of palifermin showed that 98 percent of patients who didn't take the drug developed mucositis and the condition lasted for an average of nine days; 63 percent of patients taking the drug developed mucositis and the condition lasted for an average of three days.

For more information log on to the FDA Web site. Visit the ADA online for more information on cancer patients and oral health.

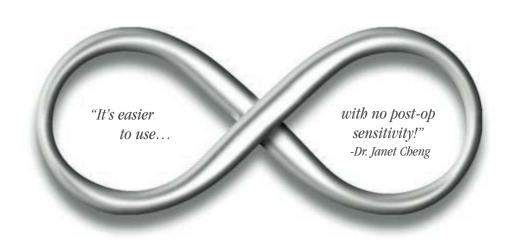
Look for ADA Member Advantage mailer on loans

Every dental professional needs to borrow money from time to time. But are you feeling pressured by the increased responsibility that comes with managing debt?

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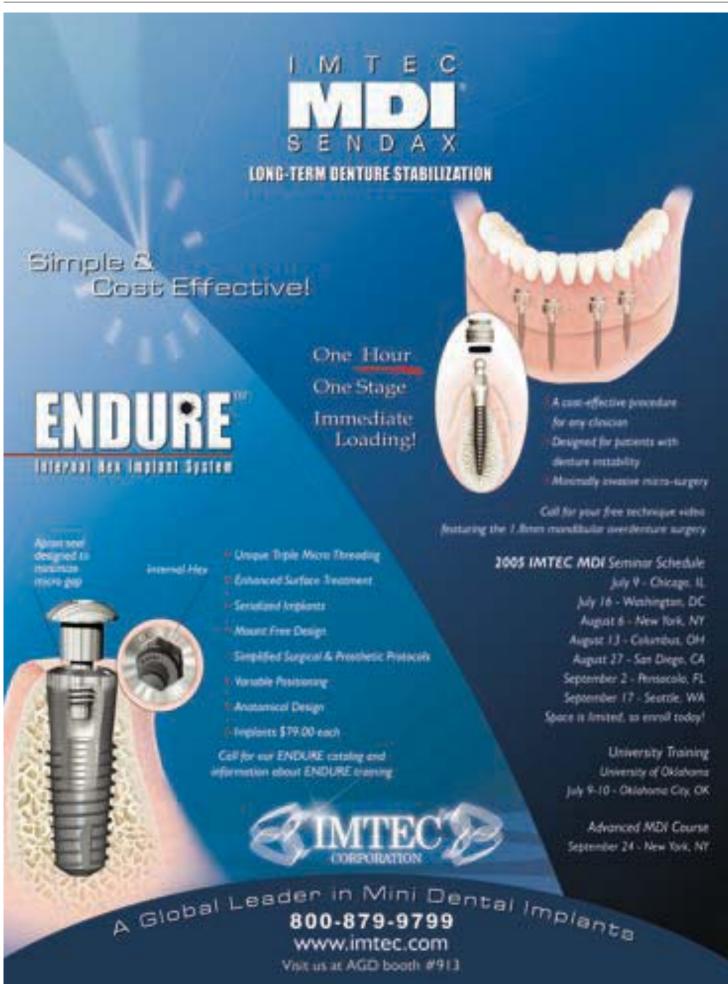
A perfect match

Online network links job seekers, academic positions

Washington-Seeking an efficient way to find a position in academic dentistry? Or looking to fill a vacant dental school position?

The American Dental Education Association's "Academic Dental Careers Network" is a free online database that matches individuals interested in dental and allied dental faculty positions with academic dental institutions seeking to fill

vacant positions.



In the nearly two years since its release, the network has become the premier employment Web site for job seekers and employers in dental education. There are currently over 1,140 registered users on the site, including 260 employers. Since March 2004, 166 unique ads have been

Job seekers and academic institutions alike will find assistance at the site, "www.adea.org/adcn". To search vacancy listings or include your CV for consideration, create a personal profile and username/password. Follow the instructions to post a current resumé and/or perform a search for vacant positions. (If you're eligible for the Faculty Loan Repayment Program, include that on your

Employers can now view nearly 260 CVs posted on the network. While anyone may post a CV, only employers at academic dental institutions with responsibility for hiring new individuals have access to this information. Job seekers can also access a variety of resources on academic careers in dental education, including ADEA's Academic Careers in Dentistry video.

Institutions utilizing the site can register and post ads, too. ADEA creates a provider username/password that enables you to search CVs posted by job seekers, post vacancy announcements on the network and submit announcements to ADEA's Journal of Dental Education and/or the Bulletin of Dental Education.

So far, 260 individuals from 124 institutions-including 53 of the 56 U.S. dental schools—have registered for a provider account.

Contact Jackie Chmar at 1-202-289-7201 or "chmarj@adea.org" for information on posting an ad or to obtain a provider account.

South Carolina names new dean

Charleston, S.C.—The Medical University of South Carolina board of trustees voted unanimously May 19 to appoint Dr. John J. "Jack" Sanders dean of the College of Dental Medicine.

Dr. Sanders' tenure began June 1.

He has served as interim dean since July 2004, when Dr. Richard DeChamplain

retired after more than a decade at MUSC.

Dr. Sanders received his dental degree from Georgetown University and certificate in periodontics from the National Naval Dental School. There he began a 21-year career in the U.S. Navy, where he Dr. Sanders rose to the rank of captain



and commanding officer of the Charleston Naval Dental Center.

Dr. Sanders joined the MUSC dental faculty as an assistant professor of dentistry/periodontics in 1993. He became a tenured professor of dentistry in 2002. He is also associate professor in the MUSC College of Health Professions and has served in numerous leadership roles at the university.

"Over the past year, Dr. Sanders has demonstrated his ability to move the college forward through very challenging times," said MUSC President Ray Greenberg, M.D. "Because of that experience, he has the confidence, trust and support of our faculty, staff and students."

Historic charter

Students form first dental school SAID chapter

RY KAREN FOY

Mesa, Ariz.—Officials from the Arizona School of Dentistry & Oral Health called it an "historic occasion" May 10 when five dental students officially chartered a student chapter of the national Society of American Indian Dentists.

ASDOH is the first dental school to have an SAID student chapter, said Dr. George Blue Spruce Jr., assistant dean for American-Indian Affairs at ASDOH.

Their student mission statement reads, in part, to promote the recruitment and retention of American-Indian students into dental school and to encourage the students to return to their American-Indian students.

can-Indian communities to practice their dental profession.

The first- and second-year American-Indian dental students signing the charter represent the Navajo, Colville, Assiniboine and Northern Chevenne American-Indian tribes. ■

Chartered: A group of Arizona dental students display the document that formally declares their organization a Society of American Indian Dentists student chapter. Pictured in front from left are DezBaa Damon, Gwen Werner and Molly Francis. In back from left are Leland Pond, Dr. George Blue Spruce Jr. and Michael Dobson.



Hygienists' organization names new executive director

Ann Battrell, RDH, of Elmhurst, Ill., will become the American Dental Hygienists' Association executive director July 1.

Currently ADHA's assistant executive director for strategic planning and education, Ms. Battrell is the first registered dental hygienist and first former ADHA president to lead the 120,000-member organization.

President of the ADHA from 1996-97, Ms. Battrell was a practicing dental hygienist



Ms. Battrell

for 26 years and has been a member of the association since 1979. She served on the faculty at Northwestern University Dental School in Chicago and Palm Beach Community College in Palm Beach, Fla. She has also worked as a consultant for a variety of dental corporations and organizations.

Ms. Battrell began her career at ADHA as manager of education in 2000. She has also served as director of education, assistant executive director for strategic planning and education and acting director of research. She developed the ADHA's Center for Lifelong Learning continuing education symposium program, a CE program that gives participants cutting-edge CE courses in an intensive, participatory environment, and is held in a different region each year to give dental hygienists nationwide a chance to participate.

Her experience also includes working with dental hygiene and dental education communities, related dental organizations and the federal government on health education, practice policy and workforce issues.

Ms. Battrell holds a certificate in dental hygiene and a bachelor's degree in dental hygiene from NU, and is a candidate for a master's degree in dental hygiene from the University of Missouri-Kansas City School of Dentistry.



Government

Dental access problems persist for Hispanics

BY CRAIG PALMER

Hyattsville, Md.—A new study finds sharp dental care disparities among Hispanics and Latinos in the United States. But acculturation increases use of dental services.

The report is the first providing national estimates of access to care by selected social demographic characteristics for Mexicans, Puerto

Ricans, Cubans, Central or South Americans and other Hispanics or Latinos including Dominicans or other Latin Americans. It is based on data from the 2000-2003 National Health Interview Survey and published by the National Center for Health Statistics. The NHIS is one of the largest health surveys conducted in the United States.

