BRAIN DEVELOPMENT
Chronic pain, stress, early childhood trauma
# FEATURES

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Dear ALL,

While writing these words, I realize these are my last as a president of IADH.

Indeed it has been 25 months since we met in Goteborg and about one month to go before we meet again in Santos…. a period of two years is almost history. It has been a period that I will never forget and a period in my life that I am grateful for. Time to make an evaluation!

After Goteborg 2006, we immediately prepared a programme for the FDI meeting in Dubai 2007. At the same time the Board decided to support the DINOH project and nominated a webmaster to rebuild the website in a user-friendly way (magazine 2). In June 2007 the Board met in Hong Kong during the IAPD Congress for the yearly executive meeting and all current affairs were discussed during a very long day. The most difficult item was how to proceed with the mentoring and developing countries groups. Further initiatives were developed regarding the journal (magazine 3). The Santos meeting was also discussed.

After the summer of 2007, a busy period followed with lectures in Milan, (SIOH), Dubai (FDI) and TAIWAN (magazine 4 and 5). The visit to Taiwan was particularly a great experience; to be presented to the Ministry of Health in addition to opening the first dental office within an institution for mentally disabled people.

In the meantime we succeeded
- In having the Journal of Disability and Oral Health established as our own IADH official journal, and have it available to all IADH members on-line.
- In preparing a Memorandum of Understanding with Special Smiles (to be signed in Santos)
- In re-drafting the constitution so as to separate the roles of secretary and treasurer and creating a new position of treasurer (to be agreed in Santos)

Dear friends from all over the world, some things are completed and hopefully improved. However a lot is still to be done. Compared to other dental organisations the IADH appears not to be a powerful group. The low membership fee and our ‘handicapped’ image frightens off potential sponsors. Furthermore, we should evaluate the reading of and the input into the magazine, the assessment of the on-line journal and the accessibility of our website. Also, our support of DINOH and the use of this medium must be evaluated. With this, the next president is already challenged…..

In my first foreword, now six magazines ago, I ended with: “if we cannot see, smell or hear each other, we can read each other!” Dear all, I really hope that you enjoyed the magazines which were produced in every season of the year. I hope you have read each other but it is now time to hear and smell each other again. It’s now time to give all of you a big hug.

See you all in Santos!

Luc Martens
iADH - president
Hello everyone!

It is September now ... Spring time down under ... Autumn for many of you.

October and the Congress in Santos are around the corner. It's hard to believe it has been 8 years since Madrid when I proposed to take the Congress to Brazil!! Many things have happened. Life has happened and keeps happening – how good is that??

That is what makes life so beautiful and yet so quick ... sometimes we wish we could stop the time – freezes it in order to savory it better, longer ....

Even though we are not able to freeze the special moments – still we can keep them pictured and framed in our minds, in our memories, in our hearts – which enables us to re-visit them an uncountable number of times, anytime!

This will be my last letter as an Editor – and I would like to take this opportunity to bring up all my appreciation and my big thanks to Timucin. It has been a delight working with you!

Mr President, my dear friend Luc Martens: it has been a wonderful time!

Also I would like to thank all of you for your companionship and for your collaboration. It can only get better!

THANKS!

Finally, I would love to share with you my anticipation and the emotions it brings to me the thought of having the 19th Congress in my home Country, and there becoming the President of IADH.

God gives to us many gifts ... presents ....such as life itself, but some of them are really SPECIAL – they are truly one of a kind!

This definitely is one of them! ONE OF A KIND!

Then ... one day when it’s all said and done ....all pictured and frame I just want to sit down and remember all the great gifts, unforgettable moments God has given to me!

Welcome to Brazil! Hope you have a great time – one of those!

