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Hi everyone!

For this Edition of the IADH Magazine besides welcome you all to the Spring time – even though to us, down under, is Autumn – I also would like to invite you to enjoy the content of this issue.

As you know, there’s a lot of hard work behind these pages. There’s a lot of passion and enthusiasm as well, for which I would like to thank and congratulate my Editor-colleague, my friend Timucin Ari for putting all that together. Definitely, again he did a brilliant job!

Finally, I’d like to share with you some words from the book “THE MASTER KEY SYSTEM” by Charles F. Haanel:

“Nature compels us to move thru life. We could not remain stationary however much we wished. Every right-thinking person wants not merely to move through life like a sound-producing, perambulating plant, but to develop – to improve – and to continue the development mentally to the close of physical life."

Hope you enjoy the reading, the Spring and maybe the Autumn ... if you might come to see me!!

Kind regards,
Leda Mugayar
Dear IADH Members,

It is again my pleasure to write the Editorial for the second issue of IADH Magazine. The first issue was really a big challenge for us. I’ve spent most of my time sitting in front of my computer to find out which page design is best. Finally we’ve managed to put the magazine in this format and the feedback we’ve received from you was really excellent. Due to this feedback, we have decided to continue with this page design until the end of 2007. Please send us your views, proposals or anything you want to my new e-mail address; timucin@confi-dent.net.

Well, finally Spring has arrived... For the people living in the North Hemisphere, Spring always means the smell of flowers, warm weather and a “messenger for summer”. But this year, because of the “Global Warming” most of us actually didn’t see much Winter. I personally believe that every season has its own characteristics and I’m hoping to see some snow next Winter.

I hope you will again like the material inside this magazine. In this issue we’ve put an article concerning medications for autism. We are all responsible for providing dental treatment for autistic patients and sometimes this is very challenging for us. This article is a review, made by NIH to help parents and doctors. I hope you will find it useful. Another topic related with Autism is in the "News from Countries" section. Dr. Clive Schneider-Friedman and his team created a DVD concerning Autism. Anyone who is interested to have this DVD can contact him at: clive@dentistryforkids.ca.

I also would like to write a few words about DINOH. Dr. Gustavo Molina is trying to promote this e-learning web site which is very useful for all IADH members and dentists who are working with Special Needs Patients. I think we all should help Dr. Molina to share our experiences in the forum section. You can find detailed information about DINOH inside this issue.

I think both the IADHappy and the "News from Countries" sections are still moving very slowly. I must confess that, in this issue I’ve received more news than the first issue. I would like to thank all people who’ve sent their News to us. Some members may think that their association is not very active. It doesn’t matter whether your association is active or not, but your individual input is important. A good example of this is Dr. Parishta T. Jouleva from Kyrgyzstan. There were unfortunately only 2 photos for the IADHappy section, the rest of the photos belong to my archive. My son Tuna, really got bored and upset to see himself in the IADHappy section, so I’m desperately waiting to receive your fun photos.

Finally I would like to thank Dr. Gabriela Scagnet, Dr. Gustavo Molina and especially to Dr. Janet Griffiths for their contributions to this issue, also special thanks to Dr. Roland Blankenstein for checking the English and of course to Dr. Leda Mugayar for helping, guiding and encouraging me to prepare this magazine.

Enjoy your reading,
All the best...
Timucin ARI
From the President

My dear friends,

I am very HAPPY to write this second ‘word from the President’ for the Spring/Autumn edition of the iADH magazine. The first magazine was very well received and as a result several councillors have sent contributions for the present one. I can only encourage this further and I am looking forward to seeing contributions from EVERY COUNCILLOR at least ONCE A YEAR!

Within the Board three important issues were followed-up and acted upon:

1. For the first time in its history the iADH will be represented at an FDI Congress. Opportunity has been given to organise a morning symposium in DUBAI, September 2007. Together with the President, Imke Kasche (Germany) and Timucin Ari (Turkey) will lecture. The main theme of that symposium will be: The ABC of special care.

2. The Board has followed-up the decision made by Council to support the DINOH project, (see further in this magazine), and financed this project with 7500 USD. Gustavo Molina deserves congratulations for this excellent project which will become the e-learning platform for special care.

