FEATURES

18 Honorary life membership
Professor Kari Storhaug.

5-9 News
News from Ireland, Mexico, Uruguay, Australia.

12 Member Country
Report from Poland- Karolina Gerreth, Maria Borysewicz-Lewicka

16 Post Congress
Photos and report from Argentina.

15 Subject of the Issue
A brief information for Fibromyalgia.

10 NFH Conference
19th conference of NFH-scientific program.

11 Special Olympics
2009 Special Olympics Winter Games – Boise, IDAHO. USA.

20 Iadhappy
The smiling face of the magazine.
Hello everybody!!

It’s already May! Almost half the year is gone – and it looks like we are always running after time … time for everything:

time to work
time to go home
time to meet friends
time to talk to friends
time to our families
time to ourselves
free time
quality time

Time, time, time!!

I feel like that crazy bunny in Alice in the Wonderland – the White Rabbit – with that crazy watch on his hands always asking 'what time is it now'…

But then, where’s Alice? Where’s Wonderland? Are we ever going to get in there?

Oh well, I guess we keep thinking that Wonderland can wait … our inner Alices can wait too … and we keep walking around like that crazy White Rabbit driven by our watches …

At this very moment I am sitting outside the hospital’s cafeteria writing this letter. It’s a perfect Autumn day in Sydney – blue sky, mild temperature – not bad for a working Monday!

I had to get out of my office with no windows in order to get something written down – a combination of quite and peace and being part of the outside World sort of thing …

Otherwise I’d be starting every single sentence over and over again interrupt by all sort of things: emails, phone calls (both mobile, landline …) papers, people, questions …. The Bunny!

So, I can have a few minutes, maybe even an hour if I am lucky of Alice in the Wonderland …. then, let’s go NOW! Few weeks ago I crossed all the oceans on this Earth and went home to celebrate my 50th birthday. Yes! I decided I wanted to be there with my family and my old, old friends to celebrate this milestone. And so I did go to Wonderland!

Isn’t it ‘wonderland’ when you are able to see in the same room WITH YOU your family and your friends of 20 …. 30 years ago? Friends that you’ve left 10, 15, 20 years ago and still are friends! It was like there was no time between now and then! Wonderland!

You know when we say “it was like yesterday”? It really was! Despite the grey hair, one or another wrinkle … despite the time – there was NO time! Wonderland!

We were all young again. We looked young, we felt young! We looked at each other and thought we haven’t changed a thing!

Maybe we didn’t! It was Wonderland! And in Wonderland we can only use the eyes from our hearts – they are timeless - because they NEVER change!

So finally after 50 years I was like Alice: I found Wonderland!

And it was all there – right before my eyes! I just had to live it! And I did!!

Wonderland!! Perhaps it has always been with me for all those years and I haven’t noticed it – so concerned I was with the Bunny, the White Rabbit and the clock and the time …. I forgot to look around with eyes wide open and see all the MAGIC around me!

I forgot to see Alice … I forgot to be Alice … and simply surrender and live the Wonderland...

I am back! Everybody is back now … but I am sure even though we all left Wonderland, Wonderland will never leave us!!

I can feel it right now in the sun shining on my hair, the soft breeze blowing on my face while I finish writing this letter …

Welcome to WONDERLAND!!

With warm regards,
Leda Mugayar
Dear All,

Once again we are in front of you with the new issue of Iadh magazine.

It’s spring time, which means refreshment of our bodies and souls. According to the research; people have intense emotions because of the hormonal changes during spring time. Now, relax- it’s very normal if you feel great nowadays or fall in love...

I hate to write about things that negatively affect our lives, however the swine flue is a reality. And beside all the positive effects of spring, it’s like a biological disaster in our lives. I hope this problem will end soon and we start to “kiss” each other again:))

Well, at the beginning of every new issue preparations, I always have the feeling of what am I going to do this time. Then I start sending e-mails to councillors and request their input for the magazine. I keep my fingers crossed and don’t do anything until I receive the first e-mail. After receiving e-mails, I relax and enjoy working on the magazine. I would like to thank to all of you for your support. As we always say-this is our magazine, so continue to send your news to us.