Of the five subgroups examined, Mexicans were

found to be least likely to have used dental services in the past year, the most likely to lack health insurance coverage and the most likely to experience unmet dental needs due to cost. Cuban adults and Puerto Rican children were most likely to have visited a dentist in the past year.

"Understanding these disparities can help identify target populations for oral health promotion and education among subgroups of Hispanic or Latino persons," the report said. Hispanic or Latino persons are at greater risk of experiencing a lack of access to dental care compared with non-Hispanic white persons.

The study also revealed that for foreign-born Hispanics or Latinos, use of dental care services increased with the number of years they lived in the United States. "Less acculturated people were less likely than those with high levels of acculturation to use dental care services and to have dental insurance coverage," the report said. "Less acculturated Mexicans had higher numbers of decayed and missing teeth than more acculturated Mexicans. Less acculturated Mexicans also had poorer oral hygiene and a higher prevalence of gingivitis."

The U.S. Hispanic or Latino population is projected to grow from 31.7 million or 12 percent of the total population in 1999 to 98.2 million or 24 percent of the total by 2050.

Access to Dental Care Among Hispanic or Latino Subgroups: United States, 2000-03, advance data from vital and health statistics, is available online in PDF format ("www. cdc.gov/nchs/data/ad/ad354.pdf") from the National Center for Health Statistics by calling 1-866-441-6247 or by e-mail to "nchsquery@ cdc.gov". ■



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CDC proposes repository for state oral health data

BY CRAIG PALMER

Atlanta—The Centers for Disease Control and Prevention proposed a central repository of state oral health information and Webbased reporting to "better equip" states for timely response to inquiries, "informed" decisions and less paperwork.

"The CDC anticipates that the state burden of providing hard-copy reports will be reduced with the introduction of the Webbased progress reporting system," the agency said in a June 8 Federal Register notice. "It is assumed that states will experience a learning curve in using this application [and] that burden will be reduced once they have familiarized themselves with it."

The proposed management information system will also support the CDC mission to reduce oral health disparities, the agency said.

The MIS will provide a repository of information on oral health plans such as goals, objectives, performance milestones and indicators as well as state performance activities including programmatic and financial information, the CDC said.

"A MIS will provide a central location that will allow for the more efficient collection of information needed to meet reporting requirements. The system will allow state and territorial oral health programs immediate access to information and better equip them to respond to inquiries in a timely fashion and to make programmatic decisions in a more efficient, informed manner." ■

Head Start improves access to dental care

Parents say children in program more likely to see dentist

BY CRAIG PALMER

Washington—Head Start parents see positive and significant dental impact from the program aimed at giving low-income preschool children a leg up the educational ladder.

The Bush administration June 9 released initial findings from a congressionally-mandated study on cognitive, social-emotional and health impacts of Head Start on 3- and 4-year-old children, and one of the reported bright spots is improved access to dental care.

"The consistent, and relatively large, impact on children's receipt of dental care is particularly important in light of numerous studies that have documented substantial disparities in the level of dental services received by low-income and minority children, who are most at risk of having untreated cavities compared with other children," the report said. The proportion of Head Start children who received dental care exceeded a national goal set for the year 2010.

The study found that Head Start had significant impact on access to care for Hispanic children in both age groups and positive impact for 3-year-old children with one or more special needs such as disabilities. "For children in both the 3- and 4-year-old group, a relatively large and statistically significant impact was found on the receipt of dental care, i.e., Head Start children were more likely to have received dental care than non-Head Start children."

The analysis of Head Start's impact on children's health is based solely on reports from parents, the study said. Parents were asked if the child had ever seen a dentist. "No direct measurement of children's actual health status, or their receipt of health care services, was undertaken for this study."

Head Start produced small to moderate impacts in areas such as pre-reading, pre-writing and vocabulary and in health and parent practice domains, said Health and Human Services Secretary Mike Leavitt. However, these impacts did

not close the gap between low-income children in the Head Start program and the general population of 3- and 4-year-olds. There were no significant impacts for 3- and 4-year-olds in early mathematics, oral comprehension and social competencies, the study said.

The press release and report are posted online at the HHS Web site. The study conducted by Westat and the Urban Institute will continue through 2006. Since its inception in 1965, Head Start's goal has been to boost school readiness of low-income children.

ADA committee seeks comments

The ADA Standards Committee on Dental Informatics has approved for circulation and comment the Proposed ANSI/ADA Specification No. 1039 for a Standard Clinical Conceptual Data Model. The purpose of this document is to develop and present a shared understanding of the structure and content of data needed to support health care processes.

The proposed specification is the first revision of the 1996 ADA Computer-Based Oral Health Record Concept Model, which was utilized as the basis for the development of American National Standard Institute/ADA Specification No. 1000 for Standard Clinical Data Architecture for the Structure and Content of an Electronic Health Record.

Copies of the specification are available by calling the ADA toll-free number, Ext. 2533, or sending an e-mail request to "standards@ada.org". ■

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New dietary guidelines

Washington-New federal dietary guidelines have been designed to help individuals focus on better health by tweaking the kinds and amounts of foods they put on their plates.



For more information related to this story, visit the ADA's Web site, using the Web address above.

The U.S. Department of Health and Human Services and Department of Agriculture released the 2005 Dietary Guidelines for Americans Jan. 12. Guidelines are revised every five years, based on the latest scientific evidence regarding diet and health.

Dental professionals can get the full guidelines, key recommendations and more information at "www.healthierus.gov/dietaryguidelines/".

To purchase printed copies of the 80-page report (Stock Number 001-000-04719-1), call the U.S. Government Printing Office toll-free at 1-866-512-1800, or access the GPO Online Bookstore at "http://bookstore.gpo.gov". ■















AccessUpdate

Kids, dental students win with new clinic

Muscatine, Iowa—The Muscatine Pediatric Dentistry clinic, which opened in January, is a collaborative effort between the Muscatine Center for Social Action, the University of Iowa College of Dentistry and the Muscatine Health Support Foundation. MCSA provides free space and utilities in its building, the foundation financed the renovation costs for the space, and the dental school provides dental equipment and staff.



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Volunteers: Pre-dental students from the University of California San Diego Pre-Dental Society and volunteer dentists, including former ADA President Eugene Sekiguchi (center, wearing blue shirt and blue tie) and program director Dr. Irvin Silverstein (at Dr. Sekiguchi's left), gather in front of the newly renovated Pacific Beach Clinic April 18. The USCD Student-Run Free Dental Clinic project gives pre-dental students a chance to work in a volunteer setting with volunteer dentist mentors.

Three-day Kansas MOM provides \$1 million in care

Salina, Kan.—The fourth Mission of Mercy free dental clinic reached more than 2,500 patients with more than \$1 million worth of free dental care in February. More than 2,000 volunteers donated time to staff the clinics, removing some 3,700 teeth and filling about 2,300 more.

UOP health fair helps seniors smile

San Francisco—More than 80 Bay area seniors in May received free dental screenings, health assessments, nutrition counseling, massage therapy



Senior care: Dr. Douglas Young (left) oversees screenings by a dental student.

and dental hygiene kits during the 11th annual Senior Smiles Health Fair at the University of the Pacific, Arthur A. Dugoni School of Dentistry.

More than 50 faculty, staff and student volunteers pitched in to help participating seniors. Sponsors and health partners for the fair assisted with blood pressure and cholesterol testing, bone density and audiology screenings, and exercise and fitness tips. Local merchants donated complimentary refreshments and Colgate-Palmolive donated toothbrushes and toothpaste.

El Paso group promotes mouthguard use

El Paso, Texas—The El Paso Oral Health Commission is distributing posters promoting its ongoing "Use 'em or Lose 'em" campaign that urges kids to use mouthguards for all sports. Posters are being placed in El Paso district schools, as well as colleges, dental offices and pediatricians' offices in the community.



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Conference

Continued from page one of the relationship between oral health and overall health."

Citing oral cancer as an example, Dr. Bramson noted that within five years of diagnosis, the disease will claim the lives of half of all patients-8,000 mortalities yearly.

But this figure, he continued, could drop dramatically if dental patients were routinely screened for precancerous lesions.

Dr. Bramson's first panel speaker was in agree-

"Early detection is the holy grail of diagnosing disease," said Dr. David T.W. Wong, associate dean for research and professor, division of oral biology and medicine, at the University of California, Los Angeles dental school.

"Saliva," he added, "is the most logical, acceptable bodily fluid for disease diagnostics because it's easy for dentists to obtain, and patients prefer it as a non-painful, non-invasive and non-embarrassing procedure."

Dr. Wong, who also heads the UCLA dental research institute and co-directs its cancer center, was excited to inform the roomful of journalists that nanotechnology-based sensors are turning saliva diagnostics into a reality.