3. A new webmaster has been appointed. Martin ARTS from the Netherlands has taken over from Clive Friedman who is thanked enormously for his efforts to maintain the site for a very long time. It is possible for everybody to easily access the website via www.iadh.org. The first edition of the magazine is available on the website and there is already some news of the next Congress in Santos, Brazil.

At present, the Board is preparing for its meeting in HONG KONG on the 12th June, the day before the IAPD Congress. I will report on that in the next magazine.

Finally, I would like to draw your attention to the FDI book: Disability and Oral Care, edited by June Nunn. They are available FREE (excluding mail costs). Please forward any request to our Secretary, Roland Blankenstein at rblank@waitrose.com, who may be able to give you some idea of the postage costs, especially outside Europe. It is an excellent opportunity for council members to provide their membership with this book which is strongly recommended by the iADH Board.

Dear friends, you can feel that iADH is alive and kicking! Although we are spread all over the world, this magazine brings us together. This year there was almost no winter in Belgium….and Spring started one month earlier than usual. During the Easter holidays we really had summer weather here. What a nice feeling!

Warm greetings from the centre of Europe

Luc Martens
iADH president
NEWS FROM UNITED KINGDOM

BRITISH SOCIETY for DISABILITY and ORAL HEALTH

Kathy Wilson, Honorary President for 2007 is hosting the Spring Scientific meeting in Newcastle upon Tyne. The meeting which is entitled ‘Communicating with Confidence’ will focus on a range of issues to improve communication with a wide range of impairments. She has put together an exciting programme of speakers.

‘Mental Health Issues and Oral Care’ BSDH Winter Scientific Meeting December 7th 2007 Chartered Accountants Hall London, UK

The Mental Capacity Act (MCA, 2005) will provide a statutory framework to empower and protect people who lack capacity to make decisions for themselves. The Act will come into force on April 1st 2007. The December meeting will include a presentation on this important change in the law that will have a significant impact on special care dentistry in England and Wales. The meeting will also cover a wide range of mental health issues that influence oral health.

This meeting is being held back-to-back with the British Society of Gerodontology’s Winter meeting which was also cover oral health and the older person with mental health problems – ‘It’s all in the MIND’.

Details of both meetings can be found on the respective websites:
www.bsdh.org.uk
www.gerodontology.com

These Winter meetings provide an excellent scientific programme and an opportunity to see the sights of London before Christmas.

A qualification in Special Care for Hygienists and Therapists

The National Examining Board for Dental Nurses (NEBDN) has a qualification in Special Care for Dental Nurses. This course has been running successfully for a number of years. BSDH first established this course which was subsequently accredited by NEBDN. There is clearly a need to develop a similar course for Dental Hygienists and Therapists which would also fulfill the Continuing Professional Development requirements which will be mandatory in 2007. BSDH has set up a working group to develop such a course. This is in the early stages but we hope to be able to report on progress in later issues of the IADH Magazine.

BSDH website

The website under the management of Ken Dalley has a wide range of information that can be downloaded and is an excellent source of publications and guidelines produced by BSDH. We hope you will visit the website and give us feedback on the content.

BSDH 2008

Shelagh Thompson will be Honorary President of BSDH in 2008. Shelagh is Clinical Senior Lecturer in Sedation and Special Care Dentistry in the Department of Adult Dental Health at Cardiff University School of Dentistry. She is also Honorary Associate Specialist for Cardiff and Vale NHS Trust, and Conscious Sedation Tutor for Wales, Department of Postgraduate Dental Education, Cardiff University. She is leading the BSDH Teacher’s group established to take forward the under-graduate curriculum in Special Care Dentistry in the UK. Shelagh also represents BSDH on the working group to develop Special care curricula within the Northern European countries of IADH.

Shelagh’s Scientific meetings will inevitably focus on teaching and training in SCD. Another date for your diaries will be Cardiff, May 9th 2008.

Speciality in Special Care Dentistry

2005 was an exciting year for us in the UK when the General Dental Council announced the development of the Specialty in Special Care Dentistry. A shadow committee has been established to take this forward but the wheels of bureaucracy move so slowly. But we hope that by the end of the year, this will be a reality.

Janet Griffiths
BSDH International Representative
The Swedish section of IADH organized in January 2007 a symposium in Malmö, a city in the southern part of Sweden. More than 100 persons from all parts of our country had responded to the invitation and attended for the two days of education. We started the event with a get-together party in a factory where oral hygiene aids were produced. Brilliant, advanced machines built toothbrushes and interspace brushes in all colours and transported them through the production line by the arms of robots. The evening was completed by a tasty buffet in the company of new and old friends.

