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The smiling face of the magazine.
On behalf of the Executive Board, I would like to wish you all a Merry X-Mas with lots of Love and Peace and a very Healthy and Successful New Year!

I understand not all of us celebrate the same ‘holy- days’ – however more important than the dates is the meaning behind our celebrations.

Whatever God, whatever religion or faith we have each one of them will always tell us in different ways the same simple messages:

- to love each other
- to be merciful in our hearts
- to forgive
- to have faith – never stop believing that there’s Someone or Something above us always looking after us, taking care of everything.

Then, let’s unite our thoughts for one minute and wish all the best for each other - would it be translated as a **Merry X-Mas**, **a Merry Hannukah**, **a Merry Hajj**, **a Merry Kwanzaa**, **a Merry Bodhi Day** … or simply …. **GOD BLESS!**

See you in the New Year!!

Leda Mugayar
President
Dear IADH Members,

Hello again,

As the cold days started to show itself, we are again in front of you with the “warm” Autumn issue of the IADH Magazine.

I always leave the editor’s letter last, as my thoughts came out when I look at the cover, and the news section of the magazine. There is always a sweet fatigue and impatience on my side before I send you the magazine.

I’m not good at artistic writing and I always try not to repeat myself. However, it’s like a challenge each time when I struggle to find nice words and poetic things in my editors letter. While I was thinking of these thoughts, I’ve received a very nice email from Dr. Alison Dougall who proposed to create a new section in the next issue of the magazine called “Poetry/Art and Medicine”. I think this section will be excellent for me and for all of us and I’m looking forward to receiving your feedback for this section.

Each season has different colors and each issue I try to encourage different persons from different parts of the world to write something for the magazine. In this issue Åsa Mogren who is a Speech Language Pathologist, accepted my request to share her experiences for us. I found it very interesting to see how things go on from SLP’s perspective. I think this is an excellent example for those of us us who don’t have the chance to work with different professionals in special needs dentistry to see what can be achieved with joint working.

There is a great news from IADH. We all book our flights online, shop online and it has been a big problem for most of the councilors and for the treasurer of IADH to see whether the membership dues are paid or not. Now, finally we are able to pay our IADH subscriptions using a credit card from IADH web site. I would like to thank Martin Arts and Burton L. Nussbaum for their great efforts for creating an online payment page.

Unfortunately when I was writing this letter to you, I heard that Burton L. Nussbaum had a serious injury and he was still in hospital for rehabilitation. I hope that he will get well soon and we can enjoy this big achievement together soon. I keep my fingers crossed and hope I can write in the next issue that he is fine.

Everything in this magazine was put together with love and with your support. Now it’s time to share it with you. I’m looking forward to receiving your nice photos for the Christmas and the New Year. Please find something to share with us. You can send email to me or if you have a facebook account you can add me as a friend to share your photos with us. The only requirement is that it comes from the heart. We hope you enjoy this issue.

Happy New Year.

Timucin ARI
timucin@confi-dent.net
Special Care Dentistry from Speech-Language Pathologist Perspective.

Åsa Mogren– Mun-H Center Göteborg, Sweden

It has been five years since I started to work as a Speech-Language Pathologist (SLP) at the Mun-H-Center (MHC), Göteborg, Sweden and I feel that I still learn something new everyday about patients with special needs and about how to work with dysfunctions in the orofacial complex. MHC is a national orofacial center of expertise for patients with rare diseases, where dental personnel and speech-language pathologists work together with assessment and treatment for both children and adults. As a SLP, I meet patients with orofacial dysfunction of different origin. They are referred to us from their local dentist, SLP or local rehabilitation team. They have problems for example with drooling, motor speech disorders such as dysarthria and dyspraxia, eating difficulties or hypersensitive mouth. Our major aim is to assess the function, determine the specific needs for each individual, and give proposals for treatment. Before I started to work at MHC I had worked as a SLP in a rehabilitation team for children, in a special school, and in an ordinary speech and language department at a hospital.

In general, SLPs assess, treat, and help to prevent disorders related to speech, language, communication, voice, and swallowing. The work as a SLP is still regarded as an exclusive profession in Sweden, where there are about 1300 and 9 million inhabitants. This is not sufficient and compared to other health professions the number is indeed very low. In my work at MHC I have the great advantage of being part of the dental team which gives me the opportunity as a SLP to evaluate the interaction between form and function in the orofacial complex in collaboration with a dentist.

There are some diagnoses where the multi-professional approach is crucial. The following are some examples:

✦ Drooling can be a severe problem for many people with neurological impairment or neuromuscular disease and carries a profound social stigma. Both assessment and treatment of drooling is complex. Treatment can include oral motor therapy, orthodontic treatment, physiotherapy, medication, or surgery. If the treatment aims at reducing the amount of saliva, the dental team must certainly be involved in treatment planning in order to maintain good oral health.

✦ Children with feeding impairment and long standing tube feeding. It is common that these children have food aversion and oral hypersensitivity and a majority has frequent vomiting and gastro-oesophageal reflux. They are at risk for developing oral disease. As a team we can help these children to improve feeding skills and oral health and we can teach them how to use the mouth for feeding, speech, and tooth brushing.

