A legacy of giving back

Dental Tribune catches up with Dr. Mario Vilardi, publisher of Dear Doctor - Dentistry & Oral Health magazine. The magazine is for general dentists and specialists interested in practice marketing within a cost-effective business model that uses patient education as the conduit. The beginning of each magazine starts with the dentist's professional profile and is followed with informative articles by leading clinicians and academicians in order to educate patients about the resources available for their dental needs.

How long have you been practicing dentistry and what are your areas of expertise?

I graduated from dental school in 1974 and went on to specialize in periodontics in 1977. I was extremely fortunate to have studied at the University of Pennsylvania with mentors who are legendary preceptors in the field, Drs. Morton Amsterdam and D. Walter Cohen. They instilled not only a desire to attain clinical excellence, but a legacy of “giving back.” Through the teachings of Drs. Amsterdam, Leonard Abrams, Arnold Weisgold, Ed Rosenberg and Jay Seibert, I feel totally confident doing any periodontal plastic surgical procedure or implant surgical procedure necessary to obtain an excellent cosmetic result.

What made you decide to establish Dear Doctor?

I have always been concerned about how much misinformation patients receive and yet, it is often that misinformation that factors into their decision making process. There are a significant number of consumers who want and need to understand dentistry in order to make their health care decisions. My solution was to create Dear Doctor – Dentistry & Oral Health, a magazine that represents dentistry ethically and professionally, providing credibility but, more importantly, improving the doctor-patient relationship and our position in our communities.

How would you describe the content found in Dear Doctor? Is it broken down into specific topics?

Dear Doctor is an educational vehicle that allows dentistry to be interesting and entertaining while teaching about oral health and its connection to general health. So we provide great graphics, visual appeal, top celebrity interviews for human-interest stories and even a little humor.

Will you have enough to retire?

By Roger P. Levin, DDS

Picture yourself on the beach. The sun is shining, the waves are crashing. For the first time in a while you are completely relaxed. You smile as you realize that you have few cares or worries. You have no schedules to worry about. No hiring issues. No collections to think about. You have no dental office anxiously awaiting your return. Welcome to an affluent, comfortable retirement — every dentist’s dream.

Unfortunately, in a radically changing economy, it’s no longer every dentist’s reality.

Today many doctors can’t retire when they want to. After practicing 25 or 30 years, they often suddenly realize that financial independence is still years away. The biggest reason doctors don’t retire when they want to is failure to plan. As the saying goes, “If you fail to plan, you plan to fail.” In today’s economy, planning is more important than ever before.

Did you forget to plan?

I was recently approached by Dr. S, and he expressed anger about his situation. He had worked hard on his day-to-day operations for most of his career, and he never considered that it was possible to increase his 20-year revenue by millions of dollars while saving more for the future.
humor. It is organized into departments of dentistry and our goal was to create a magazine for patients that had the credibility of the New England Journal of Medicine with cutting-edge knowledge.

**Why do you believe patient education is the key to effective marketing?**

When a doctor provides patients with information that is credible and reliable, it reinforces his own recommendations, and by educating patients it enables patients to make confident and informed health care decisions and decreases procrastination.

Today many are questioning the doctor-patient relationship because it has eroded to some extent. The doctor-patient relationship is based on trust and this can be created and reinforced by the open communication and honesty that comes with the open doctor-patient relationship is based on trust and this can be created and reinforced by the open communication and honesty that comes through education. Patients want to understand the various options available enabling them to make well-informed decisions.

Dear Doctor is not just providing information, it is providing education. It talks about the pros and cons, the indications and contraindications, and gives an explanation as to why certain treatments are needed by patients.

**What is the current circulation of Dear Doctor? How many copies of Dear Doctor do you suggest a practice should purchase in order to distribute?**

Dear Doctor has, in just over a year, more than tripled its circulation from 50,000 to 100,000. We are very proud of that growth, particularly in this economy.

The nice thing about Dear Doctor is the flexibility it provides. Our total marketing program is extremely comprehensive, allowing internal marketing, external marketing (direct mail) and Internet marketing (in addition to patient education all in one magazine. And it’s very cost-effective, about $1.45 per magazine plus shipping. It is the most cost-effective promotional tool available for professionals today. You can choose any component of our marketing program or select sections you need that supplement your current strategies. Your circulation can be as few as 500 magazines per quarter or as many as you want.

We are also releasing two exciting new products in early 2009. One is the Spanish version named Dear Doctor – Odontología y Salud Oral, en Español of which we are very proud. The other product is the online version of Dear Doctor magazine where doctors can purchase our educational material for their Web sites so that they will be able to direct patients to their Web site for additional educational support. One of the biggest challenges practices face with their Web sites is keeping content fresh. Our digital online edition of Dear Doctor is a great way to keep patients going to your dental practices for their health care information.

**How is your time split up now that you are doing Dear Doctor and running your own practice?**

That is obviously the most challenging part, running a practice and creating Dear Doctor magazine. There are some things that I did give up, one being teaching, and I am reducing my lecture schedule, so that frees up a fair amount of time.