The first day of the symposium tried to answer the question “What is good oral care for people with Down syndrome?” The day started with a report from Nils Annerud, a father of a young woman with Down syndrome. We had a sensitive story about both happy and difficult situations in everyday life. A doctor from a rehabilitation centre and a psychologist described the medical and intellectual impairments. At the end of the day two dentists and a dental hygienist lectured about oral health, proper treatments and behavior towards persons with Down syndrome.

The topic of the second day aimed to answer the same question as the first day, but this time directed towards people with cerebral palsy. The first speaker was a true expert. Jonas Helgesson, a 27 year-old man, was born with cerebral paresis and has for the last 10-15 years fought for a normal, independent life. With lots of humour Jonas told us about sad and funny incidents in his life. The title of his speech was “My only handicap is 29 in golf” and this was really significant of his approach to life. After this fantastic lecture we learned about the medical background of cerebral palsy and, from a physiotherapist, how to place a person with cerebral palsy in the treatment chair and how to avoid causing spastic reflexes through touching the sensitive area around the mouth. We also learned about disabilities and dental implants and aids for oral hygiene, eating and teaching aids.

In the evening the first day we had a banquet in an old theatre in Malmö. We had delicious food and entertainment in a circle of friends. During the symposium we had the annual meeting where we performed an election of a new chairman and treasurer. Among the participators of the symposium we appealed for new members to our association and 25 persons agreed. Thus the Swedish section look forward with confidence!

Pia Gabre
Chairman
ITALIAN SOCIETY OF DENTISTRY FOR HANDICAPPED (SIOH)

Italian Society of Dentistry for Handicapped is now working very lively for the organization of the XIV National Congress that will occur from 4 to 6 October 2007 in Milan. To such event, the first organized by the new National Committee elected in March 2006, important national and international speakers will participate and also IADH President, Prof. Luc Martens. SIOH is growing in Italy, thanks to the increased interest towards the cure of patients with “special needs” in the public dental practice and also in the private dentist’s surgeries, in relation to the necessity of general medicine knowledges to practice special care dentistry and to cure successfully medically compromised children and adults. To give the chance to every Italian dentist to get more information about special care dentistry and to inform parents and caregivers about oral health and prevention of oral diseases, SIOH is organizing a lot of courses and conventions; aim of SIOH is to create a new sensitivity for special care dentistry among dentists and people and efficacious relationships with the associations involved with disabled: a new task force for prevention and oral health.

To know more about and to contact with SIOH: www.sioh.it
NEWS FROM JAPAN

Qualification as legal entity -
Vice President of JSDH
Junichi Mega, D.D.S., Ph.D.

The Japanese Society for Disability and Oral Health (JSDH) was qualified as a legal entity by the Government on 4, January 2007. JSDH has to assume the more responsibilities to the oral health of the person with disabilities further on. Although JSDH have had the accreditation system since 2003, the medical and dental association with corporation status can certify the specialist who has a higher level of knowledge and technique in the specific field. Therefore, the qualification system of the specialist of the dentistry for the person with disabilities will be built up in the near future.

JSDH is planning to hold a symposium in commemoration of the authorization as legal entity. The theme of this symposium is “What do you expect to the dentistry for the person with disabilities? Let’s talk about our future!”

Chairpersons: Dr. Masakazu Ikeda and Mrs. Mutsumi Tsutsui
Panelists: Mrs. Shyoko Kakano (Chief of a social welfare facility for physically disabled person), Mr. Masahiro Tsukioka (Life-supporter in a facility for mentally disabled person), Dr. Shigeru Ohoya (Representative of “the Group of the Doctors and Dentists Having Autism in Their Family”), and Dr. Yoshiharu Mukai (Former President of JSDH)
This symposium will be held at Chiwaki Memorial Hall (Tokyo Dental College, 2-9-18, Misaki-cho, Chiyoda-ku, Tokyo) on 3, June.