✦ Malocclusion is common among people with disabilities. When malocclusion is secondary to oral motor dysfunction and weak muscles oral motor therapy should be discussed as a complement to orthodontic treatment.

✦ When oral self cleaning is severely affected as a consequence of oral motor dysfunction. Pieces of food might be lying under the tongue or in the vestibule for a long time after the meal is finished and sometimes food is stuck in the palate.
Sharing Experiences

My experiences from international meetings such as the IADH congresses is that; dentists from all around the world, who are engaged in this group of patients, often express their great need for collaboration with SLPs. Unfortunately in many places there is no such collaboration in spite of the urgent need for a SLP in the dental team for people with disabilities. Good oral health requires good oral hygiene, oral care, and a functional eating and control of saliva.

The reason why there are so few SLPs working together with dentist differs. One reason could be the way how the social welfare system is built up in certain countries. Another is that the education for SLPs is very different in different countries. If the SLP is mostly trained in language oriented diagnoses and works mostly in private practices or in schools, entering a dental team might be difficult.

In Sweden, there are quite a few SLPs and dentist that collaborate in different ways. We have a medically oriented education for SLPs and a social welfare system that makes it possible to work in teams around patients with disabilities. However, it is not at all common to work at a dental clinic in the way that my colleague Lotta Sjögreen and I do. Lotta Sjögreen has worked at MHC since the start and her experience and knowledge is exceptional and I've been privileged to have her as my supervisor.

Most patients are referred to us for diagnoses and suggestions for treatment. The consultation includes an oral exam of dentition and occlusion, and an assessment of oral sensory-motor function. We try to rate strength and mobility in the lip and tongue and the stability and grading ability in the jaw. We also assess the function of eating, speech and saliva control. If the patient is cooperative we can use different kinds of tests, and also measure strength in lips and tongue, but sometimes we only observe the orofacial function in rest and activity.

Depending on the outcome of the assessment, we decide about suitable methods of treatment. There is no therapy that is perfect for all patients. We have to think about treatment as “the Smorgasbord” as we say in Swedish, “one dish for every taste”. For example not all individuals have the same cause for their drooling problems. Patients very often don’t swallow their saliva often enough, but this can be for different reasons. Some children have large tonsils and can’t breathe through their nose, some have a general oromotor dysfunction, some have low muscle tone in lip and jaw, and some have a big overjet that makes it impossible to close the lips etc etc.

The work of Castillo Morales has had a great impact on how we work in Sweden with oral motor treatment for this group of patients. The orofacial regulation therapy and the palatal plates are widely used by many dentists and SLPs. Several courses in orofacial regulation therapy have been held at MHC.

We are also influenced by other great therapists such as SLP Susan Evans Morris and SLP Sara Rosenfeld Johnson, both from US, who also gave courses at MHC during the last years. These therapists underlined the importance of sensory-motor stimulation, and tactile stimulation, both for developing speech and also for eating and swallowing.
SLP Sara Rosenfeld-Johnson is our latest acquaintance. She calls her therapy Oral Placement Therapy (OPT). This therapy is developed as a supplement to traditional speech therapy but it suits many patients with drooling and dysphagia as well. OPT therapy for speech teaches oral structural placement to patients who cannot produce or imitate speech sounds using traditional auditory or visual input. Several different therapy tools are used to teach the right placement. According to Sara Rosenfeld-Johnson, the muscles for speech follow a hierarchy where jaw stability and jaw control is a prerequisite for lip and tongue control. Therefore, if you have identified weakness in the jaw, lips and tongue, you should begin with jaw exercises. If the jaw is stable but there are weakness in the lips and tongue you should begin with lip exercises etc. The therapy always begins at the patient’s highest level of success, and aim to improve skills step by step. In this way you can easily monitor the therapy.

As we are so few SLPs in Sweden, we have to get inspiration from other parts of the world. In November 2008, I attended the IADH congress in Santos and the Post congress seminar with Castillo Morales in Cordoba Argentina which was a very valuable and great experience. This November I got a scholarship that allowed me to participate the ASHA congress in New Orleans, US. In our field, most of the literature and many treatment methods come from the US. At the congress there were 12 000 attendees for three intense days with thousands of seminars. This is the second biggest congress in the US so it was overwhelming in many ways.

At the congress, there has been a great debate about the efficacy of oral motor treatment related to speech. I believe one important thing that came out of this debate that we have to be really careful about when, and to whom, we give advices for oral motor training. Our treatment plans must always be individual and relay on a careful examination. We have to know exactly why we recommend certain training; otherwise we shall not recommend it.

Principles of Motor learning are another big issue in the US. Principles of motor learning are tried in the treatment of children with dyspraxia. The recommendation for training for children with dyspraxia is that they need to train every word many times during a session to learn the movements of speech. If you use principles of motor learning, it is recommended that you train the words randomly instead of one word at a time (mass distributed).

The research on oral motor therapy is still very limited. Most of what has been done so far has been done by dentists within the faculties of dentistry. However, it is important to distinguish between “no evidence of effect” and “evidence of no effect”.

In the clinical work we use the best practice known and it will probably take many years before we have evidence based recommendations concerning oral motor therapy. One reason for lack of research is the lack of reliable tools for measuring the effect of therapy.