Sejam Bem Vindos !! Ate breve !!
Free online access to JDOH for IADH members for 2008

To gain access:
Please go to www.jdohonline.org and Register, where you will need to enter your email address. Registration will ensure your personal details are correct and enable you to create a password of your choosing.
You will then receive an email confirming your details and that your account is active.
Please then send an email to support@shancocksltd.co.uk requesting access to the JDOH online including ‘IADH Member’ in the subject of your email.
Recognition of the Specialty of Special Care Dentistry in the UK

At its Council meeting in September 2008, the General Dental Council (GDC) for the UK fully recognised the Specialty in Special Care Dentistry (SCD) and formally added it to its list of Dental Specialties. The transition period for entry by assessment to the specialist list in SCD commences on October 1st 2008 for a two year period, closing on September 30th 2010. The Specialist Advisory Committee (SAC) in SCD will work with the GDC to scrutinise all applications for entry to the list by assessment. The SAC’s role is to advise the GDC whether an applicant should gain entry to the specialist list, however, the GDC makes the final decision and has the right to overturn the advice of the SAC.

The GDC is developing the application process for entry by assessment to the specialist list in SCD, as current advice relates to those dental specialties that have been established for some time. It plans to have this on its website (www.gdc-uk.org) very soon. The draft mediation criteria drawn up by the Joint Advisory Committee for Special Care Dentistry (JACSCD), which is available on both the British Society of Gerodontology (BSG) and the British Society for Disability and Oral Health (BSDH) websites, provide useful guidance for those people planning to apply for entry to the specialist list by assessment.

Recognition of the Specialty in SCD is the culmination of many years of hard work, debate and lobbying by the two specialist societies (BSG and BSDH), consultants in the medical speciality areas, people with disability and their families and carers, the specialist disability societies, and others. The need for a Specialty in SCD was first raised by BSDH shortly after its inauguration in 1976. The debate about a Specialty in SCD was refuelled in the 1990’s when the GDC and the Department of Health (DH) sought to formalise and regulate the provision of Specialist care within the UK. Although the DH ‘Review of Existing Specialties and the Need for Future Additional Specialties’ recognised the case for a future Specialty in SCD, it was not until December 2005 that the GDC approved, in principle, the establishment of a Specialty of SCD.

During the intervening period discussions continued over the need for a Specialty that would provide high quality care for people with a range of primary conditions with recognised oral health care needs and management requirements; and for formalised training and professional development in this field to secure an appropriate workforce. As a result, the Development Group for Community Dental Practice was established in 1995 under the aegis of the Faculty of Dental Surgery of the Royal College of Surgeons (RCS) of England. This group published a report ‘Moving Forward – Establishing the Specialty of Special Care Dentistry’ that confirmed the need for further education and training, through a specialist framework, to improve and safeguard care for people with disabilities. Independently, and simultaneously, the Standing Committee on Postgraduate Medical and Dental Education acknowledged that there was: “a strong case for formal education and training of dentists in the care of patients with special needs.”
In 1999 the Dean of the Faculty of Dental Surgery of the RCS (England) established a Working Group in SCD to provide a broad-based, expert view to the Faculty of Dental Surgery later that year. The Group recommended the establishment of a Joint Advisory Committee for Special Care Dentistry (JACSCD). Consequently, in 2000, JACSCD was established as a free-standing committee to promote and oversee the introduction of training programmes, the development of curricula and training standards and formative assessment processes. Its documents ‘A Case of Need – a proposal for a Specialty in Special Care Dentistry’ and ‘Training in Special Care Dentistry’ were produced in 2003. These documents were extremely helpful in making and remaking the case for the Specialty to key people and bodies who could influence the debate, such as the President and Council of the GDC, the Chief Dental Officer for England, the British Dental Association, etc.

In 2007 JACSCD became the Specialist Advisory Committee (SAC) in Special Care Dentistry and gained approval for its proposed three year specialist training programme from the Specialist Dental Education Group of the GDC, and approval for its membership from the Joint Committee for Specialist Training in Dentistry. This year it has eventually seen full recognition of the Specialty in SCD.