This issue, we’ve received lots of information from our members all around the world. This input is very promising, because special care dentistry is getting attractive and brings the attention of more dentists each year. If you can take a look inside the magazine, you’ll see lots of meetings and organizations from different countries. I think this development in the long term, will have a positive effect on the problems we have in our countries.

I would also like to bring your attention to an other important topic- our web site. www.iadh.org. This web page is our main communication portal. You can access the journal, magazine, congress and educational information via this site. So, I strongly recommend you to enter our site at least once a month and check the online information for members. The more access we have to our web site the higher ranking in search engines which will help people to find us easily on the internet.

Stay with love.
Timucin ARI
The 3rd OSHCC will be held at the state-of-the-art Conference Center at NorthPointe in Columbus, Ohio, on October 9, 2009. In 2000, the first ever "Surgeon General's Report on Oral Health" emphasized the relationship between oral health and overall good health throughout life.

The National Institute of Dental and Craniofacial Research describes a person's oral health as the body's "silent alarm" as demonstrated, for instance, in the rise of opportunistic oral infections in the presence of systemic disease. Although the oral-systemic relationship is a hot topic today in Dentistry and Medicine, it has rarely been discussed in children, adolescents and young adults. Many childhood conditions such as cancer, diabetes, and craniofacial syndromes have head, neck and oral manifestations. The medical therapies used in their treatment may cause acute and long-term disturbances in the oral cavity and the growing body. Because of advances in medical technology, these patients are surviving longer nowadays. Therefore, the dentist and dental hygienist must be aware of these interactions in order to provide safe care and to increase the patient's quality of life. The goal of the symposium is to give the dental professional an understanding of the connections between oral and systemic health in this population and the implications they have in the delivery of oral and dental care.

This one-day symposium will feature internationally renowned experts in the field. The meeting will focus on practical approaches for the clinical management of these patients by the practicing dentist, hygienist, dental resident and student. For the latest updates on the conference and to register online, visit our website at www.nationwidechildrens.com/OSHCC

We are extremely pleased to be hosting this innovative program for the third time. We look forward to welcoming you to Columbus. Come join us for a great learning experience!

Learning objectives:

- Understand the effects of medical conditions in the oral cavity and their treatment as, for instance, in cystic fibrosis and asthma.
- Understand eating disorders in adolescence and how the dental professional can become involved.
- Understand hemophilia and von Willebrand disease and their treatment as well as the safe delivery of dental and oral care to affected patients.
- Understand how to correctly evaluate and treat common oral infections in healthy and medically compromised patients.
- Understand the etiology of enamel and dentin defects and their contemporary treatment.

The Conference Center at NorthPointe
9243 Columbus Pike
Lewis Center, Ohio 43035
Phone: (866) 233-9393
Email: info@ccatnorthpointe.com

Questions?
Contact Dr. Marcio da Fonseca at (614) 722-5648 or (614) 722-5671 (fax).
The Irish Society for Disability and Oral Health (ISDH) is proud of the closer links between our society and the IADH.

In recent times all our members receive the IADH Journal and two members of our society - June Nunn and Alison Dougall - were key note speakers at the IADH International Conference in Santos, Brazil last year. Perhaps this contributed to the confident start for the society into 2009.

In January our first event was a Visionary Day to review our strategy with the support of some invited guests. This Visionary Day was an excellent experience which we recommend to anyone who may not have tried it. Discussion was wide ranging: advocacy, stronger links and support to voluntary bodies, more use of our website to attract new members to the society, communicate approved guidelines and relevant information to patients and oral health teams. Currently the society is moving ahead establishing closer links with the BDSH and examining mutual benefits and areas of co-operation. A joint executive meeting for the ISDH and BDSH will take place in Dublin 25th June 2009 - the eve of our Annual Conference.

Our annual Spring lecture was successful with an attendance of about 70 members and non-members. Dr Claire Healy Consultant in Oral Medicine Dublin Dental School & Hospital gave an update on 'Infective Endocarditis Prophylaxis - Where are we now'?