I’m happy that the interest for oral motor treatment and for our work as SLPs continue to grow among dentists around the world and I want you to know that there are a lot of things we can do for this group of patients, especially if we work in teams.
For Carl....

On November 10, 2009, we all lost a very dear friend and special person in Carl Horbelt. In the days and weeks that followed, many of us communicated with each other the grief we’ve been feeling over losing him. I’d like to offer a little of my experience with Carl as a bit of therapy to others feeling the same sadness I am.

Carl was a classmate of mine at The University of Texas Dental Branch at Houston, the Class of 1981. Dental school life with him was a riot, a lot of fun. You may or may not know that Carl actually didn’t start school on time. He was an alternate, and when a student dropped out a month or two into the start of the freshman year, our dean at the time, Dr. John Victor Olson, called Carl. At the time, Carl was driving a beer truck, and Olson told him he had 24 hours to report or the slot would go to someone else. Carl was there the next day, and after a few days we all wondered who this crazy guy was. We quickly learned that Carl, born in Galveston, TX and raised in Pasadena, TX, had a heart as big as all of Texas, and throughout dental school we enjoyed working and relaxing with our classmate, known to us as “Horbelt.” His personality was such that if you asked most of us about his academic performance, we’d have probably told you he was in the middle of the class. But he was a serious student, had an incredible appetite for knowledge, and finished among the top 10 in our class. Most of all, I remember his compassion for his patients, both chairside and during the times before and after clinic, when we’d share stories about our experiences.

After graduation, Carl and I went separate ways for awhile. I moved to Tennessee for residency and private practice, and I’m not sure whether Carl and Carol left Houston or not. We resumed our friendship later that decade when I returned to Houston and Carl became the dental director of the Richmond State School outside of Houston. We worked on a number of projects to train GPR residents to treat special patients. I know he cherished the opportunity to enlighten residents about the special needs of the patients he was responsible for. And I couldn’t wait to hear the residents’ stories about Carl after they came back from spending time with him.

When he later announced he was leaving for Tennessee, I was thrilled for him, while at the same time disappointed to see him go. Since then I’ve been very proud of how he grew as a professional and for his work with SCDA, patients and so many others. In 2003, we were both inducted into the American College of Dentists and were surprised and elated to see each other at the induction (neither knowing the other would be there). It was a special treat to spend time together, sharing stories over a cold beverage. Carl was also one of the first people I heard from earlier this year when I was given a new role here at UT Houston. We did keep in touch over the years, although not as much as we would’ve liked.

I am honored and grateful to SCDA Interface to have this chance to share memories of Carl. Writing this has brought a small smile to my heart as I think about happy moments past, and I will miss him terribly, our friend Carl.

As a tribute to Carl we have included the articles he submitted for this issue of Interface. We hope you enjoy them as much as we have.

John A. Valenza, D.D.S.
University of Texas Dental Branch @ Houston Class of 1981

Carl Horbelt as a UT Dental Branch freshman, 1977.

John Valenza as a UT Dental Branch freshman, 1977.
We were more than 100 persons who had the privilege to participate in NFH's XIX Congress in Reykjavik, 27-28 August. It was a well organized congress with an interesting scientific programme and some of us even had the opportunity to take some days off to see Iceland. Iceland is a wonderful country with fantastic nature. I warmly recommend a visit.

NFH, Nordic Association for Disability and Oral Health, was formed in 1974 with national sections in Sweden, Finland, Denmark, Iceland and Norway. The national President builds the board of NFH. One or two of NFH's members in each country are connected to the IADH as council members. NFH has biannual meeting in a Nordic country in between the IADH International Congresses.

It was Iceland’s turn to organize the Nordic meeting in 2009 and the board of NFH Iceland and the Organizing Committee put a great effort in arranging a conference with many interesting topics. There were 114 Congress participants with representatives from all the Nordic countries.

First day’s lecture started with Freyja Haraldsdoottir. She is a young woman who is studying at the University. Freyja has osteogenesis imperfecta (OI). OI means incomplete ossification or congenital brittle bones. Freyja told us about her life and about her thoughts of what it was like to grow up with a diagnosis that makes her life so different compared to teammates. The teenage period was a difficult time in her life in which she felt she was not good enough. A conference in the United States changed her life when she met other people in the same situation. A speaker expressed the thesis "If you want to be first class you have to behave first class" a sentence that Freyja lives according to today.

Sigurdur Runar Saemundsson, Paediatric Dentist and Jon Olafur Sigurjonsson, Specialist in Prosthodontics, presented a case with a rare dental anomaly. They described a girl with total failure of eruption. Neither deciduous nor permanent teeth ever erupted spontaneously in spite of surgical interventions. The girl also had problems similar to those in arthrogryphosis and a certain cognitive impairment. Her mother had similar problems. When the girl begun school the dental team made a prosthesis that she very well could accept. The diagnose is unknown, and it is of interest to follow this case in the future.

Professor W. Peter Holbrook, Iceland, gave a lecture on "Salivary disturbance in patients with special needs ". He talked about xerostomia and the problems which may be seen in this symptom. Patients with special needs often have impaired ability to maintain good oral health and sometimes take medications that have adverse effects on the quantity and quality of the saliva. It is important that the dental team assess the risk of saliva malfunction in order to help the patient to prevent adverse outcomes from poor salivary function. Treatment can both be local e.g. with saliva stimulating resources, saliva formulae and professional cleaning but also by systemic treatment by medical products.
In the evening we all were invited to a cocktail reception sponsored by NFH and the Municipality of Reykjavik. We got the opportunity to chat with old and new friends and we had something to eat as well.