Numerous people have contributed to this achievement over the years. The characteristics they have had in common have been a fervent belief that the Specialty in SCD was the way to build and secure an appropriately trained workforce to provide oral health care for people with disability and complex additional needs; dogged determination; and ceaseless energy. The members of the SAC look forward to celebrating this achievement with as many of these people as possible in the near future.

Dr Janice Fiske,
Senior Lecturer and Consultant in Special Care Dentistry at King’s College London Dental Institute, and
Chairperson of the Specialist Advisory Committee for Special Care Dentistry

NEWS FROM ICELAND

Nordic Association of Disability and Oral Health

Nordic Association of Disability and Oral Health (NFH) congress is going to be held in 27-29 August 2009 in Reykjavik, Iceland. For more information please contact;
Dr. Elin Svarrer Wang
elinwang10@hotmail.com
NEWS FROM AUSTRALIA

Here are some nice photos from Walk@bout 2008 conference.

Dr. Patrick Tseng and his wife - the invited international speaker-Chief Dental Officer from Singapore & Colgate national managers

ASSCID executive committee

ASSCID organizing committee and staff members from SCU/WESTMEAD - our big helpers!

Dr Rhys Thomas from Queensland Health - a major supporter for the event.

Prof Eric Reynolds, Halas - Henri Schein and Johnson & Johnson national managers /representatives - our sponsors.
The WFH’s success in these endeavours is supported by data from the organization’s annual Global Survey, which has been conducted annually since 1998. In the past 10 years, the number of people with bleeding disorders identified worldwide has increased from 103,000 people in 65 countries to 219,000 in 101 countries. The number of people with von Willebrand disease, the most common bleeding disorder, has increased by 100% since 1999, and more than 20,000 people with other rare factor deficiencies have been identified.

A core objective of the WFH is to increase the worldwide availability of clotting factor concentrates for prophylactic and elective treatment for people with haemophilia and other bleeding disorders and over 130 million IU of factor has been distributed to 69 countries since the WHF launched its humanitarian aid programme. Furthermore, hundreds of healthcare professionals have received training through the WHF fellowship programme ensuring standardization of the techniques used for the laboratory diagnosis of congenital bleeding disorders. It has also improved the care delivery systems alongside increased government support for national programs, increasing the availability of treatment products and building a strong national patient organization.
‘Twinning’ is one of the many programmes that World Federation of Haemophilia (WFH) has designed to improve haemophilia care throughout the world and is a formal, two way partnership between two haemophilia organisations, serving populations of similar numbers, working together, sharing information, knowledge, experience, and resources. Twinning projects have helped emerging haemophilia organisations to develop as a society in many aspects, and also benefited more established organisations by presenting them with new challenges. This year Ireland and Bosnia and Herzegovina were awarded ‘twins of the year’ and I attended the conference as part of the Irish multidisciplinary team in order to participate in the Haemophilia Federation Dental Committee Meetings.

The importance of good oral health was a recurring theme in many of the non-dental sessions of the conference and interestingly intra-oral bleeds were the most common reported site of bleeding in many disorders and consequently oral health issues were included in both the quality of life and medical management presentations. With the importance of good oral health high on the agenda of WHF the dental committee, chaired by Andrew Brewer from Glasgow, has become a very well integrated part of the organisation and has recently developed very useful guidelines for Dental Treatment of Patients with Inherited Bleeding Disorders which are available online on the Publications Section of the website www.wfh.org/index.asp?lang=EN

The dental committee has also recently applied for funding from the WHF to produce a multilingual oral healthcare DVD for patients and health care professionals suitable for use as a training resource within the fellowship, GAP and twinning programmes.