Since the society was set up in 2002, the annual conferences have been very effective in increasing our profile and encouraging membership. Congratulations goes to Ruth Gray, President in 2008, for the excellent Conference organised in Belfast in June of that year. This was first North-South event for the society and attracted over 150 delegates, one third of whom were Dental Care Professionals (DCPs). The Minister for Health for Northern Ireland honoured us by inviting us to Parliament Buildings at Stormont for a reception and dinner the night before the conference. These pre-conference dinners are now an enjoyable tradition.

In the past weeks the main concern of the committee is the preparation of the 2009 Annual Conference which will take place in Farmleigh House, Phoenix Park, 26th June. Our Patron, President Mary Mc Aleese, President of Ireland will be in attendance on the day. Farmleigh is a heritage house and an ideal setting for the conference and dinner on the evening beforehand, The society cordially invites all readers of the Magazine to consider joining us for what promises to be a milestone in Special Care Dentistry in Ireland. The full programme of events can be found on www.isdh.ie.

Maura Cuffe, a Past President of the society, with others from the executive committee made a submission to the National Oral Health Policy Consultative Panel. We still await the findings but look forward to hearing at our 2009 Conference from Chris Fitzgerald, Department of Health and Children about progress on the strategy which we will strive to move forward. Despite the recession we will as a membership be working to solve the challenges ahead. Thank you for your attention.

Antoinette Nolan
IADH International Representative
Castillo Morales Treatment Course - Autumn 2009
Dublin Dental School and Hospital

What is the course about?
The Castillo Morales treatment concept is a holistic, neurophysiologically-oriented treatment concept for children and adults with communication sensory-motor and orofacial disorders.
Dr. Rudolfo Castillo Morales developed his sensory-motor treatment concept on the basis of many years of experience working with children affected by muscle hypotonia. The treatment concept has been expanded over the years and includes children with cleft lip/palate, Down syndrome, Pierre Robin Sequence, cerebral palsy, brain injury and stroke.

Who should attend?
Aimed at dentists, orthodontists, medical therapists (speech and language therapists, ergo-therapists, physical therapists) and physicians working in acute care and rehabilitation settings for adults and children. The course is ideal for those who have some knowledge of the Castillo-Morales treatment concept either gained from a one-day course or from work with colleagues, who wish to develop these skills with supervised practical training, although prior knowledge is not mandatory. The Castillo-Morales Treatment Course will provide an opportunity to develop and consolidate clinical skills in orofacial regulation therapy. The course will provide over an 18 months period comprehensive teaching covering theory and supervised practical work in assessment and treatment of patients, course work with case presentation and evaluation and self-experience workshops.

Course Structure
The Castillo-Morales Treatment Course will be provided in three course modules, each for two weeks day long sessions, held over an 18 months period. Between the modules participants go back to their work settings and may apply their new learned skills. Constant support will be provided by their tutors during this time and participants are encouraged to present their cases at the next module in order to evaluate and develop further their treatment approach, together with their tutors and peers. The Castillo-Morales Treatment Course will commence in autumn 2009.

For full programme and venue details please visit:

www.dentalscience.tcd.ie
Or alternatively, please contact:

Gemma Cassidy
Division of Special Care Dentistry
Dublin Dental School and Hospital
Lincoln Place, Dublin 2
Ph. (01) 612 7303
NEWS FROM MEXICO

The VII Annual Congress of Clinical Research in Dentistry will be held May (6-8) in San Luis Potosi City, Mexico, being organized by the Mexican group of IADH. This main event involves an International Award to promote Clinical Research that includes special care dentistry. This year several Latin American Countries, such as Argentina, Colombia, Venezuela and Mexico are participating with different research projects. Furthermore, it will be sign an agreement for academic collaboration for special care dentistry between the Faculty of Dentistry of Buenos Aires University (Argentina) and Faculty of Dentistry of San Luis Potosi University (Mexico).

The event includes key lectures as; Dr. María Beatriz Guglielmotti (Argentina), Dr. Francisco Ramos-Gomez (USA), Dr. Norberto Fassina (Argentina) and Dr. Juan Delgado (Mexico).

Also, the event includes a special Symposium about Special Care Dentistry with the participation of Dr. Gabriela Scagnet (Argentina), Dr. Teresita Ferrary (Argentina), Dr. Juan Pablo Loyola-Rodríguez (Mexico) and Dr. Liliana Nicolosi (Argentina).