Day two started with Dr Gustavo Molina, Argentina, whose lecture headed "Oral motor therapy from the dentist’s perspective ". He began to talk about our most basic functions such as eating, chewing, swallowing and how dysfunctions in this area may cause major problems. Dr Molina explained the importance of working in multidisciplinary teams in order to diagnose oral deviations and treatment with palatal plates. He informed about Dr Rodolpho Castillo Morales’ concept Orofacial Regulation Therapy.

The lecture was followed by two Swedish Speech Language Pathologists. Åsa Mogren talked about "Oral motor treatment and dysphagia " and Anita McAllister gave a lecture about" Dyspraxia in children; assessment, methods ". Åsa Mogren talked about that drooling is/can be a major problem and that the aetiology of drooling is very complex and requires a multiprofessionell teamwork. Drooling is defined by impaired saliva control and the underlying reason is reduced ability to swallow. During the lecture some treatment methods were mentioned, in particular methods of oral motor treatment which has proved to be effective.

Anita McAllister spoke about dyspraxia which is a neurological dysfunction with absence of any muscle weakness. Dyspraxia can be oral or verbal. Oral dyspraxia means a reduced ability to voluntarily control single or sequenced silent movements of the lips, tongue or soft palate while verbal dyspraxia affects the purposeful control of the movements necessary for speech. The treatment for dyspraxia aims to establish and develop speech and there are different kinds of tests for systematic assessment/ investigation of oral motor function. There are also intraoral assistive devices to be used for oral motor difficulties and various palatal plates.

NOT-S (Nordic Orofacial Test-Screening) is a test to assess orofacial symptoms and was presented by Birgitta Bergendal, Specialist in Prosthetic Dentistry, in her lecture "The NOT-group in the past and future". The test is a standardized method with good validity and reliability and is easy to use. It gives the possibility to identify areas of orofacial dysfunction and the instrument can also be used in order to evaluate treatment as well as be used in comparative studies. The NOT-S is translated into all Scandinavian languages, English, French, German, Spanish and Brazilian Portuguese.
"Behaviour modification in the dental office" a lecture by Urdur Nardvik, Ph.D. assistant professor. She talked about the importance of reinforcement techniques in the dental treatment situation and how to achieve and maintain good compliance. By altering antecedent variables one can increase compliance as well as reduce the client’s fearful reactions and escape behaviours. There are a few things that are of importance and that is to adjust the environment to the patient, give the patient time, let the patient feel that he is in control and to be efficient in the treatment situation. These are fairly simple procedures but they make a big difference for the patient.

In the afternoon there were two parallel sessions. Dr Stefan Axelsson, Specialist in Orthodontics, held a lecture about “Teamwork” how it could/should be and when it does not work. The key-word today in health services is multiprofessional and interdisciplin ary cooperation. The audience was invited to discuss the subject and to express their own experiences.

The other session was held by Dr Gustavo Molina and the topic was “Oral motor training-hands on”. Two patients were shown on video-recording and the audience sat down in groups of two doing the exercises with each other following a special scheme: 1) functional assessment, 2) body preparation, 3) oral motor therapy for lips closure and tongue lateralisation, and 4) use of palatal plates.

The congress ended and closed in the evening with dinner at The Viking Restaurant, Fjörukrain. Singing and playing Vikings, sometimes waving with swords, served beer and we had raw fish to eat which is a culinary delicacy in Iceland (we did get lamb and mashed potatoes as well!). It was an exciting and nice evening and I am sure that the participants very much enjoyed the congress as well as the social programme during these two days.

Lena Gustafsson
Coordinator/Dental Nurse
Mun-H-Center, Göteborg, Sweden
Behavioral Management of Special Needs Children-Psychologist View.

Chamber of Dentists of Istanbul organized its first meeting about Special Care Dentistry on 27th of October 2009.

The subject of the meeting was “Behavioral Management of Special Needs Children”.

Psychologist Sezgin Kartal was the keynote speaker and gave detailed information about Autism, Down Syndrome and Cerebral Palsy to the audience.

Kartal mentioned the difficulties that families and children face in their daily life and underlined the importance of education in special needs children.

After this introduction, basic behavioral management techniques, which can be used in special needs children were discussed. Kartal especially focused on the communication and cooperation problems and shared his experiences. He mentioned that the techniques he uses in his daily practice can easily be adapted to dental treatments with simple modifications.

There were more than 30 dentists attended the meeting. During the discussions, it was clearly understood that; general dentists need more practical information about dental treatment modifications in special care dentistry.

The second meeting was scheduled in Spring time and Turkish Association for Disability and Oral Health will be hosting this meeting.

Timucin ARI
The course was about 'Oral Care and Management of Children with Neuromuscular Dysfunction' from 13-15th October 2009 at the Royale Bintang Kuala Lumpur - Malaysia.

Some of the Malay colleagues spent a week for a clinical attachment at the Dental Faculty, National University of Córdoba, Argentina, before this course.