On the practice side, I have a very experienced support group that allows me to handle a lot of things. Importantly, Dear Doctor is an extension of who I am and what I do, so family, practice and magazine are all intertwined. I won’t say it’s easy, but it is a labor of love when you are doing something you really believe in.
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While he should have focused on the bigger picture, Dr. S concentrated on his day-to-day expenses and neglected to consider how much he would need to retire. After all, retirement always seemed so far away. Dr. S is not alone. He, along with many other doctors I’ve encountered, failed to plan for a better future. They did not budget how much money they would need to retire and they did not save enough to get there. They didn’t realize that you need to start planning for financial independence as soon as possible. At Levin Group, we believe that part of total success is being able to comfortably retire at an appropriate time.

And now these doctors are entering a difficult phase of a dental career—the phase in which they are strictly working for money. That’s a tough place to be in. Fortunately, it’s not too late. There are three things you can start doing right now to preserve your practice and your retirement.

Three action steps to retirement

No. 1: Get a practice analysis.

Get a practice analysis performed by experts to find out the true potential of your practice. It is often difficult to make an objective assessment from the trenches. In addition, dentists often do not have appropriate industry data to make an accurate assessment of their full potential. Expert analysis and advice can often lead to breakthroughs in performance!

No. 2: Take financial planning seriously.

Meet with a Certified Financial Planner. Besides increasing production, you can either change your lifestyle or investigate ways to increase the amount you can save. Certified Financial Planners (CFPs) are experts at finding all of the ways you can save money in the best tax scenario. Dentists receive no training in this area and CFPs are there to help.

Let your new CFP create a lifetime financial plan that evaluates and analyzes every year for the rest of your life. These plans need to be reviewed and updated on a quarterly basis. The world will keep changing and your plan will as well. But a financial plan tells you where you are and what you have to do to get where you are going.

No. 3: Consider a life plan.

Attend a life-planning course. This course should be more than a financial plan. It should encompass your professional and personal life, including your practice potential, your family’s future, financial involvements, etc.

In a course that I teach called Life Plan, participants map out each phase of their future by working through a series of educational modules and exercises. This course is completed by practitioners and their spouses in a unique setting where they chart their financial and personal goals year by year. The objective is to get the most out of your practice and your life. You should create a life plan so that you completely understand where you are going and what it will take to get there.

Conclusion

I have worked with many dentists who neglected to plan for their financial and personal future. It is these individuals who have been hit hardest by the economic meltdown. These doctors are now unable to retire when they had anticipated. The good news is it’s not too late for any dentist. By making the decision to implement the action steps in this article, you are preparing for your future. You’ll never have to look back say, “I wish I had…”

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Eliminating sensitivity with a fluoride varnish: Duraflor Halo

Howard S. Glazer, DDS, FAGD

Dental sensitivity is one of the most common, yet often, one of the most difficult problems that we, as dentists, are required to treat and prevent. Our diagnostic task, first and foremost, is to ascertain the cause of the sensitivity. Is the underlying cause of the discomfort for the patient dental decay? Perhaps it is a leaky margin of an existing restoration? Or is it erosion or recession, either due to mechanical or chemical causes, such as, tooth brush abrasion or GERD, respectively? Or possibly just postoperative sensitivity? Once the cause of the dental sensitivity has been correctly determined, then treatment and prevention can proceed accordingly.

If a patient’s complaint is due to decay or a leaky margin, the solution is quite simple. Remove the old restoration and/or the decay as appropriate, and restore the tooth to healthy form and function. In many cases this process is enough to solve the problem. The solution, however, may not be so simple with other types of sensitivity.

For example, some of the situations cited above, such as erosion, recession and tooth brush abrasion can all be precursors to decay. However, they are likely to cause patient sensitivity well before they ever become a detectable carious lesion. In these situations, the best course of action is to treat the affected areas with some type of preventative approach that will stop the active process as well as eliminate the patient’s discomfort.

Fluoride varnishes have been available for many years. In fact, they have been used in Europe since the mid-1960s. In the United States, the Food and Drug Administration approved fluoride varnishes as desensitizing agents and cavity liners in the early 1990s. Fortunately for the dental practitioner, the application of varnishes requires no special equipment and can be easily administered chairside by the dentist or the auxiliary. There is also considerably less fluoride ingestion than with conventional in-office fluoride treatments using trays. This is particularly useful for younger patients who tend to swallow the fluoride. The fluoride, acting as a powerful emetic on their stomach contents, may cause them to vomit while still in the operator’s chair (a rather messy situation for both the patient and the practitioner).

Patients can eat and drink immediately after the application of fluoride varnishes but should be warned that they may feel a “film-like” substance on their teeth for several hours after the application. Any remaining film that is still on the teeth will be easily removed when they brush and/or floss their teeth. Fluoride varnish helps to prevent caries and is totally controlled by the dentist or the auxiliary, requiring little or no patient compliance in order to have beneficial effects. One area that is often overlooked is the great value for those patients who are undergoing orthodontic treatments, those who are “regular” sugar-sweetened gum chewers, and for those patients who may be on medications that cause a decrease in salivary flow. In older individuals, where there is often a greater degree of gingival recession and therefore more exposed root surface, very often combined with decreased salivary flow, a fluoride varnish will go a long way to preventing sensitivity and reducing the incident of root decay.