Dr. Juan Pablo Loyola Rodriguez
President

NEWS FROM URUGUAY

This is the group (9 dentist) that finished in December 2008 the first Clinic Course for Disabilities Persons (200 hs) at the Graduated School of the Dentistry School, Universidad de la República. UdelaR. Uruguay.

The teachers are Prof. Dr. Maria del Carmen López Jordi and Prof. Adj Rubens Demicheri and our Dental Asistant is Graciela Cardozo.

The dentist were from several Uruguayan districts so we hope to have a good impact in a national level.

Prof. Dr. Maria del Carmen
Training for Carers

The Smiles for Life Program is conducted by the Special Care Unit, Westmead Centre for Oral Health.

The Program is a dental and oral health education training program, designed for care givers, parents, directors of nursing, nurse educators, registered nurses, nursing assistances, enrolled nurses, residential support workers, social workers, workplace trainers and speech pathologists. It offers training on how to give best oral care for people with special needs. The primary objective of the program is to teach participants how to recognize common dental conditions. It offers practical advice for optimal oral care for the residents. It provides practical advice on oral hygiene care and displaying oral care aids.

Now, SMILES FOR LIFE CD AND DVD are available!

Smiles for Life CD – contains the power point presentations of the lectures on Oral Health and Dietetics.

Smiles for Life DVD – contains the Hands-on training promoting oral hygiene care for people with special needs.

It is an excellent educational tool for carers, parents or for the general public covering topics such as brushing and flossing techniques, and special needs dental aids/devices.

If you require any further information about the Smiles for Life program DVD please contact; Siva Premkumar on (02) 9845 7019 or by email at sivagami_premkumar@wsahs.nsw.gov.au or Dr. Leda Mugayar, Head of Special Care Unit by emailing leda_mugayar@wsahs.nsw.gov.au
Wednesday 26.8.2009
9.00 – 14.00 NFH Board meeting
16.00 – 18.00 North European meeting
Dinner

Thursday 27.8.2009
8.00  Registration
9.00  Opening
9.15  Living with a disability, Freja Haralds, Iceland.
10.00 Coffee
10.30  Pain and disabilities, Ásgeir Sigurðsson, DDS, MS, Iceland.
12.00  Lunch
13.00  Poster presentations and Oral presentations.
13.30  Total failure of eruption. An unusual case with a need for multidisciplinary collaboration. Sigurður Rúnar Sæmundsson, DDS, FDSRCPSG, MBA, MPH, PhD and Jón Ólafur Sigurjónsson DDS, MS, Iceland.
14.15  Coffee
14.45  Salivary disturbance in patients with special needs, W. Peter Holbrook, BDS, PhD, FDSRCS, Iceland.
15.30  Orthodontics for individuals with disabilities, Gísli Vilhjálmsson, DDS, MS, Iceland.
18.30  Cocktail reception jointly sponsored by NFH and the Municipality of Reykjavik.

Friday 28.8.2009
9.00  Oral Motor Therapy from the Dentist´s perspective, Gustavo Molina, DDS, PhD, Argentina.
10.00  Coffee
10.30  Drooling and dysphagia, Åse Mogren, speech and language pathologist (SLP), Sweden.
11.30  The NOT-group in the past and future, Birgitta Bergendal, DDS, Sweden.
12.00  Lunch
13.30  Dyspraxia in children, assessment methods, Anita McAllister, speech and language pathologist (SLP), associated professor, Sweden.
14.30  Behavior management, Urður Njarðvík, Phd, Specialist in pediatric psychology, University of Iceland.
15.30  Coffee
15.45  Group divides into two parallel sessions:
B) Teamwork: Rare diseases knowledge center, Cleft lip and palate and other teams. Stefan Axelsson, PhD, Specialist in orthodontics, TAKO-center, Norway.
17.00  NFH general assembly.
20.00  Dinner at the Viking Restaurant Fjörukráin.

Saturday 29.8.2009
Excursion of your own choice around the beautiful country of Iceland. Please choose between the offered excursions in the social program.
For more information:
http://congress.is/nfh2009/index.asp
Special Olympics

2009 Special Olympics Winter Games – Boise, IDAHO. USA.

The event was the largest multi-sport event ever held in the state of Idaho. Similar in size to a Winter Olympics, more than 2,000 athletes from 96 nations have participated in the 2009 World Winter Games, competing in seven Olympic-type sports: figure skating, alpine skiing, cross-country skiing, floor hockey, snow shoeing, snowboarding, speed skating.