"Saliva-based oral cancer detection is about six months away from completing the scientific journey," he said, "and the dental industry is ready to partner with us to bring this technology to dentists and the general public."

decision makers and the insurtesting during the dental visit

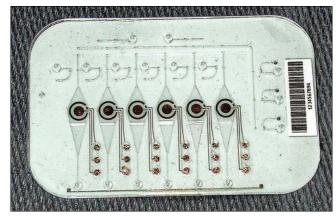
can help oral health providers increase patient care—thereby improving how the overall health care dollar is spent.

"Saliva can enhance the practice of dentistry and the value of visiting the dentist," he said, "as well as reduce the health care burden on our society and positively impact the quality of life for our patients."

Trauma, oral cancer and other diseases, said panelist Dr. Paul H. Krebsbach, can require the dental patient's jawbone to be partially or completely removed—often followed by plastic or metal replacements.



On the market: Dr. Eichmiller, at right, tells Jean West, news anchor and medical reporter for WHAS-Channel 11 in Louisville, Ky., the scoop on dental products with amorphous calcium phosphate.



What's next? Four of the six biosensor markers on Dr. Wong's Dr. Wong also is optimistic salivary diagnostic device can detect oral cancer. His team is about convincing government developing a single microchip that might someday also detect breast cancer, diabetes, pancreatic cancer, ovarian ance sector that routine saliva cancer and Sjogren's syndrome.

But at the University of Michigan dental school, Dr. Krebsbach is working on a more natural alternative. The professor and chair of the department of biologic and materials sciences is leading a tissue engineering and regeneration training program.

"There's no doubt that we can regenerate human tissues," said Dr. Krebsbach, also head of an interdisciplinary program at Michigan for dental, medical and engineering students interested in restoring oral-craniofacial tissues.

"We created a critical-sized defect in an animal model, one that would not heal by itself within



Greetings: Dr. Bramson welcomes the audience of newspaper, magazine, television and online reporters to the ADA's Face of the Future national media conference.

the lifetime of the animal, and developed therapies that regenerated tissues in their natural form and function," he told the audience.

But Dr. Krebsbach also pointed out that realworld scenarios for humans are more complex, and can include constant exposure to oral pathogens as well as radiation treatment for head and neck cancers.

'So, we're developing models that more realistically mimic what people might undergo," he said. "In fact, a few small clinical trials are currently under way in humans. Those dental researchers will take out adult stem cells from bone marrow and transplant them back into the patients on 'scaffolding,' such as a sponge."

Representing the National Institute of Dental and Craniofacial Research, Pamela G. Robey, Ph.D., informed the journalists that the federal government will offer major grants in 2006 to fund stem cell research—taken not from human embryos but instead from deciduous teeth, extracted third molars and jawbone. Someday, parents may be able to "save" for their children's genetic future, she said, by banking deciduous teeth similar to the way umbilical cord blood is stored. Currently storage facilities do not exist for this purpose.

Stem cells taken from such sources, she said, can save injured teeth and help grow jawboneand regenerating an entire tooth may be only years away on the horizon.

"The NIDCR recognizes that dental researchers have achieved major advances in adult stem cell biology and the development of new biomaterials," said Dr. Robey, chief of the NIDCR's craniofacial and skeletal diseases branch. "We now think it's feasible to develop a blueprint for creating a new viable tooth."

The final panelist, Dr. Frederick C. Eichmiller, spoke not of coming-soon attractions in dental research but of present applications of past research. Media representatives were pleasantly surprised to learn that "amorphous calcium phosphate," a compound created at the ADA Foundation's Paffenbarger Research Center that remineralizes enamel, is currently available in several dental product formulations.

"A few professional tooth-bleaching gels on the market right now contain ACP," said Dr. Eichmiller, director of the ADA Foundation's Paffenbarger Research Center.

He added, "The research has been able to show that adding ACP to whitening gels will reduce tooth sensitivity-via remineralization-after bleaching. It enhances the natural healing process of saliva-both remineralize teeth. Another advantage is there's no harmful interaction between the peroxides that do the bleaching and the ACP, so the bleach is just as effective as before."

For more information, see the Face of the Future: The New Oral Biology online press kit on ADA.org. ■

ADA satellite media tour

New York—The American Dental Association reached millions of viewers and listeners the morning of June 9 during a satellite media tour in which presenters at the media conference were interviewed in one studio by nearly 20 television stations and several radio stations across the country.

Renowned scientists Drs. David T.W. Wong and Paul H. Krebsbach, along with Dr. Richard Price, ADA consumer advisor, fielded queries about research in salivary diagnostics, tissue engineering, stem cells and tooth whitening-topics presented at the ADA's national media conference June 8 in New York City.

In addition, the ADA-produced video news release, distributed in support of the media conference, aired at least 164 times in over 104 U.S. markets.



Mega audience: Drs. Price, Wong and Krebsbach at the ADA's Satellite Media Tour, explaining the latest dental research to thousands of citizens across the United States.

Centennial celebration

Creighton dental school marks 100th anniversary

BY KAREN FOX

Omaha, Neb.—Graduation ceremonies at the Creighton University Medical Center School of Dentistry had a special flair this year. The May 13 ceremony also marked the celebration of the school's 100th anniversary.

The Creighton University dental school opened in 1905 in downtown Omaha, moved onto the Creighton campus in 1921 and into its current building in 1973.

"The day it opened its doors, the dental school began to build a national reputation for academic and clinical excellence," said Dr. Wayne W. Barkmeier, Creighton dental dean.

ADA President-Elect Bob Brandjord served as keynote speaker at last month's the hooding

"Each of you graduates here this evening has the ability to make decisions, choices and commitments for leading a fulfilling, useful and productive life that makes a positive difference in the lives of others," Dr. Brandjord told the 85 gradu-

Support organized dentistry, Dr. Brandjord said, and "your alma mater, where you received your preparation and had your first experience of

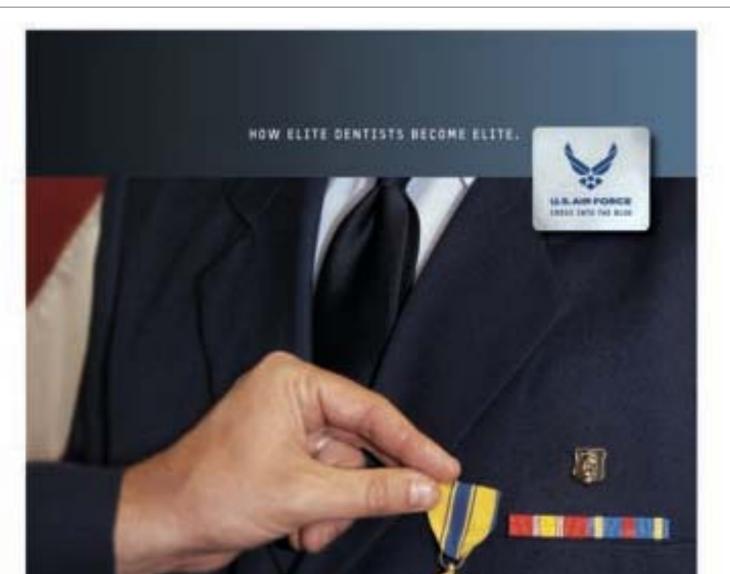


Alumni: From left, Dr. Wayne W. Barkmeier, dean; Dr. Cam E. Enarson, vice president, Health Sciences; Dr. Bob Brandjord, ADA president-elect; and Rev. John P. Schlegel, S.J., president, Creighton University, celebrating the school's 100th anniversary.

dental community."

The class of 2005 received a special centennial commemorative medallion during the ceremony. Following the conferral of doctoral hoods and medallions, Drs. Brandjord and Barkmeier congratulated the graduates, welcoming them to the dental profession.

Dr. Barkmeier is stepping down from dean's post July 31, and Dr. Steven W. Friedrichsen has been named to succeed him.



Surgeon General offers parents oral health advice for kids

BY CRAIG PALMER

Washington-U.S. Surgeon General Richard Carmona, M.D., issued a second set of "healthy dozen tips" for child safety and health May 20. Tip No. 2 suggests parents begin a habit of good oral health early

in a child's life.



Dr. Carmona

"Brush your child's teeth twice a day with a soft toothbrush. Begin brushing for your child when his or her teeth first appear and continue until age 3 or 4 when you can start teaching your child how to brush.



For more information related to this story, visit the ADA's Web site, using the Web address above.

Introduce fluoridated toothpaste at age 2."

The Surgeon General oral health tip links to a National Institute of Dental and Craniofacial Research Web page with A Healthy Mouth for Your Baby, Una Boca Saludable Para Su Bebe, message in English and Spanish ("www.nidcr.nih.gov/HealthInformation/ Oral Health Information Index/ ChildrensOralHealth/HealthyMouth/default

The NIDCR is one of the National Institutes of Health and the primary dental research institute.