For most cases, the application of fluoride varnish requires only a single visit and needs to be repeated twice per year, most readily in conjunction with routine recall care. The accepted recommendation is that the tooth surfaces be cleaned of debris, plaque, etc., prior to application so that the varnish can best adhere to the dental surfaces.

Duraflor Halo (Medicom, Montre–al, Quebec) is an excellent solution to delivering fluoride to tooth surfaces predictably at all age levels and in all patient groups (Fig. 1). Duraflor Halo White is a five percent sodium fluoride varnish.

See DURATOR, Page 6
ride gel that is quite thixotropic yet easily dispensed onto the tooth surface. The package contains an applicator brush and a detachable cup that fits nicely into a prophylaxis paste ring so that the gel is conveniently located where it can accessed, close to the area(s) being treated. Duraflor Halo White 5% Sodium Fluoride Varnish is available in either spearmint or wild berry flavors, and is sweetened with xylitol, a progressive sweetener, which helps to prevent decay.

Duraflor Halo White 5% Sodium Fluoride Varnish has an added benefit in that it is white in color, eliminating the objection that some individuals had to fluoride treatment. Many other varnish products left a yellowish appearance on tooth surfaces. The concern for color is particularly important as many patients have undergone, or are considering having, whitening procedures. Such procedures are often accompanied by a transient sensitivity and Duraflor Halo White is an excellent product that can be used to combat such sensitivity without causing concerns to patients color sensitivities. In today’s climate of caries prevention and minimal intervention restorative procedures, Duraflor Halo White is an excellent product that focuses on the patient’s remineralization and desensitization needs as well as the conservative and clinical goals of the dental practitioner.

The clinical technique is quite straightforward. When the patient presents (Fig. 2), a prophylaxis is done first to eliminate all stain, plaque and tartar from the tooth surfaces. Once the prophylaxis is complete and the teeth are relatively plaque and tartar free, then they are ready for the application of the Duraflor Halo White 5% Sodium Fluoride Varnish (Fig. 5). The applicator brush that is included with the individual varnish dispensers is used to mix the varnish and apply it directly to the tooth surfaces (Figs. 4, 5). For application in orthodontic cases, the varnish is applied all around the brackets (Fig. 6).

All the teeth are covered in sequence with the Duraflor Halo White Varnish, a process that should not take more than 15 seconds per arch (Fig. 7). Once the varnish is on the teeth (Fig. 8), the patient is ready to leave the office and resume normal activities, including eating and drinking, although ideally, these are to be avoided for 30-60 minutes. As evident in the photo (Fig. 8), Duraflor Halo White provides no yellowish appearance to the teeth. This avoids creating an esthetic liability where the patient is in a rush to eliminate the varnish from the tooth surfaces. Because the fluoride varnish is able to release more fluoride over a period of several hours, the longer the varnish stays on the teeth, the more effective it is for desensitization and remineralization.

Dr. Howard S. Glazer is a fellow and past president of the Academy of General Dentistry, and former assistant clinical professor in Dentistry at the Albert Einstein College of Medicine (Bronx, N.Y.). For the past several years, he has been named as one of the Leading Clinicians in Continuing Education by Dentistry Today. He lectures throughout the United States, Latin America, Canada, Europe, Scandinavia, India and Korea on the subjects of cosmetic dentistry, forensic dentistry and patient management. Currently he publishes a monthly column in AGD IMPACT titled “What’s Hot and What’s Getting Hotter!” He maintains a general practice in Fort Lee, N.J.
A perfect 10
Las Vegas Institute celebrates its 10th anniversary

By Dan Jenkins, DDS

As I drove down the Town Center off-ramp and looked to my right I saw the Las Vegas Institute (LVI). This visit was special and unique — like no other visit. I was attending the celebration of the 10th anniversary of the opening of the Las Vegas Institute Summerlin campus in Las Vegas on Oct. 11, 2008. I remembered overhearing two dentists discussing LVI at a convention in 1997. They did not think LVI would last because of the high costs — but it’s still here.

The ceremony started with Congressman Jon Porter giving a speech on the importance of LVI to Las Vegas to the crowd seated in white chairs in the parking lot. Then Dr. Ron Jackson spoke. Ron is a dynamic and inspirational speaker. For this 10-year celebration Ron outdid himself. When Ron spoke, the wind started to blow hard and snow with hail started to fall — so the celebration was quickly moved inside.

Indoors, Ron finished his speech on LVI. Initially, Bill Dickerson held the classes in his own office with lectures conducted in the team lounge. Later he found more room in a warehouse. In 1997 Bill took a hard swallow and sought funding to build a dream campus in Summerlin. It was opened in August 1998.

Dr. Heidi Dickerson narrated slides of the construction of the LVI campus, and Bill’s years of dental school and teaching at Baylor. Heidi spoke about how Bill purposefully never named LVI after himself because he felt the bigger picture is the purpose of LVI. However, Bill was then honored with the rotunda being named after him. He said, “LVI has lasted because it has a mission, a purpose — it is not about a building — it is about changing dentistry and changing lives.”