IADH Members and dentists from different countries had been trained at the SPECIAL OLYMPICS SPECIAL SMILES PROGRAM. It offers free dental screening, oral health information, and instructions on brushing and flossing properly to participating Special Olympics athletes, as well as preventative supplies like toothpaste and toothbrushes. Athletes who require follow up dental services are referred to local oral health professionals.

This program was created by Dr Steve Perlman. He and Dr Luc Martens (President of the IADH) signed a MEMORANDUM OF UNDERSTANDING between SOSS and IADH last year in Santos –Brazil – at the IADH Congress. Special Smiles is now a component of the Special Olympics Healthy Athletes® initiative. Founded in 1996, this program is designed to help athletes improve their health and fitness and improve their ability to train and compete in Special Olympics as well as life. The program has been directly responsible for several historic milestones that have led to improvements in health care for children and adults with intellectual disabilities. It was demonstrated that the program could become a most important vehicle to collect data on this hidden population. As the program has significantly expanded, tens of thousands of athletes have been screened and accessed into the health care system where they have received treatment that may not have been available to them previously. For first time in Boise the SS Global team introduced the CAMBRA (Caries Management By Risk Assessment) Pilot during the screenings. We all enjoyed working in the Special Olympics Healthy Athletes. I personally like to thank Steve and All the team of SOSS for doing such a great work with passion and enthusiasm. That spirit of work and joy was contagious .... and Now .... I am a FAN of SS !

Gabriela Scagnet
Oral health care for disabled patients in Poland

Department of Paediatric Dentistry Poznan University of Medical Sciences, Poznan, Poland

The past few years have seen a change in the dental health care system in Poland. Until 1998, there were dental surgeries at schools, specialist outpatients’ clinics and academic centers providing dental care to patients at developmental age, including disabled ones. Following the changes, in 1999 most school surgeries became part of a contract service system operated by the National Health Fund. In 1999-2001, there were also special funds transferred as part of dental contracts to centers providing outpatient dental care to disabled patients.

Today, there are also a few associations of patients with specific diseases for whom dental care is partly financed by local self-governments. At present, the funds earmarked for dental care of disabled children are insufficient, and the money available constitutes a part of National Health Fund general dental care contract. Disabled patients are treated as other patients, public or private, by dentists who care to see to their dental problems. Low-income people with disabilities are more often than not unable to go to a private dentist. Parents often emphasize the high costs of dental treatment, which, together with general medical care and costs of travel, result in postponing the solution of dental health problems. Time-consuming procedures and higher costs of treatment as well as greater involvement of the dental staff and parents discourage dentists from treating such patients.

A major problem is also the fact that dental treatment of the disabled is still perceived as an emergency not as a planned approach, especially when the parents or caregivers arrive at a surgery only after the patient has experienced pain within the oral cavity. On the other hand, limited availability of dental care, resulting from such things as architectural, financial or equipment barriers, puts disabled patients at a very disadvantaged position. The parents, while focusing their attention and efforts on the chronic illness or disability, tend to neglect their children’s oral health status, often unaware of the influence of the diseases of the mouth on the whole body.
A problem of special difficulty is treatment of severely disabled children. Therefore, it is necessary that such patients should be generally anesthetized before treatment; but this procedure is, unfortunately, available only in very few places in Poland. Special funds earmarked for dental treatment under general anesthesia of uncooperative intellectually disabled patients (mainly profoundly and severely disabled) have been remitted by National Health Found from 2001. A tentative decision where and how a disabled child will be treated, at a dental surgery or in hospital conditions (where the patient can be generally anesthetized), is made by the dentist following the assessment of the disabled patient’s ability to cooperate. The final say rests with the anesthetist following analysis of examination data and the patient’s own documentation.

