

27<sup>th</sup> Euro Dentistry Congress  
&  
27<sup>th</sup> Global Summit Expo on  
Dental Science and Dental Practice  
July 15-16, 2019 | London, UK

Special Session



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## How to make digital dentistry pay

### Tussavir Tambra

Afterburner Dental Technologies, UK

The dental community is currently being swamped with clinical, research and marketing materials selling the dream of digital dentistry. Dental equipment suppliers are bombarding dentists with a multitude of claims and counter claims about the digital dentistry pathway. The push is to sell the hardware like intraoral scanners and milling machines into dental clinics. Once the sale is made there is little assistance on how to make the technology benefit the clinic financially. Dentistry is a business and as such, there has to be a return on investment combined with a clear, demonstrable benefit to the patient. Both sides of the equation are equally important. This failure to demonstrate the true benefit of the digital pathway and how the dentist can make significant savings on restorative costs has resulted in a poor uptake of new technologies. The rapid change in technology such as the shift from light projection to video imaging in intraoral scanners has left most of the early adopters with obsolete technology and created a climate of mistrust between dentists and the equipment manufacturers.

Dentists understand all the clinical benefits of a digital workflow from reducing patient discomfort, improved restoration accuracy, surgical accuracy in dental implantology and simplified orthodontic treatment, however, this is not a clinical lecture. This lecture will focus on the financial implications of becoming a Digital Dentist including understanding clinical pathways, better selection of restorative materials, providing “same day dentistry” solutions and improved time management to avoid working more hours and how this approach results in improved financial returns. The age-old adages “work smarter not harder” and “time is money” are why the digital dentistry pathway is the way forwards for the solo practitioner and the Corporate / DSO world.

### Biography

Tambra holds a master's degree in Prosthodontics from the University of Michigan, Ann Arbor, is a GDC registered Specialist in Prosthodontics and also holds Canadian registration in the province of British Columbia. He was also a Teaching Fellow at the University of Alberta in Canada in the removable prosthodontics and dental implant departments for two years. His Master's research was supported by the Nobel BioCare Centre of Excellence in Michigan and evaluated the wear properties of zirconia used in the Procera pathway and various porcelains against human enamel. This was the start of a 20-year focus on the digital aspects of dentistry. His main focus is on how to deliver advanced restorative techniques including those involving dental implants to the public in a more cost-effective manner. He has published several articles and presented lectures at several national and international meetings, the most prestigious being the Canadian Academy of Restorative and Prosthodontics (CARDP). He was the Clinical Vice President for the Condor scanner. He is also the founder and Co-CEO of Afterburner Dental Technologies, a global company dedicated to the dental professional to show how digital workflows in daily practice can improve clinical care but also generate increased revenue ethically.

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## **The economic argument in favour of intra oral impression scanners**

### **David Claridge**

Carestream Dental, UK

- Adoption rates of IOS and why
- Training and unique training tools for IOS (David has trained over 700 dentists to date)
- ROI of IO scanners
- Clinical benefits of IO scanners and associated software
- Digital workflow integration and its clinical/ROI benefits.

### **Biography**

David has 35+ years of dental industry experience. For the past 10 years, David has worked specifically in the digital dental field- in both laboratory CAD/CAM and clinical Intra-oral scanning sides. David works across a large international territory as a digital dental product/business manager. David is an international speaker on digital dental workflows and is very well connected throughout the EMEA region. David is the Director of IOS(ROI) for the IDDA (International Digital Dental Academy). David is a committee member of the BDIA (British Dental Industry Association) and is a regular author in Dental Laboratory Journal. David has trained over 600 dentists on IO scanning as well as training/co-ordinating training modules for dealer networks.

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Scientific Tracks & Abstracts



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## **Psychology and coaching in dentistry: Stress**

**Helga Mediavilla Ibanez**

Psicodent, Spain

Dentistry is a profession subject to many stressful factors.

Ever since the economic recession, the stress factors have been growing. As such, it has subsequently become necessary for dentist practices to differentiate, improve the quality of care, apply sales techniques, and carry out marketing, publicity and management activities that were previously not necessary.

My husband and I founded PSICODENT 25 years ago with the goal of helping dental professionals manage these potentially stressful factors. In short, we wanted to help dental professionals enjoy this beautiful and rewarding profession.

Dentistry is a profession filled with relationships. In other words, it is made up of continuous interactions with people whether they be patients, colleagues, employees, bosses, suppliers, etc. Such a profession is beautiful and simultaneously exhausting if you lack social skills. Burnout is a result of the stress caused by relationships. We have the power to make one another happy, but we can also hurt each other a lot. If we truly want to enjoy working in dentistry, it is paramount that we have, among other resources, strong interpersonal relationship skills. Such skills can be taught by the field of psychology.

My mission is to convince you of the importance of acquiring specific skills in so much that each and every dental professional can learn from psychological coaching, consulting, mentoring, courses and management in dentistry.