The two dental sessions at the conference were attended by many interested delegates and the papers presented were of a high quality and encouraged extremely lively and interesting debate. Presenters had travelled from Europe, Australia, South America, Asia and Middle East and included many familiar faces from IADH. The majority of the papers discussed problems associated with dental extractions and post-extraction haemorrhage and demonstrated that if the treatment is planned carefully it can be carried out without significant problems. Particularly useful was the ‘meet the expert panel session’ which was chaired by Eduardo Rey from Argentina and a number of new ideas were presented which included various options for surgical and restorative treatment without the use of additional factor cover and introduced some of the newer haemostatic agents and procedures into the dental field. We are eagerly looking forward to the next conference in Buenos Aires and the presentation of new work which verifies preliminary results in ongoing studies.
A major topic discussed at the World Federation Dental Committee Meeting was in addressing the difficulties patients with bleeding disorders had in obtaining access to dental treatment. This was due largely to a worldwide shortage of dentists interested or trained to treat patients with congenital bleeding disorders but also, even in developed countries, financial barriers in obtaining adequate care. Consequently as part of the outreach programme, WHF will be hosting a stand at the forthcoming IADH congress in Santos and other major dental conferences where copies of the dental guidelines will be available and interested delegates will be encouraged to register their interest, keep up to date with WHF development work and become valuable members of their special interest dental group.

I thoroughly enjoyed the multi-disciplinary and patient centred focus of the whole congress which in addition to a jam packed social programme included essential wider information for the special care dentist including the psychosocial aspects of haemophilia, medical updates, introduction to rare disorders, development of inhibitors, pharmacology, HIV and HCV issues and lots of opportunity for networking and collaboration. Most interesting were the emerging problems of caring for the new generation of older adults with severe disease in previously uncharted territory such as bowel and prostate cancers, cardiac surgery, and occupational falls and trauma associated with poor eyesight.

The social highlight of the programme was a private visit and reception at Topkapi Palace which was the official residence of the Ottoman Sultans from 1465 to 1853. The stunning palace is a setting for state occasions and royal entertainment and is a major tourist attraction and the home of the famous Topkapi Spoonmakers Diamond. A careful eye was kept on the female delegates during the reception to ensure that this 86 carat diamond weighing 17g remained in the palace. According to one tale, a poor Turkish fisherman whilst wandering idly, empty-handed along the shore found this ‘shiny stone’ among the bins in the street and not knowing its value exchanged this great treasure with a fortuitous jeweller for three spoons.

The 2010 congress of WHF will be held in Buenos Aires in 2010 and promises to be equally interesting and I would encourage anyone involved in the dental care of people with haemophilia to attend and/or participate.

More information in English spanish and French can be gained by visiting the WHF website
www.wfh.org/index.asp?lang=EN

Alison Dougall
Dental Department, National Centre for Hereditary Coagulation Disorders, Dublin, Ireland
Consultant for Medically Compromised Patients, Dublin Dental School and Hospital
CHRONIC PAIN, STRESS, EARLY CHILDHOOD TRAUMA, AND EMOTIONAL DEPRIVATION IN THE EARLY YEARS – DOES THIS HAVE IN IMPACT ON WHAT AND HOW WE TREAT PERSONS WITH SPECIAL NEEDS?

Clive Schneider-Friedman

IADH will shortly be celebrating the 19th congress in Santos Brazil. I thought this might be an opportune time to highlight current research in Brain Development and to initiate dialogue in how this may or may not impact how we provide treatment. I would not even begin to imagine that I am an expert in this area, and merely present a synopsis of thoughts that are far better presented in a number of texts referenced at the end.

Few of us would dispute that a child born with a disability or becoming disabled due to a traumatic event results in a compilation of stress and anxiety within families that often end in dysfunction of one sort or the other. The psychological and coping processes that families and parents go through can run the gamut of complete acceptance to denial and anger. The responses are by no means linear but rather occur in a spiral fashion. So depending on the stimulus the professional treating the family may often be subject to many different projections. I am sure this is not new information for many of you. Having a better understanding of brain function and what happens physiologically with stress can perhaps help us to better treat and deal with the complexities of dealing with the emotional upheaval, behavior and stresses of treatment.

I realize that taking on this task, as part of a newsletter is overzealous. I cannot possibly do this topic justice in a few lines. My intention is merely to bring attention to my own awareness and need for change.