Amazing! :-) We had a very good time and we felt very welcomed all the time in Kuala Lumpur. Food was phenomenal! Atmosphere couldn't be more friendly and relaxed. Everything was very pleasant.

Not mentioning the pleasure of meeting again with my good friend Gustavo Molina and sharing with him the knowledge, the friendship and the tiring moments. We had it all ... including our daily happy-hour and a refreshing beer and chat!

We can only say "Thank you " to the kind Malay people.
IADH will be very happy to welcome Malaysia in the International Council.

Leda Mugayar.
The All Wales Special Interest Group, commonly referred to as SIG, held another successful Study Day on October 9th at the Pavilion in Llandrindod Wells. More than 100 members of the dental team, primarily from the Community Dental Service in Wales, attended to learn how to manage The Medical Maze of Medically Compromised Patients.

Vicki Jones, Chair of the Specialist Interest Group welcomed delegates. Vicki highlighted the year’s successes in Special Care Dentistry in Wales; she congratulated Dr Shelagh Thompson who had recently been appointed as the first Consultant in Special Care Dentistry in Wales, and announced that the GDC had admitted at least five clinicians in Wales to the Specialist List in Special Care Dentistry. She also referred to the Postgraduate Distance Learning course, an ‘Introduction to Special Care Dentistry’ for Dental Care Professionals (DCP) that started in September, and the possibility of the development of a Postgraduate Diploma for DCPs that would include Modules in Special Care.

Vicki also welcomed the two guests: Mr Eric Nash, past Director of the Dental Postgraduate Department for Wales who had provided SIG with so much support in developing and delivering postgraduate education in Special Care, and Liz Davies, who had recently retired as Clinical Director in Swansea, and who held the post of Secretary to SIG for many many years.

The keynote speaker, Christine Randall, Senior Medicines Information Pharmacist at North West Medicines Information Centre (www.ukmi.nhs.uk) who has been instrumental in developing the evidence for the management of patients on anticoagulants provided a lucid, practical and comprehensive summary of liver function and the implications of liver disease and transplantation on oral health and dental management.

The morning session ended with an Update on Bisphosphonates and Oral Care from Javier Fernandez, Senior Dental Officer at Cardiff and Vale NHS Trust and a member of SIG. He stressed the importance of obtaining a detailed medical history, explaining the risks to the patient and obtaining informed consent. He recommended referring patients on IV Bisphosphonates needing surgery to the Hospital Dental Service. His final message was ‘Don't panic, just keep yourself up to date’.

The afternoon session consisted of three shorter papers from speakers from Wales.

Claire Fuller, Senior Speech and Language Therapist in the Nutrition Support Team at Betsi Cadwaladr University Health Board described her collaborative role in oral care for clients with dysphagia. She presented an interesting video case study of a 17 year old male following severe head injury, demonstrating the effectiveness of therapeutic approaches to accessing the mouth.
In the short time allocated to Dr Shelagh Thompson, Specialist in Special Care Dentistry and the first Consultant in Special Care Dentistry in Wales, Shelagh gave a comprehensive summary of the impact of cardio-vascular disease and diabetes on oral health and dental management. Her presentation provided a wealth of information on internet resources and publications to support the role of the dental team in providing lifestyle advice to reduce the risk of these debilitating medical problems.

Carolyn Joyce, Staff Hygienist at the Maxillo-Facial Oncology Team at Cardiff and Vale University Dental Hospital described her role as the only Dental Hygienist in the MaxFax Team. Carolyn described her involvement with the patient throughout their care pathway. She illustrated oral pathologies associated with radiotherapy and chemotherapy, and stressed the importance of appropriate preventive advice and treatments. The role is emotionally demanding and requires empathy but also an ability to distance yourself from the patient’s diagnosis. Carolyn’s role extends beyond the clinical commitment in providing oral health training for nurses, health professionals support groups, and the public.

Since SIG held first its first interactive session with a role playing theatre group several years ago, it has become a tradition to end the meeting with audience participation. This year was no exception.
ROLAND WILLIAMS JOB SHADOWING SCHEME
SIG has an important role in providing Continuing Professional Development for the dental team through the Roland Williams Job Shadowing Scheme. Over the last two years, the scheme has been restricted to DCPs. Seven Dental Care Professionals present at the meeting were presented with their CPD certificates for completion of the programme. Topics covered in the programme included:

- Anxiety and phobia
- Learning disability
- Medically compromised
- Mental health
- Oral health promotion
- Physical disability.

SIG STUDY DAY October 8th 2010, Llandrindod Wells
The programme for the 2010 Study Day has not been finalised but the proposed topic is ‘Learning Disabilities’. The meetings are held in Llandrindod Wells, in the heart of the Welsh mountains so if any of our international colleagues are visiting the UK, this is a date for your diary.

SIG WEBSITE:
SIG has a fantastic website with loads of resources that can be downloaded. It is a must if you want to keep up to date with developments in Special Care Dentistry in Wales and the UK. Javier Fernandez has been responsible for designing, developing and updating this amazing website. The SIG committee want to thank Javier for his work in developing this very important resource for us in Wales.

www.sigwales.org

POB LWC, POB DYMUNIAD DDA a DIOLCH - GOOD LUCK, BEST WISHES and THANKS...

