An interview with Michael Miller, president/editor in chief of REALITY

Would you please tell our readers a little bit about yourself and how you got started in dentistry?

After graduating from dental school, I did a general practice hospital residency, which aroused my curiosity with research. Even though I decided to go into private practice instead of pursuing an academic career, I never lost that urge to participate in the scientific world in some way. About seven years after starting my practice, I decided I was guessing too much about patient care, and especially how to select and use all the new tooth-colored materials that were just beginning to explode in the marketplace. It was my contention that dentistry needed a publication that was a non-commercial product and technique guide. Because none existed, I asked another dentist here in Houston if he would like to help me get this publication off the ground. Our first book came out in October 1986 and I’ve been at it ever since.

You are the co-founder of REALITY Publishing Company. Could you explain, in brief, what REALITY is, which goals it is aimed at, and how it is achieving them?

REALITY is a consensus report on products and techniques. Our mission is very simple: protect patients by informing dentists. We accomplish this by testing products and techniques using clinically relevant methods in our research laboratory as well as having our editorial team [ET], comprised of leading clinicians from around the world, use the products in their clinics and practices.

Some clinicians criticize the REALITY star system as being a commercial process as well as having our editorial team participate in the scientific world in some way. About seven years after starting my practice, I decided I was guessing too much about patient care, and especially how to select and use all the new tooth-colored materials that were just beginning to explode in the marketplace. It was my contention that dentistry needed a publication that was a non-commercial product and technique guide. Because none existed, I asked another dentist here in Houston if he would like to help me get this publication off the ground. Our first book came out in October 1986 and I’ve been at it ever since.

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Nothing could be farther from the truth. When a manufacturer submits a product, it has absolutely no control over the evaluation process. This is the reason some manufacturers do not submit products — they are wary about what we are going to find. In addition, because there is no fee involved for manufacturers when they submit products, we have no reason to try to please them. While we don’t believe in trashing manufacturers, we have warned our readers numerous times about products that don’t live up to their marketing propaganda. Any clinician who believes we are merely a marketing arm for manufacturers has never asked a manufacturer if it’s true.

How exactly does the product rating process work?

Products are listed on a password-protected section of our site for ET members’ eyes only. We then ask the ET members to select products that they are interested in evaluating. At least 10 members must volunteer to evaluate a consumable-type product such as a composite or adhesive for it to qualify for a complete evaluation. For more expensive equipment, the minimum is five. The manufacturers of these products are then invited to submit the product. If they agree, we provide them with the list of evaluators who have volunteered to evaluate the product.

Once the evaluators receive the product, they have 90 days to use it clinically and/or perform tests of it and write their report. The site not only creates a marketing arm for manufacturers who have no reason to try to please them. While we don’t believe in trashing manufacturers, we have warned our readers numerous times about products that don’t live up to their marketing propaganda. Any clinician who believes we are merely a marketing arm for manufacturers has never asked a manufacturer if it’s true.

How do you react to such statements?

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Canker sore therapy

A team of physicians at Ben-Gurion University of the Negev has discovered that a nightly dose of vitamin B12 is a simple, effective and low risk therapy to prevent recurrent aphthous stomatitis (RAS), better known as “canker sores.”

The findings were reported in the Jan./Feb. issue of The Journal of the American Board of Family Medicine. The lead researcher Dr. Ilia Volkov is a primary care physician in the Clalit Health Services and lecturer in Ben-Gurion University’s Department of Family Medicine in its Faculty of Health Sciences.

The researchers tested the effect of vitamin B12 on 58 randomly selected RAS patients who received either a dose of 1,000 mcg of B12 at mouth at bedtime or a placebo, and were tested monthly for six months. Approximately three quarters (74 percent) of the patients of the treated group and only a third (32 percent) of the control group achieved remission at the end of the study.

According to the research, “The average outbreak duration and the average number of ulcers per month decreased in both groups during the first four months of the trial. However, the duration of outbreaks, the number of ulcers, and the level of pain were reduced significantly at five and six months of treatment with vitamin B12, regardless of initial vitamin B12 levels in the blood. During the last month of treatment a significant number of participants in the intervention group reached ‘no aphthous ulcers status’ (74.1% vs. 52.0%; P < .01).”

The treated patients expressed greater comfort, reported less pain, fewer ulcers, and shorter outbreaks during the six months while among the control group the average pain level decreased during the first half of the period but increased during the second half.

(Source: Ben-Gurion University of the Negev and American Associates)

Correction

Please note that the correct name of the book mentioned in Dr. Hoexter’s editorial on page 2 of the previous edition, Nos. 3 & 4, is “A Daughter’s Gift of Love.” Also, the very last paragraph that began with, “From Wall Street...” should not have been included in the editorial. Dental Tribune regrets these errors.

Tell us what you think!

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IF IT SOUNDS
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their choosing if they are privy to a testing lab. During this 90-day period, we perform our own tests on the product in the REALITY Research Lab (RRL), a specialized testing facility we created more than 10 years ago. At the end of the 90 days, each evaluator completes a form that I write concerning the product and sends it to me via e-mail. I then compile the results from all the evaluators, check the results from the RRL, and write the final report. The actual numerical score and star rating for each product is largely the average of the evaluators’ scores modified by any exemplary or poor results in the RRL, although clinical results are always considered at a higher level than those from the lab.

Which facilities are available in the REALITY Research Lab?

We have many pieces of equipment you would find in other research labs around the world, including an Instron for bond strength tests, a spectrophotometer to analyze the translucency/opacity of materials, a spectrophotometer to analyze the fluorescence of materials, a spectrophotometer to analyze the translucency/opacity of materials, a custom-made black light box to check the translucency/opacity of materials, a custom-made black light box to check the fluorescence of materials, and much more.

However, the real difference between our lab and others is the way we perform tests. Our methods have all been designed to simulate the clinical condition as closely as possible, which is the primary reason our results can be radically different compared to those claimed by manufacturers. For example, our depth of cure tests are done in real, human teeth. These tests show that the claims of composite and curing light manufacturers are greatly exaggerated. If any clinician follows a manufacturer’s advice in this area, there is a great probability that the restoration will be undercured.

Aside from checking the REALITY Web site, what clues should clinicians look for when choosing the right product?

It’s definitely a minefield out there, with clinicians and patients always considered at a higher level than those from the lab.

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Contact info

Dr. Michael B. Miller is a Fellow of the Academy of General Dentistry, a Founding and Accredited Member, and Fellow of the American Academy of Cosmetic Dentistry, and has memberships in the International Association of Dental Research, Academy of Dental Materials and Academy of Operative Dentistry. He is also a founding board member of the National Children’s Oral Health Foundation, which is dedicated to fostering the development of local dental health and education facilities for underserved children. In addition, Dr. Miller is the co-founder, president and editor in chief of REALITY and maintains a dental practice in Houston, Texas.

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How would you grade the quality of work done by Asian professionals?

I have seen some absolutely beautiful dentistry come from the offices of Asian clinicians. Definitely on par with the U.S. and Europe.

Do you have any suggestions for readers who have an interest in incorporating cosmetic dentistry into their practice?

First, it takes a lot of study. You cannot attend a weekend seminar and learn the nuances of really fine cosmetic dentistry. Read as much as possible, attend numerous and varied seminars, and watch as many masters as possible. Then start with easy cases and progress to more demanding ones.