A Life-Changing Mistake: My Personal Disclosure

How I See It: The Truths and Myths of Dentistry

Need vs. Desire: Professional Judgment in Esthetics

THE WAR AGAINST ORAL CANCER

Should Screenings Be Mandatory?
Dental implants and root canals are virtually equally successful treatment options for saving compromised teeth, according to a study published in a special supplement to The International Journal of Maxillofacial Implants [February 2007], the official publication of the Academy of Osseointegration. The Academy of Osseointegration also published a consensus statement developed by experts from several dental disciplines that supports the study’s findings and stresses the importance of making treatment decisions based on individual patient’s circumstances.

To assist dental professionals and their patients in determining the most appropriate treatment, the American Association of Endodontists [AAE] released a position statement on April 3, 2007, regarding treatment planning when considering a root canal or dental implant. The position statement stresses the importance of considering the patient’s best interests. It says, “Quality dental care can only be provided when treatment planning decisions are made by both the dentist and the patient, based on the patient’s general health status and specific oral health needs. The recommended treatment should be safe, predictable, cost-effective, respectful of patient preferences, aimed at preserving normal anatomy and function, and based upon the best available scientific evidence.”

The statement also indicates that the decision to treat a tooth with root canal therapy or place a single-tooth implant should be based on whether or not the tooth can be restored, the quality of the bone structure, esthetic demands, a cost-benefit ratio, and systemic factors. In addition to considering the probability of overall survival rates of the therapy provided, dentists also should consider risk factors of the chosen treatment.

Eric K. Curtis, DDS, MAGD, an Academy of General Dentistry [AGD] spokesperson who practices in Safford, Ariz., says that when deciding which treatment option is best, “My decisions typically center on concerns about patient health and patient tolerance. Patient health includes both local...
considerations, such as the existence and extent of infection and bone loss, and systemic considerations, such as diabetes and hypertension. So a root canal, which is typically less invasive than an implant, might be recommended for someone with certain health problems. The patient’s tolerance for treatment also might suggest a specific treatment direction.

“While it is true that studies show equal survival rates of single tooth implants and endodontically restored teeth, a major consideration in the decision must be based on the clinical condition and restorability of the tooth,” says Neil Gajjar, DDS, MAGD, an AGD spokesperson from Ontario, Canada. This is due to the fact that not only does each procedure have a chance of failure, but each procedure also is subject to long-term survival rates. The dentist needs to consider which procedure will be most beneficial for the patient in the long term.

According to the AAE, its position statement is meant to be used as a guide when deciding how to best treat a compromised tooth. It also is intended to assist dental professionals in evaluating the various risk factors and other implications associated with each of the treatment choices.

Overall, Dr. Curtis believes that patient education is a determining factor when it comes to root canals and implants. Middle-class patients who rely on third-party payers to help cover costs often look for the most time- and cost-saving option. Dr. Curtis says, “Patients must consider the demands of tomogram imaging, tooth extraction and bone preparation, implant placement and time for osseointegration, the placement of a healing cap, the taking of impressions, and crown delivery. Also, there are financial concerns. A patient’s dental plan probably won’t cover much on an implant. That’s why many of my patients still choose root canal therapy as the easier and more practical alternative.”

Dr. Gajjar agrees that educating the patient is extremely important when deciding which treatment to administer. “The best way to handle this is by explaining to the patient what is involved with each treatment, the overall prognosis, and the long-term survival rate of the restored tooth.”

The position statement can be downloaded at www.aae.org/dentalpro/guidelines.htm.

Dental School Updates

Northwestern Pre-Dental Society

The Northwestern University Dental School closed in 2001, but two undergraduate, pre-dental students there have founded the Northwestern Pre-Dental Society to gather like-minded students. Because of the highly esteemed medical program at Northwestern, the student founders felt that more awareness of the pre-dental program needed to be summoned. More Northwestern students are becoming aware of the profession and have decided it is a good match for them.

U of L Receives Millions for Research

The University of Louisville (U of L) received two monetary awards for study from the National Institute of Dental and Craniofacial Research. Michael Martin, PhD, an assistant professor of dentistry at the U of L, received $1.4 million to study the role of inflammation in the immune system’s efforts to protect the body from disease. Georgios Hajishengallis, PhD, associate professor of dentistry at the U of L, was given $1.6 million to investigate why the aging immune system gradually loses its ability to fight P. gingivalis bacteria, a leading cause of periodontal disease.

From the Hill

The AGD serves as the eyes, ears, and voice of the general dentist. View the latest legislative news on the AGD Web site at www.agd.org under “Advocacy News.”

SCHIP Update

Rep. Rahm Emanuel (D-IL-5) introduced the Healthy Kids Act of 2007 (HR 2147), which would extend the State Children’s Health Insurance Program (SCHIP), streamline enrollment under SCHIP and Medicaid, and amend the Internal Revenue Code to provide for a healthy savings tax credit for the purchase of children’s health coverage.

There is a provision for flexibility in this bill that would increase a state’s allotment if it is determined that a state will have more children enrolled in SCHIP than the projected number of children to be enrolled.

The bill also would establish grant programs for conducting innovative outreach efforts designed to increase the enrollment and participation of eligible children and promote understanding of the importance of health insurance coverage for children and prenatal care.

Indian Health Care Legislation

Indian Health Care legislation has moved forward in both congressional chambers. In the U.S. House, the Committee on Natural Resources unanimously approved HR 1328, the Indian Health Care Improvement Act (IHCA). No amendments were offered on either the

Community Health Aide Program (CHAP) or the Dental Health Aide Therapist (DHAT) provisions; therefore, they will remain as written: "limited to Alaska and limited in scope of services they can provide." Please refer to the AGD’s updated fact sheet about the reauthorization bills at www.agd.org/files/advocacy/policies/IndianHealthCareReauthorization.pdf for more details.

Meanwhile, in the U.S. Senate, Sen. Byron Dorgan (D-ND) introduced a virtually identical bill (S 1200), which was referred to the Senate Committee on Indian Affairs.

Dental Education Loan Bill

Rep. Eleanor Holmes Norton (D-DC) introduced the Dedicated Dental Service for HIV/AIDS Act of 2007 (HR 2168), which would establish a dental education loan repayment program. The program is intended to encourage dentists to serve at facilities in areas with a high incidence of HIV/AIDS that have a critical shortage of dentists.

Specifically, the Secretary of the Department of Health and Human Services may enter into an agreement with any dentist under which the dentist agrees to serve for a period of time at such a facility and the Secretary agrees to pay a percentage of the dentist’s dental education loans.