Building the Brain

Everything in the infant environment contributes to brain development – noise, light and changes in temperature: the touch, voice, and smell of a caregiver. Experiences in early life activate gene expression and result in the formation of critical pathways and processes. Billions of neurons in the brain must be stimulated to form sensing pathways, which influence a person’s learning and behavior, and biological processes which affect physical and mental health.*

The quality of nurturing and sensory stimulation (or lack thereof) during infancy and early childhood, establish set points in LHPA and autonomic nervous system neural circuits that influence the capacity of coping for Allostasis – throughout life. The connections formed in early life between the Amygdala and the Thalamus influence how an individual responds to certain kinds of stimuli for their entire life. **
Allostasis is the process by which bodily functions change to meet demands and challenges. The flight—or fight—response is a good example of this. It operates throughout the autonomic nervous system and the limbic hypothalamic-pituitary-adrenal axis (LHPA). When allostasis is moderate it helps individuals cope with demands of daily life. When it is excessive or prolonged the load leads to wear and tear on biologic systems, tissues and organs resulting in long term chronic mental and physical disease. ***

The Thalamus is the major sensory relay station. It receives sensory inputs of all types except smell. The Thalamus transmits possible messages of threat or challenge to the Amygdala. (Smell is the only sense that goes directly to the Amygdala) The Hippocampus is the seat of long-term memory. What is interesting is that this part of the primitive brain will imprint these sensations and memories and can be re activated by similar or like stimuli that resulted in the initial imprinting mechanism. What Levine calls an Amygdala Highjacking? We are all subject to Amygdala highjacking. Think of a time when you would react to a particular stimulus and not know why or where your response came from – nor understand the intensity of such a response. Lets take smell as an example. Being the one sense that goes directly to the Amygdala – a negative experience related to a smell – like a hospital visit, or a visit to a dental office, may result in a negative reaction many years later when one is restimulated by a similar smell. The reason why so many individuals react so negatively even as they enter the door of an office or hospital. Even those of us who have full functioning frontal cortex – the seat of the rational mind – will still have a reaction even if our cortex tells us there is no need. An Amygdala Highjack. The Amygdala is also linked to feelings of fear and aggression. Fibers from it project the other parts of the brain stem and limbic system, which controls the autonomic nervous system. This pathway stimulates the release of adrenaline – the classic flight or fight response. ****

Goleman talks about amygdala highjacking in his book Emotional Intelligence. He describes it as "when the impulsive feeling overrides the rational action." This means that when there is sensory input, it goes to the visual cortex to be analyzed. If the response is emotional, a signal goes to the amygdala. A smaller portion may go straight to the amygdala allowing a faster (less precise) response.

For it to be an amygdala highjacking, there have to be four criteria.

1- It has to be inappropriate for the situation.
2- It is instantaneous. It doesn't pass through the neo-cortex, but goes straight to the amygdala.
3- It is a child-like response
4- It has to be a large emotion
How many scenarios are possible – it would not be difficult to come up with many. Use of restraint, separation of a care-giver from a patient for care, taste of blood, taste of topical anesthetic, noises of a handpiece – the list is innumerable all possibly associated with a large emotional response that does not seem to fit the stimulus.

What if any of these had been imprinted in the amygdala and associated with a negative memory in the hippocampus and months or years later we inadvertently recreate the experience through applying any of the above.

How can one recognizes a response as an amygdala response, and if so what can we do about it. Are we initiating the fight or flight response- Daniel Golemans criteria may be of some help in identifying the response we see in the dental atmosphere.

The question that I leave you with -

**IS WHAT WE DO BENEFICIAL TO OR DETRIMENTAL TO THE PATIENT AND HOW CAN WE CHANGE THAT IMPACT?**

**LETS USE THIS AS A BASIS FOR DISCUSSION IN SANTOS**

**LOOKING FORWARD TO ACTIVE DIALOGUE**

**CLIVE..**

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Early neural pathways are shaped by experience.