Child ID kits part of Kids Safety Day

Dr. Harte gives demonstration on Capitol Hill

BY CRAIG PALMER

Washington—Dr. David Harte slipped on examination gloves in the Senate Hart Office Building June 2 and asked Marisa, age 4, to bite down on a plastic wafer, and she did. A follow-up cheek swab came with instructions to mom, "When you get home put this in the freezer, way in the back."

Bite impressions and DNA swabs comprise the oral components of comprehensive identification kits assembled for congressional staff parents of some 30 children for a "Kids' Safety Day" event on Capitol Hill. Dr. Harte, U.S. Capitol Police, a forensic artist and national child safety organization representatives were on hand at the invitation of the Senate Caucus on Missing, Exploited and Runaway Children.

The 2003 ADA House of Delegates passed a resolution asking all state dental associations to seek partnerships with community child ID programs to keep American children safe.

The 2003 ADA House of Delegates passed a resolution asking all state dental associations to seek partnerships with community child ID programs to keep American children safe.

Sen. Richard Shelby (R-Ala.) told the ADA News, "As a grandfather of two young children, I have become more aware of the safety risks our kids face every day. Kids' Safety Day served a great purpose in giving local children the opportunity to be fingerprinted, obtain a photo ID card and learn about Internet safety. I am pleased that the Senate Caucus on Missing, Exploited and Runaway Children continues to raise awareness about child safety issues." He is a founder and co-chair of the caucus.

Dr. Harte is a founder of the Comprehensive CHIP (child identification program) and spokesperson for the national MasoniCHIP. The bite impression, one component of a comprehensive identification kit, records a variety of individual tooth characteristics.

The most recent addition to the kit is a DNA cheek swab, which provides material for both mitochondrial and nuclear DNA matching for more than 20 years when properly stored in a freezer, said MasoniCHIP director Clifford "Chip" Stamm. The kit also includes fingerprints, courtesy of the Capitol Police, and a TV-quality videotape of the child taken at the event.

The program is free and all ID materials are given to the parents.

No records are kept by the organizers, professional participants said. Dr. Harte participated with a one-day clinic/demonstration licensure exemption approved by the District of Columbia Board of Dentistry.



In Africa: Hygienist Mike Denning cleans the teeth of a woman in Kisumu, Kenya, last year. Dr. C. Wilson Lathrop, along with Drs. Jerry Denning, Joe Lindner and their dental team are traveling in African villages this month. They plan future trips next year and desperately need donated dental instruments. For more information, contact Dr. C. Wilson Lathrop at 1-602-405-6700 or e-mail "wilathrop@cox.net". Send donated items to: Africa Dental Mission, c/o Dr. C. Wilson Lathrop, 6945 E. Sahuaro Dr., Suite A-2, Phoenix, Ariz., 85254.



AnnualSession

Workshops offer hands-on CE

put on your gloves and enhance your clinical skills during annual session?

The ADA will offer more than 50 participation workshops Oct. 6-9 that can give you the opportunity to make your continuing education at annual session a true hands-on experience. Featured here is a sampling of scheduled workshops:

"Crown Lengthening," by Dr. Timothy J. Hempton, Oct. 6, 10 a.m.-12:30 p.m., continuing 1:45-4:15 p.m. The course will cover osseous resective therapy and surgical management of soft tissue. Techniques for incisions, osseous therapy and suturing are reviewed and indications and

cussed. Cost is \$375 in advance. (Course code:

"Provisional Restorations 2005," by Dr. Thomas R. McDonald, Oct. 6, 10 a.m.-12:30 p.m. Fabricate direct and indirect provisional restorations for single and multiple units, practice esthetic contouring, troubleshooting and repairs. Participants learn about and manipulate new materials. Cost is \$145 in advance. (Course code: W563. This course is also presented Oct. 6, 1:45-4:15 p.m., Course code W572; Oct. 7, 10 a.m.-12:30 p.m., Course code: W662; and Oct. 7, 1:45-4:15 p.m., Course code: W670.)

"Partial Denture Attachments: The Hardest Job in Dentistry," by Dr. M. Nader Sharifi, Oct. 7, 10 a.m.-12:30 p.m. Participants learn when attachments are necessary, the perils associated with their use and pick up an attachment from a cast to take home as a patient demonstration model. Cost is \$225 in advance. (Course code: W663.)

"ProTaper Shaping and Cleaning Workshop," by Dr. Clifford J. Ruddle, Oct. 7, 10 a.m.-12:30 p.m. Participants use a simple set of progressively tapered shaping files to prepare root canals for 3-D obscuration and confirm their preparation by fitting matching gutta percha master cones into fully-shaped root canals. Note: participants must attend Dr. Ruddle's prerequisite all-day lecture (Course code: L501) Oct. 6 and must bring 2-3 extracted teeth which have been previously accessed. Cost is \$225 in advance. (Course code: W661. This course is also presented Oct. 7, 1:45-4:15 p.m., Course code: W669.)

"Fabrication of TMD splints," by Dr. Jeffrey P. Okeson, Oct. 8, 10 a.m.-12:30 p.m. Participants will learn to use occlusal appliances in the management of tempormandibular disorders. Note: attendees must bring a prefabricated stint. Detailed instructions will be mailed to registrants. Cost is \$225 in advance. (Course code: W769.)

"Hands-on Automated Endodontic Workshop," by Dr. Joe H. Camp, Oct. 8, 10 a.m.-12:30 p.m. Participants learn how to instrument root canals mechanically with rotary nickel-titanium files to accommodate any filling materials. Note: participants must bring 3 to 4 extracted

teeth with completely formed apices that have had endodontic access prepared. Several anterior, bicuspid and molar teeth



are recommended. Cost is \$225 in advance. (Course code: W771. This course is also presented Oct. 8, 1:45-4:15 p.m.; Course code: W776.)

"Hands-on Probing, Root Planing and Instrument Sharpening: An Evidence-based Approach," by Drs. Kenneth J. Backman and Robert A. Faiella, Oct. 8, 10 a.m.-12:30 p.m. This hands-on program illustrates techniques in periodontal probing, root planing and instrument sharpening. A rationale for clinical treatment based on the preponderance of evidence from the dental literature is discussed. Cost is \$145 in advance. (Course code: W772. This course is also presented Oct. 8, 1:45-4:15 p.m.; Course code: W777.)

"Two Day Esthetics Forum," by Drs. Gerald E. Denehy, Jacinthe Paquette, Cherilyn G. Sheets, Edward J. Swift and Marcos A. Vargas, Oct. 8 and 9, 9:30 a.m.-4:30 p.m. Only 50 participants have the chance to study with five world renowned clinicians in this two-day forum that includes didactic and clinical hands-on learning about porcelain bonded restorations and anterior esthetics with direct composite resins. Cost is \$980 in advance and includes lunch both days. (Course code: W767.)

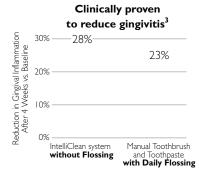
Tickets are on sale now. Workshops are limited, so register in advance to help ensure the tickets of your choice. Log on to ADA.org or check out the new annual session preliminary program for more information or to register.



Patented Sonicare technology with a twist.



The first-of-its-kind integrated power toothbrush and liquid toothpaste dispensing system designed to get your patients one step closer to the results of daily flossing.\(^1\) Though nothing



replaces floss, Sonicare's high speed bristle motion liquefies specially formulated Crest toothpaste, creating a unique dynamic fluid cleaning action which drives powerful cleaning ingredients to interproximal areas.2 Just insert the Crest replaceable cartridge to deliver a refreshing brushing experience and a deep, more targeted clean.