As a dentist, you often have to be a teacher, economist, psychologist, marketer, leader, motivator, etc. In short, you are so much more than a dentist; more often than not you have to be business-minded as well. This is something which is not taught at university. We take care of teaching you the essential tools to manage the day-to-day tasks at your clinic, allowing you to reap the personal and financial benefits.

*My slogan idea: "Our goal is to help you thrive and enjoy being a dentist".*

### **Biography**

Helga is a Clinical Psychologist and Consultant in Dentistry Individual and corporate Dental Coaching certified by AECOP-EMCC-ISCP European Accreditation EuroPsy-EFPA Founder and Director of Psicodent. She is the Professor of the master's in management and Management of Dental Clinics and Member of the Expert Committee of the journal Dental Management Dental Practice.

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### The oxidative stress status of gingival crevicular fluid, saliva and serum in non-competitive bodybuilders

**Kubra Aral, Eynar Berdeli**

University of Birmingham, UK

Intensive training may cause oxidative stress associated with the onset and progression of chronic inflammatory diseases. Indeed, bodybuilding and protein powder-supplements have become increasingly popular. The aim of this study therefore was to evaluate and compare the oxidative stress in non-competitive bodybuilders who used protein powder supplements with non-exercising males in saliva, gingival crevicular fluid (GCF) and serum. Non-competitive male bodybuilders with gingivitis (BB-G)(n=25) and non-exercising males with (G) (n=25) and without (H) (n=25) gingivitis were included in the study. Serum, saliva and GCF were collected from the participants after 24 hours of acute exercise and examined for total antioxidative status (TAS) and total oxidative status (TOS) using a novel colorimetric assay. No differences were found for age, smoking, alcohol consumption and body mass index (BMI) in all groups. Serum OSI levels were higher in group BB-G compared with both groups G and H ( $p<0.01$ ). No differences were found for the saliva OSI between groups ( $p>0.05$ ). GCF OSI levels were higher in both groups BB-G ( $p<0.05$ ) and G ( $p<0.01$ ) compared with group H. No correlation was found between saliva and serum TOS, TAS, and OSI levels in group BB-G. Bodybuilding training may disturb the balance between the oxidants and antioxidants in serum, and supplements having antioxidant effects may be inadequate to prevent this. No harmful effect in GCF and saliva for oxidative stress was detected in bodybuilders. Saliva may not be an alternative to serum for oxidative stress screening in bodybuilders using protein powder supplements.

#### Biography

Kubra Aral has completed her PhD in Periodontology in 2014. She has been a research fellow in Department of Oral Biology, University of Florida, USA in 2012. She has been working as a visiting researcher in Department of Oral Biology, University of Birmingham, UK.

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### Management of oral health care in dementia patients

**Jinesh Thakrar**

Hertfordshire Community NHS Trust, UK

Dementia is a progressive neurological disorder whereby patients experience cognitive impairment, memory loss and a reduced ability to perform regular daily activities resulting in their oral health to rapidly deteriorate. Hence, early intervention and meticulous planning is paramount to reducing their susceptibility to oral diseases.

With an ever-expanding and aging population, Dementia is becoming a far more common occurrence. In 2015, 850,000 people lived with the disorder in the UK, with it expected to grow to over 2 million by 2051. It currently costs a huge £26.3 billion a year of which £4.3 billion is related to NHS health care.

As dentists, we often see patients on a regular basis and we are in a unique position to pick up on early signs and symptoms of dementia; regular attendees failing to attend appointments, forgetting previous conversation or repetition of questions.

All of which could indicate a decline in their memory and cognitive ability. We would then also have a duty to sensitively encourage patients to seek further investigations or refer appropriately with appropriate consent and provide an oral care plan.

Patients often have difficulties with their chewing, unstable dentures and bruxism, compounded with the added side effects of their medication including xerostomia leading them into a spiral of problems.

The condition presents its own ethical issues around consent. Discussing and recording an oral care plan in the early stages can help provide guidance for families and carers further down the line and reassures patients that when their condition progresses their wishes will be taken into consideration.

The biggest challenge comes in the middle to later stages where treatments and oral care is shifted towards prevention rather than active treatment to achieve a stable and functional dentition. A well-tailored approach will allow the patients to maintain their appearance and dignity.

#### Biography

Thakrar has a passion for improving and maintaining oral health for special needs patients and has specifically noticed a common challenge in providing oral health to dementia patients. Working for a special care dental service, he regularly provides domiciliary dental care and oral health education to residential care homes, where a large proportion of patients suffer from dementia. Through his experiences and reading on the subject, he has combined an approach to empower other dentists and family members to provide oral health care with a practical structured plan and a holistic approach.

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## **The psycho-social and quality of life impacts of malocclusion and orthodontic treatment in adolescents**

**Huda Abutayyem**

Ras Al Khaimah college of Dental Sciences, UAE

**Introduction:** Malocclusion may have an impact on psycho-social aspects, but the evidence is less clear cut regarding the potential benefits associated with orthodontic treatment. This PhD therefore aimed to study these aspects in 3 chapters:

### **Prospective controlled longitudinal study**

**Aim:** To study social impacts following functional appliance in adolescent with Class II Division 1 malocclusions and to compare it with a control group of patients of the same age range who had not yet commenced treatment.