Javier Fernandez came to work in the UK in 1998. Several members of SIG and BSDH first met Javier in 2000 at the International Association for Disability and Oral Health Congress in Madrid where he presented an excellent paper on patients’ attitudes to endocarditis; his interest and commitment to special care dentistry was very evident. So when Javier was appointed as Senior Dental Officer here in Cardiff in 2003, we were all delighted. And for those of us who have worked with him clinically over the last 6 years, we recognize his quiet and dedicated commitment to special care patients.

Sadly, Javier is leaving us to return to Spain. He has always described his ambition to set up a mobile domiciliary service in Spain.

So we wish Javier the very best in his new venture in setting up a mobile and domiciliary Special Care dental service when he returns home, thank him for his contribution to Special Care Dentistry in Wales and to SIG, and wish him every success and happiness.

There is a Welsh proverb that goes like this
Y Ddraig Goch ddyry gychwyn.
Translated it means: The Red Dragon will show the way.

Janet Griffiths
On behalf of the ALL WALES SPECIAL INTEREST GROUP
The 26th Annual Meeting of Japanese Society for Disability and Oral Health (JSDH)

The 26th Japanese Society for Disability and Oral Health (JSDH) Annual Meeting was held in Nagoya.

2. The venue: Nagoya Congress Center
   1-1 Atsuta-nishimachi, Atsuta-ku, Nagoya 456-0036, JAPAN
3. Scientific and clinical presentation: 352 abstracts
   1) 64 oral presentations
   2) 288 poster presentations
This annual meeting was organized by Dr Hikaru Ishiguro, Director of Dental Section in the Aichi Prefectural Colony and the Aichi Dental Association, while JSDH had supported this meeting organizer by planning 4 programs for the refreshing course such as “Diagnosis and Treatment of Xerostomia” and so on. Two special lectures including “Care and Education in the Community for Children with Developmental Disorders”, two educational lectures, four refreshing courses, three symposia, one open forum, two reports from JSDH committees, one report on the commissioned research by JSDH, two luncheon seminars, and the exhibition by the dental companies and the associates were designed.

The number of participants was 2,418. This was the highest number for the annual meeting of JSDH. The participants could get a new information and scientific evidence by many clinical and basic researches presented in this meeting. Furthermore, the international symposium and poster session between Korean Association for Disability and Oral Health (KADH) and JSDH were held in this meeting. This symposium has been held biyearly on the basis of the Action Plan for the Promotion of the Scientific Relationship between KADH and JSDH. The theme of this symposium was “the Under- and Postgraduate Education for Special Care Dentistry in Korea and Japan”. On the other hand, KADH young dentists contributed to this poster session so that the participants of KADH and JSDH could make meaningful discussion and enhance friendship.

The 27th JSDH Annual Meeting will be held October 22nd to 24th, 2010 in Tokyo.

KADH participants and JSDH host members at gala-dinner after the international symposium
Young Dentists Worldwide (YDW) was established in 1991 in Portugal at Annual Congress of the International Association of Dental Students (IADS) by 15 eager and freshly graduated dentists. It is the essential link to bridge the gap between the World Dental Federation (FDI) and the International Association of Dental Students (IADS).

The main aim of YDW is to promote the needs and interests of young dentists of the world. This means more exactly to promote:

- Scientific programs specifically designed in the interests of the young dentists
- Supporting young dental scientists
- Voluntary work programs - to establish voluntary network for dentists
- Liaison with national and international bodies
- Exchange programs with scientific and cultural activities
- A standardized dental education including postgraduate education and specialization

A new Executive Committee of YDW was elected in the first week of August during the annual meeting of IADS and YDW in Iasi, Romania. The EXCO will be leaded for the next 3 years by president Dr. Mark Antal from Hungary. Furthermore in the EXCO are: Secretary General and Health Coordinator Dr. Magdalena Maciejowska from Poland, International Scientific Officer Dr. Ahmed Hawas from Egypt, Editor Ingmar Dobberstein and Communication Officer Juliane Gnoth, both German plus treasurer Dr. Andrea Veitova from Czech Republic.

The next Mid Year Meeting of Young Dentists Worldwide will take place from the 2nd until the 6th of February in San Juan, Puerto Rico besides the regional annual congress.

It is possible to become a personal member of YDW, also national associations for dental alumni and young dentists can join us. All who are interested in young international dentistry are always welcome at the Young Dentists family.

For more details please visit: www.ydw.org.
"Baby Clinic" - A Special Project for Preserving Infant Teeth and Preventing Caries in Early Childhood

This project won the first prize for the best preventive oral health community program serving children By "The Bright Smiles-Bright Futures Award 2009" Sponsored by Colgate – Palmolive, during the 22nd conference of the International Association of Paediatric Dentistry in Munich, Germany

Dr. Evelyn Mamber
Project initiator and coordinator
Department of Pediatric Dentistry
The Hebrew University - Hadassah
School of Dental Medicine
Jerusalem, Israel

The Baby Clinic Project is considered intervention for primary prevention, even before the development of caries, and as secondary intervention once the first signs of enamel demineralization have been observed.

The project aims to train parents and children in early childhood caries prevention and to treat it at the earliest possible stages.

The project's uniqueness is the specialist accompaniment the dentists give to the parents, even before their children are born, through the age of three. An active monitoring system is in place in keeping with each individual's caries risk levels.