The evening activities were at the Red Rock Casino. Bill was presented an amazing painting of The Rolling Stones painted by Ron Wood, a member of The Rolling Stones. While the song “Bad to the Bone” was playing in a video, a loud Harley Davidson motorcycle came along the back and down toward the front of the room. To Bill’s surprise it was being ridden by clinical instructor Hamada Makarita. This was a gift for Bill from both the clinical instructors and many LVI sponsors including Aurum Ceramic, Las Vegas Esthetics, Microdental DDI, ProWest Laboratories and Williams Dental Laboratory. It is a beautiful bike with brilliant royal blue flames, and it also has a Rolling Stones type mouth and tongue on the back fender with “Bill D” on it and a front fender with the Las Vegas Institute logo going up in flames. Everyone in the room was gasping, laughing, smiling and beaming, so proud to be a part of honoring the person that has inspired us.

For the first time that anyone could remember, Bill was speechless! With moist eyes, Bill thanked his clinical instructors and the labs for something he liked so much, but “probably would not have gone out and purchased” for himself. The crowd spent the rest of the evening dancing in celebration.

I could not help but think about the two dentists who wondered if LVI would last. In 10 years, 7,800 dentists have attended LVI and caused it to expand to 65,000 square feet. And now LVI has two additional programs in Canada and Australia. This event was perfect for celebrating an exceptional institution of learning for dentists. It was also perfect for acknowledging the person whose vision, drive and self-sacrifice of personal life experiences has persisted to make LVI what it has become. This celebration was, like the Las Vegas Institute, a perfect 10.
Hands-on workshop educates dentists about narrow diameter implants

By Fred Michmershuizen
Managing Editor, Endo Tribune

These are exciting times to be working with dental implants. Advances continue to be made at places like the Ashman Department of Periodontology and Implant Dentistry at New York University’s College of Dentistry. At the same time, companies like Dentatus facilitate these advances with new products that are smaller, less expensive and more efficient than ever. As a result, options are increased for practitioners, and — even more important — results are improved for patients.

Among recent advances is the Anew implant system, a narrow-bodied, screw-attached restoration developed by Dentatus. This new implant is ideal for placement in slim, limiting spaces, and it can also be used for “first-visit” replacement of missing teeth.

Anew implant restorative protocol was developed by Bernard Weissman in conjunction with the Department of Implant Dentistry, NYU College of Dentistry. To help explain and demonstrate, Sang-Choon Cho, DDS, an assistant clinical professor and associate director of clinical research at NYU, recently offered a hands-on workshop for dentists. The title of the workshop, which was conducted at the NYU College of Dentistry Department of Continuing Education on Oct. 31, was “Advanced Narrow Diameter Implant Technologies for Replacement of Patients’ Missing Teeth in Narrow Bone and Limiting Spaces.”

During the lecture portion of the workshop, Cho explained how Anew implants can be used for patients with thin bone, limiting inter-root spaces or narrow teeth. Special characteristics of Anew implants make them ideal for physically compromised patients, or for those with systemic problems. They provide an immediate, economical interim and customized restoration. They can also be used for ridge augmentation procedures. Cho also explained the osseointegration process of immediately loaded narrow-bodied implants and identified the non-invasive, cost savings procedures and benefits to patients.

In the hands-on portion of the course, Cho took attendees, using hard plastic models, through the sequential steps involved in placing Anew implants. Each participant fabricated a single tooth and a three-unit posterior bridge. At the conclusion of the workshop, participants were able to keep their models with constructed restorations for use in training assisting staff in their practices.

Dentatus regularly offers similar educational events throughout the country. For more information, visit Dentatus online at www.dentatus.com or call the company at (800) 323-3136.
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PaperView takes over from there and enables you to more easily enter data by displaying portions of the form alongside the data entry screen in your PMS.

Trade news

- Cadbury’s Trident, Dentyne Ice and Stride chewing gums received the Seal of Acceptance by the American Dental Association.
- Ameritas Group will begin to pay for in-office tooth whitening procedures every two years.
- Aspen Dental opened a new office in DeWitt, N.Y.
- Dentsply International will have its common stock included in the S&P 500 index.
- 500 Imaging in Georgia is offering a new package of marketing materials to promote image centers with cone beam CT dental scanners.
- Aetna in Connecticut introduced i.Choose, a new dental, life, accident and disability insurance program.
- Man & Machine in Maryland introduced a new keyboard designed especially for dental offices.
- Cadbury North America in New Jersey is donating $1.5 million to Oral Health America’s Smiles Across America program.
- Dentsply International in Pennsylvania purchased a majority interest in Zhermack in Italy.
- Smile Reminders in Utah is now offering dentists a digital tool called vSling that captures and multicasts that can be uploaded to YouTube and other sites.

For more dental industry news in detail, visit www.dentalfax.com

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nobody cares for your money like you and RG capital

Robert Graham, founder and owner of RG Capital, had a vision: to create an atmosphere where businesses and individuals would be able to prosper in the financial arena. To date, the company has distinguished itself as one that also specializes in working with dentists and dental specialists. As such, the company has worked with practice management firms for four and a half years and been an official Levin Group Alliance Partner for the last two and a half years.

Founded in May 2004 in Scottsdale, Ariz., RG Capital has a team of 10 advisors. These advisors, Graham included, provide wealth management services with the goal of focusing not only on the process of wealth accumulation, but also informing and educating clients about every step used to reach that goal.