** Knudsen, Heckman, Cameron & Shonkoff. 2006; Shonkoff & Phillips, 2000; Mustard, 2006

***Mustard 2006

****For a better understanding of Allostasis, hormonal responses, read  
http://www.adjunctcollege.com/Midbrain_atypical_version.html

“ Why Zebra’s Don’t Get Ulcers “ Robert Sapolsky

“ The Mindful Brain “ Daniel Siegel
Santos (São Paulo), Brazil

Santos is a municipality in the São Paulo state of Brazil, founded in 1546. It is the main city in Paulista Coast. As of 2006, its population was estimated at 418,375. Santos has the biggest seaport in Latin America; is a significant tourist center; has large industrial complexes and shipping centers, which handle a large portion of the world's coffee exports; as well as a number of other Brazilian exports including oranges, bananas and cotton. The city also displays the Coffee Museum, where, once, coffee prices were negotiated; and a football memorial, dedicated to the city's greatest players, amongst which is Pelé. Its beach's garden, 5.335 Km length, figures in the Guinness Book of Records as the largest beach front garden. There is a tourist information on the beach garden in the center of the beach. It is the building with Mondrian walls at the big "i"-sign. The staff speak excellent English and is very helpful.

Dock Museum Av. Rodrigues Alves with Rua João Alfredo. This museum tells the story of what was happening during the 19th century the greatest coffee dock in the world.

Coffee Stock Exchange, Rua XV de Novembro, 95, Phone: 3219-5585. From Tue to Sun, 9:00 to 18:00 - Once an active and important institution, nowadays it houses a Museum of Coffee where it can be seen the history of Coffee in Brazil, some old machinery and different kinds of coffee. The building has renascentist inspiration and was re-opened to the public in 1997.

Monte Serrat Hill, Praça Correia de Melo, 33, Phone: 3221-5665. Right in the center of the city. On the top of the hill (157m) one can have a 360 degrees view of all Santos and adjacent cities (like Guaruja). Full of restaurants and coffee bars. If climbing is not your sport, you can take the tram.

Beach front garden, The longest beach front garden in the world according to the Guinness with 5335 meters long. Just go to the beach and you will find it.

Aquarium, Av. Bartolomeu de Gusmão, Ponta da Praia, Phone: 3236-9996. The first public aquarium in Brazil featuring hundreds of sea creatures of the Brazilian seas.

Santos Football Club, Rua Princesa Isabel, Phone: 3239-4000. The famous club where Pele played most of his career exhibits some glories and trophies of the past and present. Interesting only for football fanatics.
19TH CONGRESS OF THE IADH - Santos - Brazil - October 29th - 31st, 2008

We are working to welcome all of you in Santos, Brazil!

We invite you to explore the website www.iadh2008santos.dinoh.org, visiting the Preliminary Scientific Program and all the information regarding the Congress.

We are going to remind you the most important deadlines:

**October 28th 2008**
- Council Meeting at Mendes Panorama Hotel, 8:30-13:00
- Pre-Congress Seminars at “Parque Balneario Hotel 14.00 – 18.00 PM

**October 29th-31st 2008**
- 19th Congress of the IADH
  - Mendes Convention Center

**November 3rd-5th 2008**
- Post-Congress Activities

**SOCIAL ACTIVITIES**

**October 29th**
- **Open Cocktail**
  - Time: 17:30
  - **Place:** Black Jaw Choperia
    - **(Mendes Convention Center)**
    - Free for all the Attendances

**October 30th**
- **Gala Dinner**
  - Time: 21:00
  - **Place:** Capital Disco (Mendes Convention Center)
    - You will never forget that amazing party!!

For more social options, you can check the following link
MAC Viagens & Eventos

We are looking forward to seeing you in Santos.

Yours sincerely,

**Dr Gabriela Scagnet**
**Dr Marcello Feitossa Boccia**

For more information
[www.iadh2008santos.dinoh.org](http://www.iadh2008santos.dinoh.org)
19th CONGRESS OF THE IADH
POS-CONGRESS ACTIVITIES

SEMINAR ON OROFACIAL REGULATION THERAPY AND CRANIOFACIAL GROWTH DEVELOPMENT

PROGRAM

Sunday, November 2nd.
Arrival in Córdoba. Transfer from the Airport to the Howard Johnson Casino and Hotel, Río Ceballos (hills of Córdoba, 50 kms from the city)
Reception dinner at the hotel.