So far, infants at low-level risk have been to a dentist once every six months, and those defined as medium to high-level risk came once every 2-4 months.

Project Stages

1. Pregnancy – A pediatric dental team gave a presentation as part of the birth preparation course in the Maternity Department at Hadassah Ein Karem. They discussed nutrition, oral hygiene (both the mother's and the baby's), and provided guidance how to avoid S. mutans transfer from mother to child.

2. With the emergence of the first tooth, the child comes in for examination, and the parents receive instructions at the Pediatric Dentistry Department, so that correct dietary and oral hygiene habits are instilled into the child from the breast-feeding stage.

3. Continued supervision until the age of three, including a caries-prevention kit at each visit, reinforcing or changing dietary and hygiene habits, and spreading varnishing fluoride if needed.

The entire project was created under the ongoing inspiration and encouragement of Prof. Anna Fuks.

This article was taken from MA NISHMA-What's up?
The Alumni Journal of The Hebrew University-Hadassah School of Dental Medicine Founded by the Alpha Omega Fraternity, Jerusalem, Israel.
Prof. Noah Stern – Editor.
3rd International Symposium, The Oral Systemic Health Connection in Children, October 9, 2009

I had the distinct privilege of representing IADH at this symposium. The Symposium was sponsored by Nationwide Children’s Hospital in Columbus Ohio, USA.

The producer and moderator was Dr Marcio de Fonseca, one of our active members. There were five speakers who presented a variety of very informing talks. From Dr. Barbara Sheller we learned about managing patients with coagulopathies. This came in very timely for me as the following week; I was faced with this very challenging issue. I was asked to treat a child with abscessed teeth that were life threatening as she had Down Syndrome, an unbalanced arterio-venous canal in her heart, and Moyamoya Syndrome. What to do? The child was on warfarin and aspirin therapy. I was about to remove eleven teeth. Which is better, to bleed from the surgical site or have a stroke? The child’s INR was way above 1.5. DR. Sheller’s recommendation was local measures to control the bleeding. Thus, I did not have the Cardiologist adjust her medications. I extracted eleven teeth. In each socket, I placed gelfoam soaked in thrombin and sutured continuously into a primary closure. I achieved hemostasis in the operating room. She bled for three days post operatively. But, she did not have a stroke. The other speakers were equally as interesting, but I do not have a story for the others.

Respectfully,
Burton L. Nussbaum
XXIX International Congress of the World Federation of Hemophilia, 
Buenos Aires, Argentina July 10-14, 2010

Registration is now open for the International Congress of the World Federation of Hemophilia (WHF) and we cordially invite you to attend this interesting and diverse event. Travelling to this wonderful location will present the opportunity to find out more about the multi-disciplinary care of both children and adults with haemophilia and also to take part in the dental sessions scheduled for each of the three days.

The WHF has an active and interested dental section with access to quality oral care being high on the agenda for the organization both to prevent unnecessary bleeds from the mouth and also to promote better oral health related quality of life and better general health in this population. In Special Care Dentistry, as in any other field of knowledge, there is a necessity to validate new ideas, concepts and methods and this year, we are delighted to welcome two eminent and widely published key speakers, both renowned in their particular fields.

Minimum Intervention in Dentistry is a relatively new philosophy of care and one particularly useful for preserving the dentition of both children and adults with haemophilia. Professor Soraya Lear from Brasilia will outline useful techniques and caries risk assessment tools to allow the patient with haemophilia to benefit from a minimally invasive approach. She will overview the literature in order to show the best evidence available for treatment decision making, or for answering questions of general interest of patients.

Dr Andrew Brewer, from Scotland (current chairman of the World Haemophilia Federation Dental Council) will appraise and describe the latest techniques and products currently available to aid haemostasis using a variety of local measures.

Finally a panel of invited experts from around the globe will answer questions from the floor covering a wide range of topics relating to the dental care of patients with inherited bleeding disorders.

We are currently calling for papers and posters relating to the oral care of patients with inherited bleeding disorders and the closing date for submission of abstracts is the end of January 2010.

Please see the website for more details www.hemophilia2010.org
Dr Gabriela Scagnet (IADH) Senator Heriberto Lozada, Dr Edith Falcón (President Peruvian SCD Association) and the Dean of the Peruvian Dentists Association.

Dr Teresita Ferrary (AAODI Argentina) Dr Juan P Loyola R (Council IADH Mexico San Luis Potosi University) Dr Gabriela Scagnet (IADH /University of Buenos Aires) Dr Francisco Ramos Gomez (University of California) November 2009 during the “VII Congreso Mexicano Internacional de Odontología Multidisciplinaria 1st Aztec Award for Clinical Research in Dentistry”
World AIDS Day, observed December 1 each year, is dedicated to raising awareness of the AIDS pandemic caused by the spread of HIV infection. It is common to hold memorials to honor persons who have died from HIV/AIDS on this day. Government and health officials also observe the event, often with speeches or forums on the AIDS topics. Since 1995, the President of the United States has made an official proclamation on World AIDS Day. Governments of other nations have followed suit and issued similar announcements.