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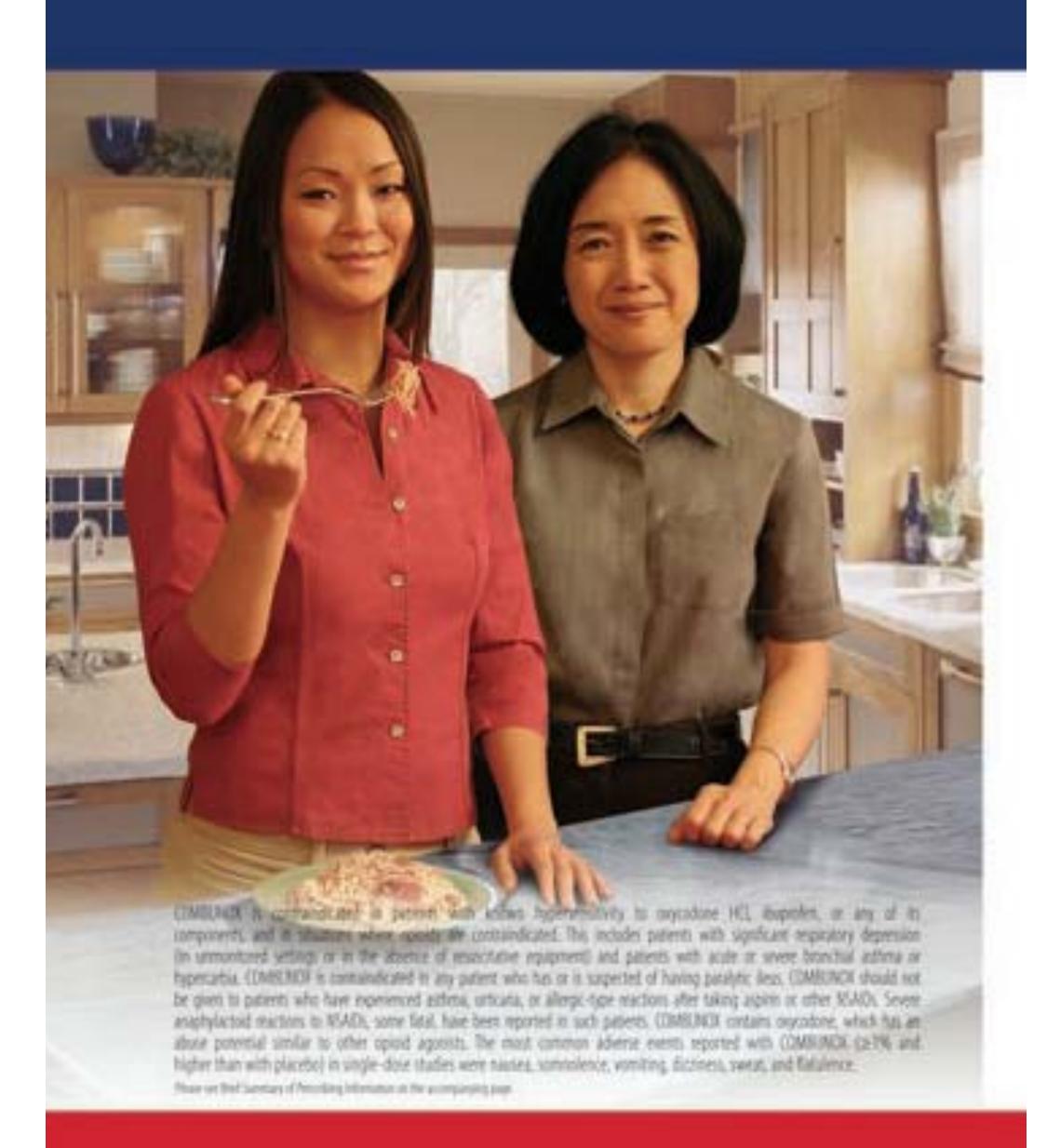
www.intellicleansystem.com

- I. Compared to standard manual toothbrush and toothpaste.
- Barlow AP, Zhou X, Barnes JE, et al. Compend Cont Educ Dent 2004;25(10, Suppl 1):21-27 3. Barlow AP, Zhou X, Roberts J, Colgan P. Compend Cont Educ Dent 2004;25(10, Suppl 1):15-20.



NEW For the Treatment of Acute, Moderate to Severe Pain





Introducing COMBUNOX

For acute, moderate to severe pain

Effective Short-Term Treatment* for Acute Pain with the Fi<u>rst and Only</u> Combination Product Containing Oxycodone and Ibuprofen

The strength of oxycodone and ibuprofen¹
Increased analgesia along with the anti-inflammatory properties of ibuprofen—at 400 mg, the highest dose available in a combination opioid product

➤ Significant pain relief^{†1-4}

COMBUNOX provided more pain relief over 6 hours than oxycodone, ibuprofen, or placebo (P<0.05)

➤ Greater reduction in pain intensity^{†1-4}

Reduction in pain intensity scores was significantly greater than with oxycodone, ibuprofen, or placebo (P<0.05)

- ► Long-lasting and rapid pain relief^{†1-4}
- Safety and tolerability demonstrated in both single- and multiple-dose studies
- ➤ Simple dosing and administration¹

*No more than 7 days.

*As shown in postoperative pain models

References: 1. COMBUNOX™ (Oxycodone HCl and Ibuprofen) Tablets Prescribing Information.

Forest Pharmaceuticals, Inc., St Louis, Mo. 2. Newman K, Zheng H. Combination of oxycodone HCl and ibuprofen, compared to ibuprofen or oxycodone HCl alone, is more rapid and effective in alleviating postoperative pain. Presented at: 22nd Annual Scientific Meeting of the American Pain Society;

March 20—23, 2003; Chicago, Ill. 3. Singla N, Pong A, Newman K, for the MD-10 Study Group. Combination oxycodone 5 mg/ibuprofen 400 mg for the treatment of pain after abdominal or pelvic surgery in women: a randomized, double-blind, placebo- and active-controlled parallel-group study. Clin Ther. 2005;27:45—57.

4. Data on file, Forest Laboratories, Inc.



Treats the components of pain



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81-1259584RDT

3/05

Artful pleasures

Discover Philly's cultural side

BY STACIE CROZIER

Philadelphia—Philadelphia is a terrific place to indulge your artistic nature, with thousands of works by famous artists housed and displayed in several museums, large and small.

At the Philadelphia Museum of Art, you'll not only have the opportunity to run up the "Rocky" steps, you'll also be able to view one of the most outstanding art collections in the world. The third-largest museum in the nation, it houses more than 300,000 works, including American Colonial and Federal pieces, Amish and Shaker crafts, paintings and other works from our country's many cultures. You can also see European works, from medieval times to 1850; arms and armor, costumes and textiles; as well as pieces by Picasso, Cezanne, van Gogh and other notable

Just across the Benjamin Franklin Parkway is the largest collection of work outside Paris by French sculptor Auguste Rodin at the Rodin Museum. See more than 100 of his works, includ-



ing "The Thinker" and "The Gates of Hell."

The first art school in the nation, the Pennsylvania Academy of the Fine Arts, also has an out-

Combunox>

(Oxycodone HCl and Ibuprofen) Tablets 5 mg/400 mg

FOREST LABORATORIES Brief Summary: For complete details, please see full prescribing information for Combunox.
INDICATIONS AND USAGE
Combunox tablets are indicated for the short term (no more than 7 days) management of acute,

CONTRAINDICATIONS

Combunox should not be administered to patients who have previously exhibited hypersensitivity to oxycodone HCI, buprofen, or any of Combunox's components, or in any situation where projuds are contraindicated. This includes patients with significant respiratory depression (in unmonitored settings or the absence of resuscitative equipment) and patients with acute or severe bronchial sathma or hyperarialia. Combunors is contraindicated in any patient who have ros is suspected of having paralytic fleus. Combunox should not be given to patients who have experienced asthma, urticaria, or allerigic-type reactions after taking aspirin or orther NSAIDs. server anaphylactioid reactions to NSAIDs, some of which were fatal, have been reported in such patients (see WARNINGS - Anaphylactioid Reactions, and PPECAUTIONS - Pre-existing Asthma). Patients known to be hypersensitive to other opioids may exhibit cross-sensitivity to oxycodone. WARNINGS

WARNINGS
Misuse Abuse and Diversion of Opioids

Misuse Abuse and Diversion of Opioids Combinuor contains oxycodone, which is an opioid agonist, and a Schedule II controlled substance. Opioid agonists have the potential for being abused and are sought by abusers and people with addiction disorders, and are subject to diversion. Combinuor can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered when prescribing or dispensing Combinuor in situations where the physi-cian or pharmacist is concerned about an increased risk of misuse, abuse or diversion (see DRUG ABUSE AND DEPENDENCE).

DRUG ABUSE AND DEFINITION.

Respiratory Depression
Oxycodone may produce dose-related respiratory depression by acting directly on the brain stem respiratory centers. Oxycodone HCI also affects the center that controls respiratory thm, and may produce irregular and periodic breathing, Respiratory depression occurs most frequently in elderly or debilitated patients, usually following large initial doses in non-tolerant patients, or when opioids are given in conjunction with other agents that depress respiration. Combunox should be used with extreme caution in patients with significant chronic obstructive pulmonary disease or or or pulmonarie, and in patients having substantially decreased respiration. reserve, hypoxia, hypercapnia, or pre-existing respiratory depression. In such patients, eve usual therapeutic doses of Combunox may decrease respiratory drive to the point of apnea.

rypotensive Effect Combunox, like all opioid analgesics, may cause severe hypotension in an individual whose ability to maintain blood pressure has been compromised by a depleted blood volume, or after con-current administration with drugs such as phenotitismices or other agents which compromise vasomotor tone. Combunox may produce orthostatic hypotension in ambulatory patients. Combunox, like all opioid analgesics, should be administered with caution to patients in circu-tatory shock, since vascolitatation produced by the drug may further reduce cardiac output and

Head Injury and Increased Intracranial Pressure

Head fujury and Increased Intracranial Pressure
The respiratory depressant effects of opioids and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head rijury, intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, opioids produce adverse reactions that may obscure the clinical course of patients with head injuries.