This relatively young company now boasts a management portfolio of more than $450 million and numbers 1,800 clients spread throughout 50 states. Graham attributes RG Capital’s most recent success to its growing client base within the dental industry. Although it specializes in advising dental professionals, its clients range across a broad spectrum—from professional athletes, such as star defense Adriano Wilson of the Arizona Cardinals, to high-profile dentists and dental specialists. As such, the company has worked with attorneys, real estate and investment professionals, its clients range across a broad spectrum. RG Capital has distinguished itself as one of simplification, a company for which Graham is recognized as the founder.

In creating this program, Crosstex has produced dozens of its products in pink — offering a broad selection while heightening breast and reproductive cancer awareness. Clinicians can select from face masks, skin care lotions, Premium® Saliva Ejectors and Patient’s Choice® products such as GumNumb™ Topical Anesthetic, Sparkle™ Prophy Pastes and Zap® Fluorides, to name just a few.

Crosstex launches ‘Pink with a Purpose’ to help support women’s cancer initiatives

Crosstex®, a global manufacturer of infection control and preventative products, is proud to help support the fight against women’s cancers with its new Pink with a Purpose® program that launched in August. Now, when dental professionals purchase Crosstex Pink products, a portion of the proceeds will go toward funding breast and reproductive cancer research at Memorial Sloan-Kettering Cancer Center.

“Crosstex always has been interested in helping advance breast and reproductive cancer research, raise awareness and build hope for future generations. This year we’ve decided to be more aggressive and add our voice to help strengthen the cause,” states Andrew Whitehead, vice president of sales and marketing for Crosstex.

In creating this program, Crosstex has produced dozens of its products in pink — offering a broad selection while heightening breast and reproductive cancer awareness. Clinicians can select from face masks, skin care lotions, Premium® Saliva Ejectors and Patient’s Choice® products such as GumNumb™ Topical Anesthetic, Sparkle™ Prophy Pastes and Zap® Fluorides, to name just a few.

For more information on the Crosstex “Pink with a Purpose” program and other Crosstex products, please call Crosstex International at (888) 276-7785 (toll free), (631) 582-6777 or visit www.crosstex.com.
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- Dr. Brian C McDowell Fitchburg, MA

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Esthetic inlays and onlays: the coming of age

By Ronald D. Jackson, DDS, FAGD, FAAcD

There are many prominent teaching clinicians who feel that inlays and onlays (of whatever color) are a grossly underutilized restoration, and that crowns are an overtutilized restoration. I think it is worthwhile to examine some of the possible reasons for this unfortunate situation (for our patients’ sake) and see if the reasons for dentists’ reluctance to incorporate these restorations into their routine services are really valid today.

Reason No.1: Last amalgam fillings are easier and more affordable than inlays and onlays.

Both terms — easier, affordable — are relative. Whether something is easy or not in dentistry depends on your training and how often you’ve done it. Our first amalgam filling or crown in dental school wasn’t easy either. As for affordability, isn’t that for the patient to decide? People generally buy what they want or what they perceive is in their best interest.

Reason No.2: It’s just easier to do a crown than an onlay.

Same response as above. However, I will agree that when doing a crown, the clinician isn’t faced with the decision of which cusps to keep and which to remove — you just unthinkingly remove them all. But as practitioners, we have to ask, are we deserving of patients’ trust and their money by only recommending that which we perceive (possibly because of lack of training or practice) as expedient?

Reason No.3: Inlays and onlays are expensive.

Not anymore than crowns or root canals! We have no trouble recommending these services when they are indicated. Maybe it would be easier for dentists to accept and recommend these restorations if an onlay (gold or tooth colored) was referred to, and thought of, as a partial crown and carried the same fee as a crown.

Reason No.4: Crowns last longer and are more predictable.

Although longevity is important and ingrained in the dental psyche, it is not the only criteria of value. In the age of adhesive dentistry, respecting remaining tooth structure and esthetics have become components of value as well. Keeping in mind that patients are living longer and want and expect to keep their teeth for a lifetime (something we tell them can be done) means, in most instances, it is best to recommend a crown only when it’s truly indicated.

The name of the game in dentistry today is “bank the tooth structure” for future use. Regarding durability, esthetic inlays and onlays are not new anymore.

They have a track record, and it is good.5–9 With today’s materials, longevity is mainly a matter of diagnosis, correct treatment planning and proper execution of technique (Figs. 1–4).

Although not esthetic, well-done gold inlays and onlays are considered to have a proven durability and longevity similar to crowns. If esthetics is not an issue, gold is still the standard and what I always recommend for second molars when a conservative indirect restoration is indicated. However, it’s interesting to note the number of people and the types of people who still desire tooth-colored or non-metal restorations even in these teeth.

Reason No.5: Posterior direct resin restorations are less costly to the patient and can be completed in one appointment.

It is a fact that more and more patients today are selecting tooth-colored restorations for their posterior teeth,10 and there is no question that well-placed Class I and Class II direct resin restorations are proving to be viable alternatives to amalgam.11–12 However, the indications for these restorations do have limits.