World AIDS Day was first conceived in August 1987 by James W. Bunn and Thomas Netter, two public information officers for the Global Programme on AIDS at the World Health Organization in Geneva, Switzerland. The Joint United Nations Programme on HIV/AIDS (UNAIDS) became operational in 1996, and it took over the planning and promotion of World AIDS Day. Rather than focus on a single day, UNAIDS created the World AIDS Campaign in 1997 to focus on year-round communications, prevention and education. In its first two years, the theme of World AIDS Day focused on children and young people. These themes were strongly criticized at the time for ignoring the fact that people of all ages may become infected with HIV and suffer from AIDS. But the themes drew attention to the HIV/AIDS epidemic, helped alleviate some of the stigma surrounding the disease, and helped boost recognition of the problem as a family disease.

In 2004, the World AIDS Campaign became an independent organization.

Often the first health care provider to notice these changes is the patient’s dentist.

The Dental Health Care Team

Many signs and symptoms of HIV infection first appear in the mouth. Often the first health care provider to notice these changes is the patient’s dentist. When a patient presents with an oral soft tissue disease, such as candidiasis, the dental health care team should offer appropriate therapy and recommend follow-up with the primary care provider to determine the underlying cause. A member of the dental health care team may even suggest HIV testing to patients and make an effort to ensure that patients have followed-up with their primary care provider.

HIV-related oral conditions occur in a large proportion of patients, but are frequently misdiagnosed or inadequately treated. Common conditions include xerostomia, candidiasis, oral hairy leukoplakia, periodontal disease, Kaposi’s sarcoma, and ulcerative conditions.

For more information please visit: www.hivdent.org/_dentaltreatment_/dt_news.htm

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Often the first health care provider to notice these changes is the patient's dentist.
Publication of new textbook for Special Care Dentistry; Special Needs Dentistry 1st Edition


DESCRIPTION
This textbook covers the wide range of the subjects concerning to the oral health for special needs patients and composed of the contents indicated in "Educational Guideline for Dental Medicine (Revision in 2007)", which was edited by the Council of the President of Dental University and Dean of School of Dentistry.

CONTENTS
I. General remarks
Chapter 1: Introduction / Chapter 2: Special needs and social security
II. Special needs - detail
Chapter 1: Mental and psychological development and the behavioral disorders / Chapter 2: Neurological and movement disorders / Chapter 3: Cognitive disorders / Chapter 4: Speech and language disorders / Chapter 5: Eating disorders / Chapter 6: Mental and behavioral disorders / Chapter 7: Diseases and syndromes considered for dental treatment / Chapter 8: Elderly requiring nursing care / Chapter 9: Terminal care and Dental services
III. Dental services for special needs patients
Chapter 1: Behavioral adjustment / Chapter 2: Health support for special needs patients / Chapter 3: Dental treatment for special needs patients / Chapter 4: Rehabilitation for special needs patients / Chapter 5: Risk management and patient safety

Development and evaluation of a comprehensive screening for orofacial dysfunction.


Summary
The aim was to develop a comprehensive screening instrument for evaluation of orofacial dysfunction that was easy to perform for different health professionals without special equipment. The Nordic Orofacial Test - Screening (NOT-S), consisting of a structured interview and clinical examination, was developed with a picture manual illustrating the different tasks in the examination. It was first tested in a Swedish version, and later translated to other Nordic languages, and to English.

The interview reflected six domains, (I) Sensory function, (II) Breathing, (III) Habits, (IV) Chewing and swallowing, (V) Drooling, and (VI) Dryness of the mouth, and the examination included six domains representing (1) The face at rest, and tasks regarding (2) Nose breathing, (3) Facial expression, (4) Masticatory muscle and jaw function, (5) Oral motor function, and (6) Speech. One or more 'yes' for impairment in a domain resulted in one point (maximum NOT-S score 12 points).

You can find the full article (in English) as a PDF-document. http://mun-h-center.se/upload/MuhnDoc/NOT/Bakke_2007.pdf
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If you have any queries please contact;
Dr Burton L. Nussbaum
dentspecpeople@aol.com

FDI Singapore
IADH Symposium

FDI Singapore IADH Symposium presenters: Prof. Leda Mugayar, Prof. Susumu Uehara from Japan and Prof. Shun-te- Huang from Taiwan.
Upcoming Events

20th Nordic Congress of Gerontology
30 May-2 June, 2010, Reykjavik, Iceland

For more information
International Poster Session in the 26th JSDH Annual Meeting
Dr Shoji Hironaka (iADH Councilor) chaired this session. Dr Sung-Sik Na (KADH President), Dr Keung-Ho Lee (former KADH President), Dr Jae-Ho Lee (Director of international affairs, KADH), Dr Ichijiro Morisaki (JSDH President) and excellent members of KADH and JSDH at poster section

Sara Rosenfeld-Johnson in ASHA congress New Orleans, US

The people of the Baby Clinic project: From right: Dr. Motti Moskovitz, Dr. Karen Ziskind, Prof. Yossi Shapira, Dr. Evelyn Mamber, Dr. Sarit Feibish

San Luis Potosí Mexico. A sort of “Mariachis” from the Huasteca Area with the University of BA team.

Leda Mugayar, Elita Sharpe (from FDI secretariat) and Ms Ellen Marks” (the lovely wife of Dr Luc Marks from Belgium)