Acute Abdominal Conditions
The administration of opioids may obscure the diagnosis or clinical course of patients with acute.

astrointestinal (si) Effects
errorius gastrointestinal toxicity, such as inflammation, bleeding, ulceration, and perforation of
he stomach, small intestine or large intestine, can occur at any time, with or without warning
ymptoms, in patients treated with non-steroidal arti-inflammatory drugs (INSAIDS) such as
buproflen. Minor upper GI problems, such as dyspepsia, are common and may also occur at any
inter during VISAID therapy. Therefore, physicians and patients should remain alert for ulceratime during VISAID therapy. Therefore, physicians and patients should remain alert for ulceraand bleeding even in the absence of previous GI tract symptoms. Even short term therapy is not without risk.

NSAIDs should be prescribed with extreme caution in those with a prior bistopy of video discussion.

without risk.

INSAIDs should be prescribed with extreme caution in those with a prior history of ulcar disease or gastrointestinal bleeding. Most spontaneous reports of fatal GI events are in elderly or debilitated patients and, therefore, special care should be taken in treating this population. To minimize the potential risk for an adverse GI event the treatment period should be of the shortest possible duration. For high risk patients, alternate therapies that do not involve NSAIDs should be considered.

possible outsidence. To might tok patients, attended the appels and to not involve resolved should be considered. In addition to a past history of ulcer disease, pharmacoepidemiological studies have identified several other co-therapies or co-morbid conditions that may increase the risk for G1 bleeding such as: treatment with oral corticosteroids, treatment with anticoagulants, longer duration of NSAID therapy, smoking, and alcoholism.

Anaphylacidid Reactions
Anaphylacidid Reactions may occur in patients without known prior exposure to Combunox. Combunox should not be given to patients with the aspirint triad or a history of angioedema. The triad typically occurs in asthmatic patients who experience rhintis with or without rasal polyps, or who exhibit severe, potentially fatal bronchospasm after taking aspirin or other NSAIDs. Fatal reactions to NSAIDs have been reported in such patients (see CoNTRAINDICATIONS and PRECAUTIONS - Pre-evisting Asthma). Emergency help should be sought when anaphylactoid reaction occurs.

Pregnancy
As with other NSAID-containing products, Combunox should be avoided in late pregnancy
because it may cause premature closure of the ductus arteriosus.
Interactions with Alcohol and Drugs of Abuse
Oxycodone may be expected to have additive effects when used in conjunction with alcohol,
other opiolos, or filled thrugs that cause central nervous system depression.

Special Risk Patients
As with any opidio analyseic agent, Combunox tablets should be used with caution in elderly or debilitated patients, and those with severe impairment of hepatic, pulmonary or renal function, hypothyroidism, Addison's disease, acute alcholism, convulsive disorders. CINS depression coma, delirum tremens, lyphoscoliosis associated with respiratory depression, toxic psychoscoliosis associated. chosis, prostatic hypertrophy or urethral stricture. The usual precautions should be obser

should be the care and the control of the control o

Oxycodomic suppresses year the court merit, as win order opticio containing troducts, caution should be exercised when Combinox is used postoperatively and in patients with pulmorary disease. Effect on Diagnostic Signs:
Effect on Diagnostic Signs
The antipyretic and anti-inflammatory activity of ibuprofen may reduce fever and inflammation, thus diminishing their utility as diagnostic signs in detecting complications of presumed noninfectious, noninflammatory painful conditions.
Hepatic Effects
Are with other NSAIDs: Brunning has been renorded to cause borderine electrices of one or

Heaplac Effects
As with other NSAIDs, ibuprofen has been reported to cause borderline elevations of one or more liver enzymes; this may occur in up to 15% of patients. These abnormalities may progress, may remain essentially unchanged, or may be transient with continued therapy. Notable (3 times the upper limit of normal) elevations of SGPT (ALT) or SGOT (AST) courred in controlled clinical trials in less than 1% of patients. A patient with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be evaluated for evidence of the development of more severe heapatic reactions while on therapy with Combunox. Severe heapatic reactions, including jaundice and cases of talat hepatitis, have been reported with buprofen as with other NSAIDs. Although such reactions are rare, if abnormal liver tests persist or worsen, if clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g. eosinophilia, rash, etc.), Combunox should be discontinued.

Il Effects on should he used when initiating treatment with Combunox in patients with considerable dehydration. It is advisable to rehydrate patients first and then start therapy with Combunox Caution is also recommended in patients with pre-existing kidney disease (see WARNINGS Advanced Renal Disease).

r NSAIDs, long-term administration of ibuprofen has resulted in renal papillary

precipitate overt renal decompensation. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics and ACE inhibitors, and the elderly. Discontinuation of nonsteroidal anti-inflammatory drug therapy is usually fol-

and the elderly. Uscommunation or indistributions are indistributed by recovery to the preferations state. bluprofor metabolities are eliminated primarily by the kidneys. The extent to which the metabolities may accumulate in patients with renal failure has not been studied. Patients with significantly impaired renal function should be more closely monitored.

cantly impaired renal function should be more closely monitored. Hematological Effects buyorfen, like other NSAIDs, can inhibit patalet aggregation but the effect is quantitatively less and of shorter duration than that seen with aspirin. Ibuprofen has been shown to prolong bleeding time in normal subjects. Because this profonged bleeding effect may be exaggerated in patients with underlying hemostatic defects, Combunox should be used with caution in persons with intrinsic coagulation defects and those on anticacqualant therapy. Anemia is sometimes seen in patients receiving NSAIDs, including ibuprofen. This may be due to fluid retention, GI loss, or an incompletely described reflect upon erythropoiess. Fluid Retention and Edema Huid retention and defema have been reported in association with ibuprofen; therefore, the drug should be used with caution in patients with a history of cardiac decompensation, hypertension or heart failure.

tients with asthma may nave asprin-sensitive asthma. The use of asprin in patients with prin-sensitive asthma has been associated with severe bronchospasin, which may be fatal, icc cross-reactively between asprin and other NSAIDs as been reported in such asprin-ristive patients, Combunox should not be administered to patients with this form of asprin-ristivity and should be used with caution in patients with pre-existing asthma. perior Meningitis with fever and coma has been observed on rare occasions in patients on profern therapy. Although it is probably more likely to occur in patients with systemic liquis. indupriori interlapy. Annough it is producing more mergy occur in patients with systemic upus erythematous and related connective tissue diseases, it has been reported in patients who do not have an underlying chronic disease. If signs or symptoms of meningitis develop in a patient on Combunox, the possibility of its being related to ibuprofen should be considered.

no Combunos, the possibility of its being related to bipprofer should be considered.
Information for Patients
Combunos, while are to deer opioid-containing analgesics, may impair mental and/or physical
abilities required for the performance of potentially hazardous tasks such as driving a car or
operating machinery patients should be cautioned accordingly.
The combination of this product with alcohol and other CNS depressants may produce an additive CNS depression and should be avoided.
Combunox can be abused in a manner similar to other opioid agonists, legal or illiot. Patients
should take the drug only for as long as it is prescribed, in the amounts prescribed, and no more
frequently than prescribed.
Combunox like other drugs containing ibuprofen, is not free of side effects. The side effects of
these drugs can cause discomfort and, rarely, there are more serious side effects, such as gastrointestinal beleding, which may result in hospitalization and even fall outcomes. Patients
should be instructed to report any signs or symptoms of gastrointestinal bleeding, blurred vision
or other eye problems, skin rash, weight gain, or edema.
Laboratory Tests

Laboratory Tests
A decrease in hemoglobin may occur during Combunox therapy, and elevations of liver enzymes may be seen in a small percentage of patients during Combunox therapy (see PRECAUTIONS - Hematological Effects and PRECAUTIONS - Hepatic Effects).
In patients with severe hepatic or renal disease, effects of therapy should be monitored with liver and/or renal function tests.

Drug Interactions Oxycodone

Oxycodone Oxycodone is metabolized in part to oxymorphone via the cytochrome P_{SS} issenzyme CYP2D6. While this pathway may be blocked by a variety of drugs (e.g., certain cardiovascular drugs and antidepressants), such blockede has not yet been shown to be of clinical significance with this agent. However, clinicians should be aware of this possible interaction. Anticholinergics: The concurrent use of anticholinergics with oxycodone preparations may produce a ratalyfic line.

paralytic ileus.