NEWS FROM CANADA

Dr. Clive Schneider-Friedman will be facilitating a symposium in Denver Colorado at the SCDA (Special Care Dentistry Association) National Meeting in May with John Hough an epidemiologist from WHO (World Health Organisation) who is working more directly in special needs people and Oscar Suarez Sanchez who is a dentist from Boston doing research with prostodontic patients using ICF (International classification for disability).

Dr. Clive Schneider-Friedman will also be co hosting a session on autism in SCDA meeting. They have created a DVD which is an hour and 15 minutes. This DVD is a compilation of the Autism Pre-Congress Symposium that was held in Calgary. The content of the DVD is; “The D-Terminated Program” which was developed by Dr. David Tesini from Boston and an introduction part of the whole seminar from Dr. Clive Schneider Friedman. This DVD will give viewers an overview of autism from the medical, developmental, educational, speech therapy and dental perspectives. It is an excellent review and will bring any viewer up to date with current advances in autism.

Our readers can contact with Dr. Friedman to request for copies of DVD (there will be a cost for shipping and coping). clive@dentistryforkids.ca

Canada has also finally decided to come on board with the Special Olympics special smiles programs and there will be a “Train the Trainer” program in Toronto in May for people from across Canada, South America and United States.
**New Publications**

**Joey Goes to the Dentist**
(2007) 32 pages

Candace Vittorini and Sara Boyer-Quick
Hardback,
ISBN: 9781843108542

Jessica Kingsley Publishers
116 Pentonville Road
London, N1 9JB
United Kingdom
Tel: +44 (0) 20 7833 2307
Fax: +44 (0) 20 7837 2917

**Special Care in Dentistry: Handbook Of Oral Healthcare**

Scully C, Diz Dios P, Kumar N

Churchill Livingstone Elsevier
(Edinburgh and London).
ISBN 13: 9780443071515

You can see a sample at http://www.fleshandbones.com/readingroom/viewchapter.cfm?ID=1442
Oral Health Initiative of Kyrgyz State Medical Academy for Disabled and Aged People in Kyrgyzstan.

The situation of disabled and aged people in developing countries is difficult. Their need of social and economic support is not paid sufficient attention. This applies also to Kyrgyzstan, country in transition. According to the Ministry of Health in 2007 statistics there are 80370 disabled people in Kyrgyzstan. Among them 56586 are adults, 2688 disabled ex-soldiers of the Great Patriotic War, 5839 international soldiers and 15257 children.

This category of population often suffer from various defects of organs and systems, either inherent, or due to general diseases, injuries with severe complications or caused by aging. Because of small pensions they are not able to afford qualified medical care, including Dental service.

Most of them live in Nursing homes. The Ministry of Social Security of the City Council of Bishkek regulates the budget of Nursing homes. It covers only simple living conditions and primary medical care of them.

Retired people in need of social assistance and medical care, whose relatives are not able to help, also inhabit Nursing home.

These vulnerable populations live in need and poverty. By our own initiative me and my colleagues from the Orthopedic Dental Department (KSMA) decided to take over patronage of Nursing home in Bishkek by delivering qualified dental service to them.

There are 270 aged and disabled peoples in this Nursing home. Our examination revealed that 90 % of them need dental care. We treated patient’s free charge and delivered qualified dental care such as: fixed dentures (crowns, dental bridges), and portable laminar denture (partial, full and clasp dental prosthesis).

We also provided the oral health promotion program by organizing some seminar on "Oral Cavity Hygiene and Healthy Style of Life".

We were happy to see the process of restoration of masticatory function, as consequence the recovering of some oral and other diseases.

We heard many acknowledgments of patients addressed to us. They mentioned that they are happy about people like we who make them feel needed by the society. They are also grateful that their health is taken care and they are helped to remain healthy.

Because of the lack of our resources we are unable to help all needy people. But our intention is to stimulate others to follow our experience and give assistance to this population.
I am Parishta T. Jouleva, MD, Ph.D. lecturer at the Orthopedic Department of Kyrgyz State Medical Academy (KSMA) since 1995. I am a specialist for Educational Methods at the Dental Department of the Institute of Post Diploma Medical Education since 2004. I have been working for 20 years, 12 years as a teacher of 1 to 5 year students at the KSMA. I am supervising 75 residents of the Faculty of Dentistry.

I am a highly qualified dental orthopedist and one of the initiators of the Stomatological Association of the Kyrgyz Republic (SAKR) foundation and also an active board member of this society as well as chairman of the Organizing Committee. I am Scientific Secretary of the Dissertation Council.