Generally, when the cavity is large or the tooth is under excessive functional demand (heavy bruxer or clencher), indirect restorations (resin or ceramic) are indicated.

Certainly, when a cusp is missing, many clinicians feel the standard of care is best satisfied by an indirect restoration (Figs. 5–10). After all, there is no question that a laboratory-technician working with mounted models at the bench is going to provide a more accurate occlusal morphology, contact and overall contour as well as properly located functional stops of the right intensity than we can by grinding all the blue spots in the mouth. It’s also very difficult to achieve quality contacts in large restorations with poor tooth alignment or spacing.

No matter how good the direct resin materials get, the above situations will usually be better served by indirect restorations in the same way that gold inlays/onlays are considered superior to large amalgams, especially those that replace cusps.

Reason No.6: Many third-party payment plans don’t pay benefits for esthetic inlays and onlays, but most pay a benefit toward porcelain-fused-to-metal crowns.

In a health care profession, it shouldn’t be necessary to even respond to such a statement, but I will. If a properly informed patient...
would rather sacrifice healthy tooth structure to save a few dollars or for a perceived greater longevity, well, that’s his or her choice. It may be what that patient feels is best for himself or herself at that time. The operative words, however, are “properly informed” (pros vs. cons) and “his or her choice.” We shouldn’t make the choice for a patient based on an assumption that all patients want the cheapest option or what their insurance will partially pay for.

Science and Technology

In conclusion, for many dental practices, offering only low-cost (at least initially), large fillings or extensive crowns where they may not be the best our profession has to offer, is questionable and shortsighted. The bottom line in dentistry today, as it always has been, is to recommend treatment, which according to the clinician’s professional judgment, is in the patients’ best interest. This is usually what the clinician would select if he or she were the patient. The patients may not always want that particular service and decline to have it done, but they always deserve the choice.

The trend in dentistry is clearly toward more esthetic and less invasive. Indirect resin and ceramic inlays and onlays are not only compatible with this trend, but fulfill very nicely the restorative void between fillings and crowns.

Literature


About the author

Dr. Ron Jackson has published many articles on aesthetic and adhesive dentistry and has lectured extensively across the United States and abroad. He has presented at all the major U.S. scientific conferences. Jackson is a fellow in the American Academy of Cosmetic Dentistry, a fellow in the Academy of General Dentistry and is director of the Advanced Adhesive Aesthetic Dentistry and Anterior Direct Resin programs at the Las Vegas Institute for Advanced Dental Studies. Jackson maintains a private practice in Middleburg, Va., emphasizing comprehensive restorative and cosmetic dentistry.
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What can a new smile do?

Previous consumer studies have proved that a beautiful smile will make you more attractive. But according to research conducted by Beall Research & Training of Chicago, a new smile will make you appear more intelligent, interesting, successful and wealthy to others as well.

Dr. Anne Beall, a social psychologist and market research professional carried out the independent study on behalf of the American Academy of Cosmetic Dentistry (AACD). Pictures of eight individuals were shown to 528 Americans, a statistically valid cross section of the population. The respondents were asked to quickly judge the eight people as to how attractive, intelligent, happy, successful in their career, friendly, interesting, kind, wealthy, popular with the opposite sex, and sensitive to other people they were.

Two sets of photos were created, with each set showing four individuals before undergoing cosmetic dentistry and four after treatment. Half the respondents viewed set A, the other half set B. The eight subjects viewed by respondents were evenly divided by gender. Two had mild improvements through cosmetic dentistry, two had moderate improvements, and four had major improvements to their smiles, to give a wide range for respondents to view. None, however, had visibly rotten teeth, missing teeth or catastrophically bad dental health in the before shots.

Respondents were not told that they were looking at dentistry, but were asked to make snap judgments rating each person for the ten characteristics, on a scale of one to ten, with "one" being "not at all," and "ten" being "extremely."

The results indicated that an attractive smile does have broad ranging benefits:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Average &quot;Before&quot; rating</th>
<th>Average &quot;After&quot; rating</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attractive</td>
<td>4.6</td>
<td>5.9</td>
<td>1.3</td>
</tr>
<tr>
<td>Intelligent</td>
<td>5.9</td>
<td>6.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Happy</td>
<td>6.2</td>
<td>6.8</td>
<td>0.6</td>
</tr>
<tr>
<td>Successful in their career</td>
<td>5.8</td>
<td>6.7</td>
<td>0.9</td>
</tr>
<tr>
<td>Friendly</td>
<td>6.3</td>
<td>6.8</td>
<td>0.5</td>
</tr>
<tr>
<td>Interesting</td>
<td>5.4</td>
<td>6.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Kind</td>
<td>6.0</td>
<td>6.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Wealthy</td>
<td>4.9</td>
<td>5.9</td>
<td>1.0</td>
</tr>
<tr>
<td>Popular with the opposite sex</td>
<td>5.0</td>
<td>6.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Sensitive to other people</td>
<td>5.6</td>
<td>6.1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

While the change was most dramatic for “Attractive,” “Popular with the opposite sex,” “Wealthy” and “Successful in their career,” the change was statically significant in all areas.