Depressants: Patients receiving narcotic analgesics, general anesthetics, phenothiazines, r tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomi-r with oxycodone may exhibit an additive CNS depression. Interactive effects resulting in

tantly with oxycodone may exhibit an additive CMS depression. Interactive effects resulting in respiratory depression, hypotension, proflound sedation, or coma may result if these drugs are taken in combination with the usual dosage of oxycodone. When such combined therapy is contemplated, the dose of one or both agents should be reduced, he dose of one or both agents should be reduced, and the combined therapy is contemplated, the dose of one or both agents should be reduced an advantage of the contemplated and buprenorphine) should be administered with caution to patients who have received or are receiving a course of therapy with a pure popilod agents analysis such as oxycodone. In this situation, mixed agonist/analgonist analgesics may reduce the analgesic effect of oxycodone and/or may precipitate withdrawal symptoms in these patients. Monoamine Oxidase Inhibitors (MAOIs): MAOIs have been reported to intensify the effects of a teast one opioid drug causing analyte, confusion and significant depression of respiration or coma. The use of oxycodone is not recommended for patients taking MAOIs or within 14 days of stopping such freatment.

profen
-Inhibitors: Reports suggest that NSAIDs may diminish the antihypertensive effect of inhibitors. This interaction should be given consideration in patients taking Combunox

-inhibitors. This interaction should be given consideration in patients taking Combunox comitantly with ACE-inhibitors. This interaction should be given consideration in patients taking Combunox aspirin is not generally recommended because of the potential of increased adverse effects. elicits: bluprofien has been shown to reduce the natirured reflect of furosemide and thiazides mere patients. This response has been attributed to inhibition of renal prostaglandin synthe-During concomitant therapy with Combunox the patient should be observed closely for so for renal failure (see PRECAUTIONS - Renal Effects), as well as durertic efficacy.

Signs or rotal adult get in Covarion Federal Levels, as well as unerted enlaced, Lithium: Duprofern has been shown to elevate plasma lithium concentration and reduce renal lithium clearance. This effect has been attributed to inhibition of renal prostaglandin synthesis by ibuprofern. Thus, when Combunox and lithium are administered concurrently, patients should

supporten. Thus, when Combunito, and minimal resonant scheme for sign of fillhum toxicity, hotheracte: Buyprofen, as well as other NSAIDs, has been reported to competitively inhibit hotheracte accumulation in rabbit hiddeny slices. This may indicate that buyprofen could nance the toxicity of methotrexate. Caution should be used when Combunox is administerer

enhance the toxorty of methortexate. Caution should be used when Combunov is administered concomitantly with methotrexate. Warfarin: The effects of warfarin and NSAIDs on GI bleeding the synergistic, such that users of both drugs together have a greater risk of serious GI bleeding than users of either drug alone. Carcinogenicity, Mutagenicity and Impairment of Fertility Studies to evaluate the pofential effects of the combination of oxycodone and ibuprofien on carcinogenicity, mutagenicity or impairment of fertility have not been conducted.

ess the potential effects of the combination of oxycodone and ibuprofen

Pregnant rats were treated by oral gavage with combination doses of oxycodone:buprofer mg/kg/day (0.25.20, 0.5.40, 1.0.80, or 2.0.160) on days 7-16 of gestation. There was no evidence for developmental toxicity or teratogenicity at any dose, although maternal toxicity was noted at doses of 0.5.40 and above. The highest dose tested in the rat (2.00.160 mg/kg/day) singuivalent to the maximum recommended human daily dose (20.1600 mg/kg/day) surface area (mg/m²) basis. This dose was associated with maternal toxicity (death, clinical signs, decreased 80%).

becreases by Prognant rabbits were treated by oral gavage with combination doses of oxycodone/ibuprofen (0.38.30, 0.7560, 1.50:120 or 3.00:240 mg/kgday) on gestation days 7-19. Oxycodone/ibuprofen far treatment was not teratogenic under the conditions of the assay, Maternal toxicity was noted at doses of 1.5:120 (reduced body veight and food consumption) and 3:240 mg/kgday (nortality). The on adverse effect level (NOAEL) for maternal brotsity, 0.7560 mg/kgday, is at doses of 1.5.1.20 (resulted loady region and local consequence). The control contro

| Delivery |x| should not be used during the third trimester of pregnancy due to the potential for

n is not transferred to breast milk in significant quantities. The American Academy of

infants when maternal administration of an opioid analgesic is discontinued.

Because of the potential for serious adverse reactions in nursing infants from the oxycodone present in Combunox, a decision should be made whether to discontinue nursing or to discon-tinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use In the placebo-controlled, clinical studies of pain following dental surgery, 109 patients between the ages of 14 and 17 years were administered a single dose of Combuno. No apparent offer-In the placebor-contributed, unlimed sources of pure interest and the ages of 14 and 17 years were administered a single dose of Combunox. No apparent differences were noted in the safety of Combunox in patients below and above 17 years of age. Combunox has not been studied in patients under 14 years of age.

number of subjects in clinical studies of Combunox, 89 patients were 65 and over. while 37 patients were 75 and over. No overall differences in safety were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

some older individuals cannot be ruled out.

However, because the elderly may be more sensitive to the renal and gastrointestinal effects of nonsteroidal anti-inflammatory agents as well as possible increased risk of respiratory depression with opioids, extra caution should be used when treating the elderly with Combunox.

son with opious, extra caution should be used when treating the elderly with Combunox.

ADVERSE REACTIONS

Listed below are the adverse event incidence rates from single dose analgesia trials in which a total of 2437 patients received either Combunox, ibuproten (400 mg), oxycother HC1 (5 mg), or placebo. Adverse event information is also provided from an additional 334 patients who were exposed to Combunox in a multiple dose analgesia trial, without placebo or active component comparison arms, given up to four times daily for up to 7 days.

Adverse Events Which Occurred at a Frequency of ≥ 1% and at a Higher Incidence than in the Placeho Groun in Sinnle Dose Studies

5/400 mg (n=923)	400 mg Ibuprofen (n=913)	5 mg Oxycodone HCI (n=286)	Placebo (n=315)
81 (8.8%)	44 (4.8%)	46 (16.1%)	21 (6.7%)
49 (5.3%)	16 (1.8%)	30 (10.5%)	10 (3.2%)
9 (1.0%)	7 (0.8%)	3 (1.0%)	0
67 (7.3%)	38 (4.2%)	12 (4.2%)	7 (2.2%)
47 (5.1%)	21 (2.3%)	17 (5.9%)	8 (2.5%)
lages		•	
15 (1.6%)	7 (0.8%)	4 (1.4%)	1 (0.3%)
	(n=923) 81 (8.8%) 49 (5.3%) 9 (1.0%) 67 (7.3%) 47 (5.1%) lages	(n=923) Ibuprofen (n=913) 81 (8.8%) 44 (4.8%) 49 (5.3%) 16 (1.8%) 9 (1.0%) 7 (0.8%) 67 (7.3%) 38 (4.2%) 47 (5.1%) 21 (2.3%) Iages	(n-923)

Adverse events that were reported by at least 1% of patients taking Combunox but were observed at a greater incidence in the placebo treated patients were lever, headache and pruntus. Adverse events that occurred in less than 1% and in at least two Combunox treated patients in Single Dose studies not listed above include the following: Body as Whole: abdominal pain, asthenia, chest pain, enlarged abdomen. Cardiovascular System: hypotension, syroope, tachycardia, vasodilation. Digestive System: constipation, dry mouth, dyspepsia, eructation, ileus. Hemic and Lymphatic System: anemis. Metabolic and Nutritional Disorders: chema. Nervous System: euphoria, insomnia, nervousness. Respiratory System: hypoxia, lung disorder, pharyngitis. Urnogenital System: urinary retention. Adverse events that occurred in the Multiple Dose study in at least 2% of patients treated with Combunox include the following: Body as Whole: asthenia (3.3%), fever (3.0%), headache (10.2%). Cardiovascular System: vasodilation (3.0%). Digestive System: constipation (4.5%), diarrhea (2.1%), dyspepsia (2.1%), nausea (25.4%), vomiting (4.5%), Nervous System: dizsiness (19.2%). Somnolones (17.4%) and at least two Combunox treated patients (2.5%). Adverse events that occurred in less than 2% of and at least two Combunox treated patients (2.5%). Adverse events that occurred in less than 2% of and at least two Combunox treated patients (2.5%) and the Multiple Dose study not listed previously include the following: Body as Whole: back pain,

the Multiple Does study not listed previously include the following: Body as Whole back pain, chills, infection. Cardinosscular System: thrombophibbits. Hemis and Lymphatic System: eachymosis, Metabolic and Nutritional Disorders: hypokalemia. Musculoskeletal System: artinis. Nervous System: abrornal thinking, anxiety, hyperkinesia, hypertina. Skin and Appendages: rash. Special Senses: amblyopia, taste prevision. Unogenital System: urmary

other opioid agonists and is a Schedule II controlled substance. Combunox, and other opioids

used in analysis, can be abused and are subject to criminal diversion.