I have been awarded the "Excellence in Kyrgyz Health Care" and a diploma of the Ministry of Health of the Kyrgyz Republic for achievements in KSMA and SAKR.

Since 1990 I have worked as an advisor to public health institutions in various remote districts of the Kyrgyz Republic such as Yssyk-Ata, Ak-Suu, Manas regions and Kok-Oirok, Archaly, Ak-Sai, Son-Kul, Kara-Kujur tracts.

Moreover I have treated disabled and retired people, inhabitants of nursing or children’s homes and other needy persons free of charge. I am also doing medical and social research work on the requirements of Public practical dental service. I am working as a consultant for patients with complicated dental disorders from other medical institutions.
Medications for Autism

From: NIH Publication No.04-5511

Medications are often used to treat behavioral problems, such as aggression, self-injurious behavior, and severe tantrums, that keep the person with ASD from functioning more effectively at home or school. The medications used are those that have been developed to treat similar symptoms in other disorders. Many of these medications are prescribed "off-label." This means they have not been officially approved by the FDA for use in children, but the doctor prescribes the medications if he or she feels they are appropriate for your child. Further research needs to be done to ensure not only the efficacy but the safety of psychotropic agents used in the treatment of children and adolescents.

A child with ASD may not respond in the same way to medications as typically developing children. It is important that parents work with a doctor who has experience with children with autism. A child should be monitored closely while taking a medication. The doctor will prescribe the lowest dose possible to be effective. Ask the doctor about any side effects the medication may have and keep a record of how your child responds to the medication. It will be helpful to read the "patient insert" that comes with your child's medication. Some people keep the patient inserts in a small notebook to be used as a reference. This is most useful when several medications are prescribed.

Anxiety and depression. The selective serotonin re-uptake inhibitors (SSRI's) are the medications most often prescribed for symptoms of anxiety, depression, and/or obsessive-compulsive disorder (OCD). Only one of the SSRI's, fluoxetine, (Prozac) has been approved by the FDA for both OCD and depression in children age 7 and older. Three that have been approved for OCD are fluvoxamine (Luvox), age 8 and older; sertraline (Zoloft), age 6 and older; and clomipramine (Anafranil), age 10 and older. Treatment with these medications can be associated with decreased frequency of repetitive, ritualistic behavior and improvements in eye contact and social contacts.
The FDA is studying and analyzing data to better understand how to use the SSRI's safely, effectively, and at the lowest dose possible.

**Behavioral problems.** Antipsychotic medications have been used to treat severe behavioral problems. These medications work by reducing the activity in the brain of the neurotransmitter dopamine. Among the older, typical antipsychotics, such as haloperidol (Haldol), thioridazine, fluphenazine, and chlorpromazine, haloperidol was found in more than one study to be more effective than a placebo in treating serious behavioral problems. However, haloperidol, while helpful for reducing symptoms of aggression, can also have adverse side effects, such as sedation, muscle stiffness, and abnormal movements.

Placebo-controlled studies of the newer "atypical" antipsychotics are being conducted on children with autism. The first such study, conducted by the NIMH-supported Research Units on Pediatric Psychopharmacology (RUPP) Autism Network, was on risperidone (Risperdal). Results of the 8-week study were reported in 2002 and showed that risperidone was effective and well tolerated for the treatment of severe behavioral problems in children with autism. The most common side effects were increased appetite, weight gain and sedation. Further long-term studies are needed to determine any long-term side effects. Other atypical antipsychotics that have been studied recently with encouraging results are olanzapine (Zyprexa) and ziprasidone (Geodon). Ziprasidone has not been associated with significant weight gain.

Seizures. Seizures are found in one in four persons with ASD, most often in those who have low IQ or are mute. They are treated with one or more of the anticonvulsants. These include such medications as carbamazepine (Tegretol), lamotrigine (Lamictal), topiramate (Topamax), and valproic acid (Depakote). The level of the medication in the blood should be monitored carefully and adjusted so that the least amount possible is used to be effective. Although medication usually reduces the number of seizures, it cannot always eliminate them.

Inattention and hyperactivity. Stimulant medications such as methylphenidate (Ritalin), used safely and effectively in persons with attention deficit hyperactivity disorder, have also been prescribed for children with autism. These medications may decrease impulsivity and hyperactivity in some children, especially those higher functioning children.