Dental treatment using general anesthesia requires a more radical approach as during one visit the dentist tries to attend to all problems there may be. Very often, a diseased tooth is removed, while in a healthy patient and following a multi-procedure approach it could be saved. Therefore, after treatment, parents are emphatically informed about the necessity to observe hygienic measures at home and regular check-ups. On those regular visits parents must be made aware of the importance of caries prophylaxis and of a possibility to apply professional non-invasive treatment at a surgery. Unfortunately, not all parents and caregivers follow these recommendations and they report to the dentist to demand another anesthetized treatment when the disease has progressed again.

In addition, under- and postgraduate training of dentists, dental hygiene workers and nurses deals insufficiently with the problems of disabled children and youths. The result is lack of not only qualified staff but also of standards and procedures of disabled patients’ management.

In years 2006-2007 dental examination of disabled and chronically ill children (intellectually disabled, visually impaired, patients with epilepsy and cerebral palsy) was carried out in 4 Polish provinces as part of a research project “Epidemiological evaluation of oral health of disabled and chronically ill children” commissioned by the Ministry of Health.

It seems that the first step in facilitating the disabled patients’ access to planned and regular dental care should be proper dental staff training. Another key problem is keeping parents of such patients informed about the benefits and possibilities of dental prophylaxis and treatment.

Karolina Gerreth,
Maria Borysewicz-Lewicka
The **OralCDx® BrushTest®** is an **easy, painless** and **definitive** way for dentists to test the common small white and red oral spots that most people have in their mouth at one time or another. The BrushTest is used to determine if a common oral spot contains abnormal cells (known as dysplasia) that, if left alone for several years, may develop into oral cancer.

The use of OralCDx BrushTest by over 30,000 U.S. dentists has resulted in the detection of over 10,000 precancerous spots - years before they could cause any harm – years before they could turn into a problem.

**What is the BrushTest?**

The BrushTest consists of 2 components:
1) a specially designed brush that a dentist uses to painlessly obtain a sample of an oral spot. The BrushTest requires no anesthesia, causes no pain and minimal or no bleeding.
2) the analysis of that sample at a specialized laboratory where specially-trained pathologists use highly sophisticated computers to help detect abnormal cells. A complete report is faxed to your dentist.

**When does a dentist use a BrushTest?**

The BrushTest is used to test the common, harmless-appearing, small white and red spots that dentists and dental hygienists see several times each week, to determine if they contain precancerous cells. Most people will have a small oral spot like this at one time or another and they can be seen in up to 10% of carefully examined adults.

**Is the BrushTest accurate?**

The BrushTest is very accurate as confirmed in many published clinical studies. It has been used by over 30,000 U.S. dentists, and more than 10,000 precancerous spots have been detected with the BrushTest - long before they could cause any harm – long before they could turn into cancer.
What is Fibromyalgia?

Fibromyalgia is a condition characterized by aching and pain in muscles, tendons and joints all over the body, especially along the spine. There are measurable changes in body chemistry and function in some people with fibromyalgia. These changes may be responsible for certain symptoms. However, fibromyalgia is not associated with muscle, nerve or joint injury; inadequate muscle repair; or any serious bodily damage or disease. Also, people who have fibromyalgia are not at greater risk for any other musculoskeletal disease.

What are the symptoms?

The pain in people with fibromyalgia usually seems worse when they are trying to relax and is less noticeable during busy activities or exercise. Other symptoms are often associated with the pain, including:
- Sleep disturbance
- Depression
- Daytime tiredness
- Headaches
- Alternating diarrhea and constipation
- Numbness and tingling in the hands and feet
- Feelings of weakness
- Having difficulty remembering
- Dizziness
- Increased sensitivity to light, odors and sound

What are the causes?

The exact cause of fibromyalgia is unknown. There are, however, many theories about why people get fibromyalgia. One theory suggests that stress contributes to the onset of fibromyalgia.

How is it diagnosed?

The diagnosis of fibromyalgia is based on a combination of factors, however presence of very tender areas ("tender points") at specific locations (see Figure) are really important in diagnosis. People who have fibromyalgia experience abnormal sensitivity when light pressure is applied to many of the locations illustrated above.