Addiction is a primary, chronic, neurobiologic disease, with genetic, spychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors

Adoltchon is a primary, cinronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving. Drug addiction is a treatable disease utilizing a multidisciplinary approach, but relapse is common. The properties of properties of the properties of the properties of properties of the properties of the properties of the properties of the properties of properties of the propertie

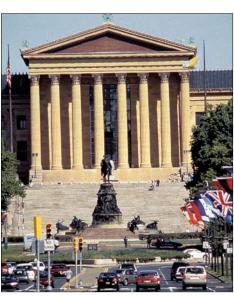
OVERDOSAGE
Following an acute overdosage, toxicity may result from oxycodone and/or ibuprofen.
Signs and Symptoms:
Acute overdosage with oxycodone may be manifested by respiratory depression, somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, constricted

ACUTE OPERIOSAGE WITH DISYDUCTION IN THE INTERIOR OF LIGHT STREAMY SERVICES AND ACTION OF THE OFFICE ACTION OF THE

In the treatment of opioid overdosage, primary attention should be given to the re-establishment of a patent airway and institution of assisted or controlled ventilation. Supportive measures or a plasm an way and institution or assistant or continued vertineators: support we measures (including oxygen and vasopressors) should be employed in the management of circulatory shock and pulmonary edema accompanying overdose, as indicated. Cardiac arrest or arrhyth-mias may require cardiac massage or defibrillation. The narrolic antagonis natkoone hydrobi-ride is a specific antidote against respiratory depression, which may result from overdosage or nues a specific antiquor against respiratory depression, which may result not recruisage or unusual sensitivity to narcoticis including oxycodone. An appropriate dose of naloxone hydrochloride should be administered intravenously with simultaneous efforts at respiratory resuscitation. Since the duration of action of oxycodone may exceed that of the naloxone, the resuscitation. Since the duration of action of oxycodone may exceed that of the naloxone, the patient should be kept under continuous surveillance and repeated doss of the antagonist should be administered as needed to maintain adequate respiration. Management of hypoten-sion, acidosis and gastrointestinal beleding may be necessary. In cases of acute overdoss of acute overdoss. The stomach should be empited through ipecac-induced emesis or gastric lavage. Orally administered activated charcoact may help oil in reducing the absorption and reabsorption of bupporten. Emesis is most effective if initiated within 30 minutes of ingestion. Induced emesis is not re-ormended in patients with imparied consciousness or overdoses greater than 400 mg/kg of the buprofer component in children because of the risk for convulsions and the potential for aspi-ration of castric contents.

Forest Pharmaceuticals, Inc.

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Art on the Parkway: Near each other on the Benjamin Franklin Parkway, The Rodin Museum, top, and the Philadelphia Museum of Art, above, showcase hundreds of thousands of Philadelphia's works of art.

standing collection of three centuries of American painting and sculpture showcased in its galleries.

If impressionist art is your passion, you'll want to visit the Barnes Foundation and Museum in Merion, Pa., which houses a huge collection of Renoir, Cezanne, Matisse, Picasso, Monet and Manet canvases. The museum, nestled in a 12acre arboretum, also showcases antique furniture, ceramics, Native American jewelry, African sculpture and many more treasures.

The works of three generations of Wyeths are on display in a restored 19th century gristmillthe Brandywine River Museum in Chadds Ford, Pa.—including Jamie Wyeth's "Portrait of A Pig," Andrew Wyeth's "Snow Hill," and N.C. Wyeth's "Treasure Island."

Other museums in and around Philadelphia include the Winterthur Museum, housing the world's finest collection of American furnishings and surrounded by 60 acres of breathtaking gardens; as well as the Institute of Contemporary Art, the University of Pennsylvania Museum of Archaeology and Anthropology, the University of the Arts, the Woodmere Art Museum and the James A. Michener Art Museum.

You can combine convenience and culture by choosing an ADA tour to one or more art museums. Tours will include a trip to the Barnes Foundation and Museum, the Brandywine River Museum, the Philadelphia Museum of Art and the Rodin Museum, the Pennsylvania Academy of Fine Arts and the Winterthur Museum and Gardens.

To register for ADA tours, complete the form found in the annual session preliminary program. (Call 1-800-232-1432 for a copy of the program or e-mail "annualsession@ada.org".) Or download the program from ADA.org. For more information on individual museums, hours, admission fees and addresses, contact the Philadelphia Convention and Visitors Bureau by calling 1-215-636-3300 or log on to "www.pcvb.org". ■



For more information related to this story, visit the ADA's Web site, using the Web address above.

Oral-medical

conditions and oral conditions—in particular, periodontitis. Though many studies showed associations between periodontitis and a variety of systemic diseases, the studies don't offer a clear consensus on causal versus casual relationships or clinical versus statistical significance.

The most dramatic association, he stressed, is smoking as a risk factor for periodontal disease and many medical conditions.

"Maybe the best thing a dentist can do is to convince patients that smoking has many health risk factors and get them motivated to quit," he said.

James Beck, Ph.D., professor of dental ecology at the University of North Carolina School of Dentistry, provided a concise history of research connecting oral and medical disease, especially heart disease and adverse pregnancy.

"Treating periodontitis may be a cost-effective strategy for insurance companies," he said, "but researchers need to continue to study and develop more sophisticated testing, and the health professions, the public and state and federal officials need more education about the relationships and what they really mean."

The oral cavity can tell dentists a host of information about systemic disease, said Daniel Malamud, Ph.D., professor of biochemistry at the University of Pennsylvania School of Dental Medicine, and he and other researchers are working on methods to screen for and diagnose cancer, diabetes and infectious diseases using saliva instead of blood.

"Everything in blood is also in saliva," he said. "And researchers are working on the challenges to develop oral tests."

Treating oral disease can affect systemic conditions and treatment of systemic conditions can affect oral health, said Dr. Michael Glick, professor and chairman of the Department of Diagnostic Sciences at the University of Medicine & Dentistry of New Jersey, New Jersey Dental School. But as scientific evidence continues to emerge, dentists-and all health care providers—need to shoulder the responsibility for a patient's medical health as boundaries between medicine and dentistry are continually redefined.

"For example, just taking blood pressure is an opportunity—a noninvasive way—for dentists to dramatically affect a patient's health," said Dr. Glick, who is also editor of The Journal of the American Dental Association. "Should dentists be in the business of checking blood pressure? According to the 'Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure,' all health professionals should be active in hypertension prevention and management. And dentists can also have a role in trying to promote behavioral changes in patients that can improve overall health.'

John F. Schneider, M.D., Ph.D., chair designate of the American Medical Association Council on

New saliva test can predict cavities

Los Angeles—Researchers at the University of Southern California School of Dentistry have developed a new test that can predict the number of cavities a child will get from now up through his or her early thirties.

The Caries Assessment and Risk Evaluation, or CARE test, measures the relative proportions in saliva of different types of sugar chains—sugar chains also present on tooth surfaces.

Human sugar chain makeup, researchers stress, is genetically determined and can't be changed through diet, medication or other processes. The test, they say, can analyze a child's sugar chain makeup and predict future cavity history within plus or minus one cavity with 98 percent confidence.



Scientific Affairs, also sat in on the forum and welcomed dialogue between physicians and dentists that would ultimately result in better overall health for

"What is needed from the next generation of reproducible scientific studies is greater clarification on cause and effect relationships," concluded Dr. Meyer at the end of the forum, "and how specific oral health interventions affect general health.'

The ADA Board directed the development of a position statement for the profession and the media on the current state of knowledge on oral-systemic relationships.

Dialogue: Dr. Robert M. Brandjord, ADA president-elect (left), and Dr. Richard Haught, ADA president, participate in the Board of Trustees strategic discussion on the oralmedical connection.



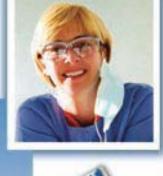
Right now, Kim is having her teeth cleaned.

It's not as good as one of your cleanings, of course. But Kim is chewing Trident sugarless gum. When you recommend Trident to your patients — and include some in your sample bags — you can help clean and protect their teeth after eating and drinking, just about anywhere. It's a great way to do more for your patients when they're out of your chair.

Trident has 4 proven therapeutic effects.

When patients can't brush or floss, chewing Trident:

- **1.** Removes trapped food particles.
- **2.** Neutralizes plaque acids.
- **3.** Helps fight cavities.
- 4. Relieves dry mouth by stimulating the flow of saliva.







Start doing more for your patients right now. Call 1-800-874-0013 to enroll your office in the Trident Oral Care Program today.

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