Monday, November 3rd.
9 – 13 hs. Session 1 (Dr. Rodolfo Castillo Morales):
Orofacial Regulation Therapy: Castillo Morales Concept framing orthodontic and orthopedic treatment. Neurophysiological aspects. Reeducation strategies applied to hypotonic, spastic and dystonic patients.
13 – 14 hs. Lunch break.
14 – 18 hs. Session 2:
Patients assessment. (2 patients will be assessed by Dr. Castillo Morales)
Discussion and exchange among the participants regarding the patients’ evaluation.
20:30 hs. Dinner. (Tango sessions)

Tuesday, November 4th.
9 – 13 hs. Session 3 (Dr. Stavros Kiliaridis as main lecturer, followed by Dr. Gustavo Molina and Dr. Gastón Arceguet):
Craniofacial Growth Development. Possibilities of orthodontics in neuromuscular alterations. Combining orthopedic resources with myofunctional therapy to achieve orofacial regulation.
13 – 14 hs. Lunch break.
14 – 18 hs. Session 4:
Patients assessment (2 patients will be assessed by Dr. Castillo Morales)
Discussion and exchange among the participants regarding the patients’ evaluation.
18 hs. Summary and Conclusions
21 hs. Dinner: Argentinean barbecue (asado) and closing party.

Wednesday, November 5th.
12 hs. Departure to Sao Paulo by TAM Airlines.

PROMOTIONAL PACKAGE: US$ 1090-
INCLUDES FLIGHT TICKET Sao Paulo/Córdoba/Sao Paulo by TAM,
3 NIGHTS AT THE HOWARD JOHNSON CASINO AND HOTEL, ALL MEALS, REGISTRATION AND MULTIMEDIA SUPPORTIVE MATERIAL FOR THE SEMINAR.
FOR REGISTRATION OR FURTHER INFORMATION, CONTACT gfmolina@dinoh.org
Upcoming Events

21st Annual Meeting on Special Care Dentistry
April 17-19, 2009
Hilton Baltimore Hotel, Baltimore, Maryland
http://www.scedonline.org

6th Interim Seminar and Workshop
“Developmental defects of the enamel - Comprehensive clinical approach”
Helsinki, Finland, May 14-16 2009
www.eapd.gr

62nd AAPD Annual Session
May 21-25, 2009
Hawaii Convention Center
Honolulu, Hawaii
For more information, visit:
http://aapd.hawaiiconvention.com/index.cfm

22nd IAPD International Congress
16-20 June 2009
Munich, Germany
http://www.iapd2009.org/

2008 FDI Annual World Dental Congress
24-27 September 2008
Stockholm International Fairs & Congress Center
www.fdiworldental.org
Hi Everyone,

In this issue, I’ll try to start a new topic called “Challenge”. I’m sure all of us have a challenge once in a life time.

This summer I took a 3 day motorcycle trip to ancient sites of Turkey. This was my first long-distance motorcycle trip and I enjoyed it very much.

Being new to extended motorcycle travel, I was not sure what to expect or just how much to pack. But I managed to ride 950 km alone and visited 3 ancient cities in central part of Turkey. I encountered different types of weather, and amazing historical sites during my trip.

During my adventure I choose the alternative roads instead of highways where you can easily free your soul with wind coming to your face and loneliness on the mountains.

Timucin ARI

Four wheels move the body.
Two wheels move the soul...
2008 SUMMER

IAD happy

Irish Crew searching for another 17kg diamond in the bins!!

IADH New Baby

Summer in New Zealand
From Juliet Gray

Alec Faulks Dualé
23rd April 2008
4kg 52cm

Marino (Leda’s son)
& Leda