What Dentists Should Know about fibromyalgia

The dentist is a vital and integral part of the health care team. With awareness of fibromyalgia symptomology and preventative care and, most importantly, inappropriate and invasive treatment may be avoided. Fibromyalgia can have a large impact on dental care. It is essential for you to know that your patient may have various muscles constricted by trigger points in such a manner as to change the occlusion, forcing the mandible to close unnaturally.
During the days between November 2nd and 5th, the IADH 2008 post congress seminars took place in a little town 30 kms from Córdoba City (Argentina) named Río Ceballos.

An enthusiastic group of 60 people joined the two seminars, Orofacial Regulation Therapy and Cranifacial Growth Development in Neuromuscular Alterations (Rodolfo Castillo Morales / Stavros Kiliaridis) and the Atraumatic Restorative Treatment Approach (Christopher Holmgren / Jo Frencken), which were developed in parallel sessions.

Participants coming from Brazil, Argentina, Canada, Sweden, Chile, France, the Netherlands and the UK enjoyed the scientific program as well as the social activities. Theory combined with hands on activities and assessment of patients was the key to an exciting learning process. Furthermore, the possibility to exchange and share thoughts and perspectives among professionals within a warm atmosphere resulted in an unforgettable meeting.

Despite the distances that had to be sort out by traveling through half of Latin America (from Brazil to Argentina via Uruguay!!) the organizing committee believes that the whole experience war really worth living.

Gustavo Molina
Upcoming Events

Welcome to the 20th IADH Congress at Medieval Manhattan - Ghent, Belgium

FDI Annual World Dental Congress 2 - 5 September

Advancing Dentistry at the Crossroads of the World

Irish Society for Disability & Oral Health
Annual Conference
Friday 26th June 2009
Farmleigh House, Phoenix Park, Castleknock, Dublin

NFH’s XIX Conference
August 27-29, 2009, Reykjavik, Iceland

22nd IAPD International Congress
16-20 June 2009
Munich, Germany

62nd AAPD Annual Session
May 21-25, 2009
Hawaii Convention Center
Honolulu, Hawaii

6th Interim Seminar and Workshop
“Developmental defects of the enamel: Comprehensive clinical approach”
Helsinki, Finland, May 14-16 2009
It is with great pleasure that the IADH was able to award both Professor June Nunn and Dr Kari Storhaug with ‘Honorary Life Membership’ of the IADH at the Congress in Santos Brazil.

Kari Storhaug

1967 Qualified as dentist at the University of Oslo.
Specialized in children’s dentistry, also taken university courses in Paedagogics, Social Medicine, Psychiatry, Children’s Medicine and Health Administration.

Teacher in the Department of Children’s Dentistry and Dental Hygienist education at the University of Oslo, Dental School.

Worked for 7 years in the Dental Unit at the Norwegian State Centre for Epilepsy.

From 1975 to 1994 employed at the Frambu Health Centre for families with disabled members as Head of the Dental Unit.

Research on social, general and oral health problems of families with disabled members.


Published several articles on oral health issues in rare medical conditions.

From 1990 to 1992 employed at the Institute of Community Dentistry, University of Oslo, as Senior Lecturer.

From January 1993 Director of “National Resource Centre for Oral Health in rare medical conditions” presently situated at Lovisenberg Diakonale Hospital, Oslo.

Honorary member of the Nordic and International Association for Disability and Oral Health, IADH.

Knight of The Royal Order of St. Olav.
Every year, the children in Turkey celebrate this **Sovereignty and Children's Day** as a national holiday. Schools participate in week-long ceremonies marked by performances in all fields in large stadiums watched by the entire nation. Among the activities on this day, the children send their representatives to replace state officials and high ranking bureaucrats in their offices. The President, the Prime Minister, the Cabinet Ministers, provincial governors all turn over their positions to children's representatives.

These children, in turn, sign executive orders relating to educational and environmental policies. On this day, the children also replace the parliamentarians in the Grand National Assembly and hold a special session to discuss matters concerning children's issues.

The importance of April 23rd as a special day of children has been recognized by the international community. UNICEF decided to recognize this important day as the International Children's Day.

The “Smiling Child Festival” is also held during this week and disabled children from different countries participated this event and performed their cultural & artistic shows.
IADHAPPY
Smiling Face of IADH Members

Happy Birthday Roland...

Happy Birthday Leda...

Post Congress Seminar Break...