**Methods:** Participants completed a questionnaire regarding social impacts before and after functional appliance treatment.

**Results:** 114 patients were recruited, 65 patients in the treatment group and 49 patients in the control group. There was no statistically significant difference between the groups at T2.

**Conclusions:** Based on the questionnaires used, there were no significant social benefits associated with functional appliance treatment.

### **Qualitative study**

**Aim:** To explore the social impacts of malocclusion in adolescent patients using qualitative methods.

**Methods:** In-depth interviews were conducted, and data were analysed using a framework analysis.

**Results:** 12 participants were interviewed, and three main themes were identified: Interpersonal relations, feelings regarding facial images and teasing.

**Conclusions:** Although common themes were identified, variation existed with regards to the social effects of malocclusion on an adolescent's lifestyle. Interviewees reported being repeatedly reminded of their malocclusion; reinforced through teasing and images in different media.

### **Biography**

Huda Abutayyem completed her Ph. D in Clinical Orthodontics from Eastman Dental Institute, UCL London, U.K. She is an experienced academician and specialist professional in the field of Orthodontics. She working as an assistant professor in Ras Al Kamiah Dental College (RAKCODS), UAE from 2017. Also works as a specialist orthodontist in clinics from 2010. Previously she served as a lecturer at Ajman University.

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**Simvastatin chitosan gel: A new approach for extraction socket healing and alveolar bone preservation**

**Youmna M Sherif**

Alexandria University, Egypt

Healing of the extraction socket has been the area of concern of many studies over the past years, due to the occurrence of post-extraction bone resorption and therefore, in many cases, the failure of implant placement, fixed or removable prosthesis. There have been many studies demonstrating the bone-promoting effect of simvastatin local application in animal models. Simvastatin in combination with chitosan is shown to increase bone volume, bone formation rate, and bone compressive strength along with inhibiting the osteoclastic activity, thus inhibiting alveolar bone resorption. The first experimental evidence in an animal model of the osteo-modulator effect of statins was reported by Mundy et al who demonstrated that treatment with simvastatin resulted in a significant increase in the rates and bone formation markers, and that the effect of statins were comparable to that induced by treatment with bone morphogenetic protein-2 (BMP-2) and fibroblast growth factor, which are known stimulants of bone metabolism. Thus, this study aims at examining the influence of simvastatin chitosan gel on bone healing in extraction socket of first molar in rat mandibles and developing an injectable affordable material that preserves the alveolar bone architecture by enhancing bone regeneration and preventing bone resorption, where the specimens were processed for scanning electron microscopy and detection of Vascular Endothelial Growth Factor and Fibronectin immunohistochemically.

**Biography**

Youmna M Sherif has her expertise in oral biology specifically bone biology and regeneration. Her experimental model for a proposed bone healing enhancement material creates new pathways for improving post-dental extraction recovery. She has built this model after years of experiments and research, along with teaching the basics of oral biology and dental morphology to freshmen students. The foundation of this research is based on the fact that statins show an impressive range of effects in the human body and can be leveraged for a wide variety of potential applications.

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### Prevalence of impacted maxillary canines among RAKCODS patients

#### Huda Abutayyem

Ras Al Khaimah college of Dental Sciences, UAE

**Background:** Upper canines are the second most teeth to be impacted and not erupt into the oral cavity. Therefore, by calculating the prevalence of their impaction and their association with other dental abnormalities, steps could be done in educating the population about preventive procedures and treatment options.

**Aim:** The aim of this study was to quantify the prevalence of impacted maxillary canines and identify any associations with other dental anomalies.

**Materials and Methods:** 8243 OPGs of patients who attended RAKCODS clinic in the period of 5 years were examined and then classified according to gender, site of impaction, and the presence of any associated dental anomalies then descriptive statistics was done and the prevalence of maxillary canine impaction was calculated.

**Results:** Out of the 8243 radiographs that were examined 146 cases had maxillary canine impactions. Of those cases 77 % were male patients versus 23% female patients. Therefore, making the male to female ratio almost 3 to 1. Also, as for the impaction cases that had associated dental anomalies, those were found to be 36 cases, representing 25% of the Impaction cases. Various Dental anomalies were observed in the participants radiographs, such as; Peg Shaped laterals, Impacted lower Right canines, Supernumerary teeth, Odontoma, Multiple Impacted upper and lower teeth, Impacted premolars and Retained primary teeth

**Conclusion:** Patient with canine impaction had a higher tendency for dental anomalies and this might help in early diagnosis.

#### Biography

Huda Abutayyem completed her Ph. D in Clinical Orthodontics from Eastman Dental Institute, UCL London, U.K. She is an experienced academician and specialist professional in the field of Orthodontics. She working as an assistant professor in Ras Al Kamiah Dental College (RAKCODS), UAE from 2017. Also works as a specialist orthodontist in clinics from 2010. Previously she served as a lecturer at Ajman University.

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