Several other medications have been used to treat ASD symptoms; among them are other antidepressants, naltrexone, lithium, and some of the benzodiazepines such as diazepam (Valium) and lorazepam (Ativan). The safety and efficacy of these medications in children with autism has not been proven. Since people may respond differently to different medications, your child's unique history and behavior will help your doctor decide which medication might be most beneficial.
What is DINOH’s contribution with regards to Disability and Oral Health?

DINOH applies developments in information technology and all multimedia resources to promote the exchange of experiences regarding disability and oral health, in the frame of a multidisciplinary approach. The idea of developing international networks is based on the profound conviction that knowledge should be a collective construction and not just one expert’s standpoint.

Aims of the project

To promote professional exchange of knowledge and concerns within a scientific community. This software aims to become a space for discussion and exchange of scientific knowledge about oral characteristics and therapeutic experiences in different medical diagnoses by means of a variety of on-line services including interactive courses and an open forum.

To connect people or associations with particular or specific interests. DINOH will function as a database of specialized dentists or other professionals who would like to be contacted by other colleagues that are interested in their work.

To continuously gather updated information about disability and oral health within a multidisciplinary approach. For this purpose, DINOH offers a number of interactive courses with access to the web that will update information and clinical reports of cases based on a pre-determined protocol. The whole material is edited using different multimedia resources for the theoretical and practical aspects of every subject. Users will learn or update knowledge concerning disability and oral health based on a multidisciplinary approach. This software may be imagined as a “rechargeable book” where each chapter on a specific subject contains unlimited information and case reports to be filled in.

To create a database of orofacial conditions and therapeutic resources based on scientific evidence and clinical experience. DINOH encourages the participation of professionals, associations, institutions and centers that contribute to this specialty with their experience and scientific knowledge.

DINOH’s potential contribution to the IADH

- To provide a virtual forum for IADH members to exchange knowledge, experiences and concerns
- To create educational spaces (e-learning, distance learning) by means of experts’ contributions relating to different topics within the field of disability and oral health.
- To promote a scientific environment for databases composed of contributions from IADH members’.
- To supply funding opportunities for research, mentoring programs and/or students’ exchange activities.
- To add new ways of advertising and promoting IADH activities and achievements.
How could this be achieved? (Services provided by DINOH)

**Courses**
A number of courses for e-learning will be offered following IADH Advisory Board suggestions, regarding specific subjects and provided by experts. The courses should be connected to a post-course field activity or mentoring program.

**Forum**
DINOH Community offers the possibility for exchanging concerns and experiences on different subjects by means of an open forum for discussion, moderated by selected IADH members.

**Library**
DINOH links to different useful web-sites or journals where members may search for information. The IADH Magazine will be linked from this page too. This Library could also be the channel for storing IADH former congresses’ abstracts and presentations.

**Calendar**
DINOH members are encouraged to upload dates and other information about scientific meetings or events related to Disability and Oral Health.

Other Future Services

**Newsletter**
A tool for encouraging DINOH and IADH members’ participation. It will contain a dynamic section for news, published in a bulletin format.

**WIKI**
A new way of participation, similar to already known “blogs”. Participants make their contribution according to their experience which may be accepted or refused by other members, by means of scientific arguments.

**Data collection forms**
Using available channels for the exchange, DINOH will promote the development of standardized data-collection forms in order to establish a database of orofacial conditions and therapeutic approaches. This idea may be the first attempt for international collaborative studies.

Levels of participation

**Advisory Board:**
An advisory board composed of five (5) members of the Executive or Council of the IADH will have the following tasks:
- To invite “experts” to give courses.
- To invite colleagues to moderate the forums.
- To intervene in exceptional academic situations.

This board will be replaced after each IADH Congress.

**Moderators:**
Six (6) to eight (8) professionals will be asked to moderate different Forum threads in order to allow a respectful and serious exchange of experiences, standpoints or knowledge regarding Disability and Oral Health.

**Experts:**
A professional or team of professionals with proved competence in a subject will be invited by the Advisory Board to write a course for e-learning, connected to a post-course field experience.

**Users:**
All professionals that have special interest in Disability and Oral Health are encouraged to participate in different ways: Forums, Courses, Library and Calendar. To join the community, log in and password is required.