“Based on a lot of interaction with happy patients, we were expecting this type of difference in attractiveness and popularity with the opposite sex,” said Dr. Marty Zase, president of AACD, “but to have large gains in how successful, intelligent, interesting and wealthy patients appeared after cosmetic dentistry caught even us by surprise. We’ve been telling people that a beautiful smile was a great investment in their futures. Now we have independent evidence.”

To view the complete survey results, please visit www.aacd.com/press/releases/2006_09_08.asp.

(Source: AACD)
A new updated clinical practice guideline released by the United States Public Health Service on May 7, 2008, identified new medication treatments that are effective at helping people to quit smoking. No matter the level of addiction, anyone attempting to quit should consider trying at least one or more of the effective pharmacotherapies.

The goal of cessation pharmacotherapy is to alleviate or diminish the symptoms of withdrawal. The more physically comfortable the smoker is, the more likely he or she will make a serious quit attempt and succeed in permanently quitting.

### Assessing pharmacotherapy’s application

Tobacco use is a complex behavior involving the interplay of physiological, psychological and habitual factors that continuously reinforce one another to promote dependence. One way to determine if pharmacotherapy would be helpful is to determine the level of physical addiction. Two hallmarks of dependency include smoking within 30 minutes of arising from sleep and experiencing withdrawal symptoms if a regular pattern of use is disrupted. The cardinal withdrawal symptoms include a craving for nicotine, irritability, anxiety, difficulty concentrating and restlessness.

### Approved medications

Currently, the FDA-approved, first-line agents for smoking cessation include five nicotine replacement therapy (NRT) products and two non-nicotine medications. All of these medications were found to be effective first-line medications in the guideline’s meta-analyses. There is no question that the odds of a smoker quitting are increased by using a pharmacological treatment.

In addition, multiple combinations of medications were shown to be effective. For the first time, the 2008 clinical practice guideline update assessed the relative effectiveness of cessation medications. These comparisons showed that two forms of pharmacotherapy, varenicline (Chantix) used alone and the combination of a long-term nicotine patch plus ad lib (i.e., as needed) nicotine nasal spray or gum, produced significantly higher long-term quit rates than did the patch by itself. This is “off label” use, but now it is definitely medically sanctioned. (I have been encouraging my own clients to use multiple NRT products for years!)

### A reason to smile: New immigrants respond best to oral hygiene campaign

Tapping into the desire to have an attractive smile is the best motivator for improving oral hygiene, and new immigrants are the most receptive to oral health messages, according to a new study in the Journal of Consumer Research.

Authors Shuli Du (Simmons College), Sankar Sen (City University of New York), and C.B. Bhattacharya (Boston University) evaluated the effectiveness of an oral health outreach program in disadvantaged communities. They found that focusing on the social benefits of having a beautiful smile was the most effective strategy for improving dental hygiene habits among participants.

“Our findings suggest that, among children from less acculturated samples, participation in this oral health program leads to not only more favorable beliefs about the health-related (preventing cavities and gum diseases) and psychosocial (beautiful smile and self-confidence) benefits of oral care behavior, but also an increase in oral care behavior such as brushing, flossing and dental checkups,” write the authors.

The research found that families that had been in the United States longer were less responsive to the program’s messages than new immigrants.

According to the U.S. Department of Health and Human Services (2002), there is a “silent epidemic” of dental and oral diseases in disadvantaged communities, particularly among children of minority racial and ethnic groups. The researchers conducted focus groups of participants in urban areas with large Hispanic populations. Those participants were parents of children in the national oral health outreach program that was launched in 2000, with the involvement of a corporate sponsor, the Boys and Girls Club of America, the American Dental Association, and dental schools.

And here’s good news for the corporate sponsor: The parents who participated in the program said they intended to reciprocate by purchasing the sponsor’s products. “Their intention to reciprocate toward the company is proportionate to their perceptions of how much the program has helped their children and family,” the researchers conclude.

(Source: University of Chicago Press Journals)
Dear Readers,

Every time we turn around these days we can’t help but hear about the state of the economy. It is affecting most everything currently, including dentistry. While people are trying to spend less money on things they don’t think are necessary, they might put off dental needs as well. Some patients view dental care as a luxury and not as an essential piece necessary to complete the puzzle of overall health. This train of thought leads to canceled appointments and lost revenue for the dental office. So short of dragging patients in off the streets, what can the dental team do to help patients realize that preventive dentistry is necessary? Education is paramount at each professional cleaning and dental check-up appointment, clinicians need to be reiterating the connections between oral health and overall health. Patients need to be taught that bleeding gums are not healthy and may be a sign of much larger problems. Co-diagnosis needs to be taking place with each patient that sits in the dental chair.

Patients understand what they are being told much better if they can see the issue. Who is able to believe there isn’t a problem if they see the issue with their own eyes? If patients understand why they need to return to the office, they are more likely to place the visit on the necessary list rather than the luxury list. It is time to pull out all the stops so dental offices remain productive through these shaky times. Educate, educate, educate! This is no time to be chatting and polishing!

If you have any comments or suggestions on this topic, please feel free to let us know!

Best Regards,

Angie Stone, RDH, BS
Editor in Chief

Tell us what you think!
Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see articles about in Hygiene Tribune? Let us know by e-mailing feedback@dtamerica.com. We look forward to hearing from you!

UPCOMING EVENT

‘Train the Trainer’ workshop on infection control

The United States Air Force (USAF) and the Organization for Safety & Asepsis Procedures (OSAP) will hold their 2009 Federal Dental Services Infection Control Training Course from Jan. 12-15, 2009 at the Crowne Plaza Atlanta-Ravinia Hotel in Atlanta. This four-day “Train the Trainer” course is recommended for everyone responsible for their dental facility’s infection control and safety program.

The Federal Dental Services Infection Control Training Course offers a way for dental professionals to verify competency in infection control and safety principles. The program will provide the latest information on the implementation and management of effective infection control and occupational health and safety programs for dental settings, emphasizing the infectious diseases and occupational risks associated with dentistry.

The program is geared to federal service dentists, hygienists, dental assistants and laboratory technicians who have been assigned responsibilities in infection control and occupational health/safety, but is also applicable to large civilian dental practices, health maintenance organizations, dental insurers, dental manufacturer sales/marketing staff, dental infection control consultants, faculty of dental schools, dental hygiene and dental assisting programs, and infection control nurses who work closely with dental clinics.

Attendees can receive up to 27 C.E. hours. OSAP and the USAF are American Dental Association (ADA) CERP recognized providers. These credits are also accepted by the Academy of General Dentistry.

For more information, visit the www.OSAP.org Web site. There are also opportunities for companies to exhibit products and services at the product vendor fair. For more information, call (800) 298-OSAP (6727). OSAP is the Organization for Safety and Asepsis Procedures. Founded in 1984, the non-profit association is dentistry’s premier resource for infection control and safety information. Through its publications, courses, Web site and worldwide collaborations, OSAP and the tax-exempt OSAP Foundation support education, research, service and policy development to promote safety and the control of infectious diseases in dental health care settings worldwide.

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Several quitlines distribute over-the-counter nicotine replacement therapy to callers. The use of accepted cessation pharmacotherapy at least doubles the odds of quitting. Adding psychosocial therapy increases quit rates. However, unlike with other drug dependencies, concomitant psychosocial therapy is not mandatory for cessation medication use.

There are five nicotine replacement therapy (NRT) products on the market in the United States. The nicotine gum first appeared in 1984, and the nicotine patch was made available in 1994. Between 1993 and 1996 both became available without a prescription. This resulted in the largest increase in smoking cessation since the 1964 surgeon general’s report on smoking. Two NRT products are available only through prescription: the Nicotrol Nasal Spray, which appeared in 1996, and the Nicotrol Inhaler that appeared in 1996. The final NRT product to materialize, available without a prescription, is the nicotine lozenge, which has been on the market since 2002.

Research and labeling

Almost all researchers agree that nicotine is not a carcinogen, and there is growing consensus that nicotine derived from medications does not promote cardiovascular disease. All of the NRT formulations are associated with slower onset and ease. All of the NRT formulations are less likely to receive treatment than are heavier smokers, but anecdotal evidence shows an increase in success rates for light smokers with the use of NRT. At the other end of the spectrum, higher than recommended doses may be taken by tobacco users with severe addiction. Failure to respond to NRT products may reflect inadequate dosage, incorrect usage or both.

Other options

Bupropion: There are two non-nicotine medications available to tobacco users. As well. Bupropion (Zyban), an atypical antidepressant, has been shown to double quit rates. It blocks the reuptake of dopamine and norepinephrine in the central nervous system, which modulates the dopamine reward pathway and reduces cravings for nicotine and symptoms of withdrawal. It is effective in those whether or not the symptoms are current or past depressive symptoms. Combining bupropion with NRT often increases success rates over bupropion used alone.

Varenicline: The most recent non-nicotine medication is varenicline (Chantix), a partial agonist selective for a specific nicotine receptor subtype, and it was approved in 2006. The drug’s efficacy is believed to be the result of a sustained, low-level agonist activity at the receptor site, combined with competitive blockade of nicotine binding. The partial agonist activity modestly stimulates receptors, leading to increased dopamine levels that reduce nicotine withdrawal symptoms. By blocking the binding of nicotine to receptors in the central nervous system, varenicline inhibits the surge of dopamine release that occurs immediately (seven to 10 seconds) following each inhalation of tobacco smoke. This effect may help prevent relapse by reducing or even eliminating the pleasure linked with smoking. Evidence suggests that using varenicline can increase successful quitting three times more when compared to placebo.

The hygienist’s role

Dentists have prescriptive powers for all cessation pharmacotherapy. Once the RDH assists the patient in determining which medication may work best, the dentist should be approached for prescriptions as appropriate. Few health interventions have such overwhelming evidence of effectiveness as cessation medications. The seven first-line FDA-approved therapies reliably increase long-term smoking abstinence rates. All approximately double the rate of cessation when compared to placebo.

Smokers cite a health professional’s advice to quit as an important motivator for attempting to stop smoking. With effective education, counseling and support (rather than condemnations and warnings about the dangers of smoking), hygienists can provide an invaluable service.

About the author

Carol Southard, RN, MSN, an American Lung Association certified instructor with more than 20 years experience and proven success, is a pioneer in the field of smoking cessation. Southard is a Tobacco Co-
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