**Expert users:**
Users that took a course on one particular subject and have approved their final examination are listed as “expert users” on that subject and may submit case reports or updated information to add to the already existing material of the course, following the instructions for authors.
ARGENTINA

Gabriela Scagnet

The name Argentina comes from the Latin term “argentum”, which means silver. The origin of this name goes back to the first voyages made by the Spanish conquerors to the Río de la Plata. The survivors of the shipwrecked expedition found indigenous people in the region who gave them silver objects as presents. Located in South America, and thus, in the southern hemisphere Argentina’s main characteristic is the enormous contrast between the immense eastern plains and the impressive Andes mountain range to the west, with the highest peak in the: the 6,959 m high Aconcagua. The Andes present marvelous contrasts: the Northwest plateaus, the lake region, the forests and glaciers in the Patagonia.

To the north, we can find forested areas and the Argentinian Mesopotamia is formed by low hills, where pools and marshlands evidence the ancient courses of these great rivers. In some places within the subtropical rain forest, there are fissures which provide such spectacular phenomena as the Iguazu Falls.

The Pampas, in the center of Argentina, is the largest and best-known area of plains. Agricultural and livestock activities are performed in this area, We can discover , right in the center of Argentina, the Córdoba hills and its beautiful sights.

Towards the south, from the Andes to the sea, there appear the sterile and stony plateaus of Patagonia. The Atlantic coast, lined with high cliffs, forms massive indentations like the Peninsula Valdés, with its spectacular and unique colonies of sea animals.

The country’s territory offers a wide variety of climates: subtropical in the North, sub-Antarctic in the southern Patagonia, and mild and humid in the Pampas plains.

Argentina’s current population is more than 36 million inhabitants, almost half of which live in the city and the province of Buenos Aires. 95% of the population is white and most are descendants of Italians and Spaniards. As a result of the massive European immigration, the white and Indian half-castes were slowly reduced and at the present they amount only to 4.5% of the population.

The pure indigenous population - Mapuches, Collas, Tobas, Matacos and Chiriguanos - amount to 0.5% of the population.

Spanish is the official language of the Argentine Republic. The political division of Argentina consists of 23 provinces plus a federal district, the Buenos Aires City which is the capital, one of the most important Latin American cities, it is a great cosmopolitan and many-sided metropolis. with a vigorous reminiscent of the European Architecture, generous avenues, an intensive cultural life and a great variety of activities and entertainments. We can enjoy its numberless museums, exposition and conference centres, art galleries, cinemas and theatres with national and international spectacles of high quality: witnesses of its important cultural life. Financial, stock-exchange and economical seat of the country, Buenos Aires is the main port of the nation. It has an intense commercial activity, reflected in numberless shops of the main world famous branches, shop centres and commercial shopings. Buenos Aires nightlife is quite varied and extends up to the early hours. Discos, restaurants, cafeterias and many other attractions for all tastes are spread all around the city offering the tourist a large number of options. In the heart of Buenos Aires City, in San Telmo neighbourhood, baptised as “the Tango Neighbourhood” for its history, you can find places full of history where you can enjoy the best Argentinean’s Tango Show.

The other important city in Argentina is Córdoba: it is Argentina’s colonial capital, a picturesque city of a million on the edge of the hills. It is a center of arts and learning, a place of scholars and priests, churches and universities. Its name comes from the surrounding province, which embraces an unusually scenic section of the Andes, the Sierras de Córdoba.
Upcoming Events

“Orofacial Regulation Therapy Seminar”
14-15 May 2007, Dublin, Ireland. For full program and venue details please visit; www.dentalscience.tcd.ie

“Communicate with Confidence” issues of communication in Special Care Dentistry- 11th May 2007, Newcastle upon Tyne, England, UK. For further information please contact kathy.wilson@sthct.nhs.uk www.bsdh.org.uk


2007 FDI Annual World Dental Congress- ABC of Special Care Dentistry. 24-27 October 2007, Dubai www.fdiworldental.org

2007 60th Annual Session 24-28 May. San Antonio, Texas, USA. www.aapd.org/annual


Here is our friend Willy from Germany. Our friends from Germany find him very helpful to have Prophylaxis with Special Needs Patients.

This Audience is so silent. Did I make a mistake!!!

First Dating!!!