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Hi everyone!
Greetings from downunder!

Hope you are all good – enjoying the Summer up North and the Winter down South.
Then I thought ... would that be my last letter as President? Yes! That was quick! Two years had almost disappeared just right in front of our eyes! A lot has happened though - in our personal lives, in the World ... between Alice in Wonderland and this letter, I must say it was a very intense couple of years!

And, I would like to assume that you do trust that from Season to Season I have been doing my job; I have been using that unique opportunity granted to me 2 years ago and using the best of my ability in my job as President of IADH.

We’ve achieved most of the goals I have set for this period – time is not always on our side, as you know ... but even so we have got things done. Partnerships and collaborations were the must. There we are: IADH and its new partners: IAPD and SCDA.

We welcomed new Countries from Asia and South America – IADH opening doors and windows of opportunities.
We welcomed the Young and the Youth - The Young World Dentists Association – a breath of fresh air coming from the future.
We allowed for the establishment of online payment for our member Countries – IADH taking part of the cyber facilities.

The website and the magazine: evolving and growing.
DINOH – fitting the new way of education – and there will be more branches growing from there. You’ll see!
Special Olympics and Developing Countries – walking in the same direction.
Facebook – IADH showing its face to the World. Daring!

New initiatives, improvement of the existing ones, planning the future steps ... I am not sure if I can call it ‘a job done’, but I am quite positive I did the best I could to move us, the IADH family, one step forward. But have I truly? Only time will be able to tell me, to tell us...

Finally, I would like to thank all my colleagues from the Executive Board for their constant support, especially in those moments of disagreement – those were the times I could ponder better and review myself. We surely grow through our difficulties! Thank you!

My sincerest thanks also to all the Council Members, who in every corner of the World, have silently been helping us to do our jobs and to build up a stronger IADH. Deeply appreciated!

Finally, I would like to thank all of you for being who you are, doing what you do, wherever you are! Well... while we wait for the verdict that only time can bring I guess I’d like to share with you, in my last President’s letter a letter written by Abraham Lincoln to the Headmaster of a school in which his son was studying. It contains an advice, which is still relevant today for executives, workers, teachers, parents and students... and for all of us...

God bless us all! And let’s keep our hands together! See you in Ghent!

Leda Mugayar

A WORD TO TEACHERS

“He will have to learn, I know, that all men are not just and are not true. But teach him if you can, the wonder of books... but also give him quiet time to ponder the eternal mystery of birds in the sky, bees in the sun and flowers on a green hillside.

In school, teach him it is far more honorable to fall than to cheat..... Teach to have faith in his own ideas, even if everyone tells him he is wrong.

Teach him to be gentle with gentlepeople and tough with the tough.

Try to give my son the strength not to follow the crowd when everyone getting on the bandwagon...

Teach him to listen to all men; but teach him also to filter all he hears on a screen of truth, and take only the good that comes through.

Teach him, if you can, how to laugh when he is sad... Teach him there is no shame in tears.

Teach him to scoff at cynics and to be beware of too much sweetness.. Teach him to sell his brawn and brain to highest bidders, but never to put a price on his heart and soul. Teach him to close his ears to a howling mob.. and stand and fight if thinks he is right.

Treat him gently, but do not cuddle him, because only the test of fire makes fine steel. Let him have the courage to be impatient.. Let him have the patience to be brave. Teach him always to have sublime faith in himself, because then he will have faith in humankind.

This is a big order, but see what you can do. . He is such a fine little fellow my son!”

Abraham Lincoln
Hello and once again welcome to the IADH Magazine,

Each issue of IADH Magazine comes with its own challenges and this Spring issue has certainly been no exception. We are constantly on the look-out for new and innovative ideas to keep IADH Magazine fresh and ways to bring interesting information to our readers, so please continue to send us your news and features to share.

Take the new “syndromes” page, for instance. Every one of us lead busy lives, so it’s always a challenge to remember some of the details which may be useful during our daily practice in Special Care Dentistry. I hope from now on, in each issue, we will manage to give you some brief but holistic information about some of the different syndromes and conditions which might be of interest and perhaps encourage your own further in-depth study. Also, we hope that other topics, with which you are already familiar, such as the “subject of the issue” and the “poetry, prose and medicine” section will continue to stimulate thought and maintain your interest, and we welcome your feedback on all of these features.

We’ve recently informed you about our very active social networking - IADH Facebook group. If I am honest with you, I have been surprised at the number and diversity of the group members from all over the world and the discussions that are going on within this group. For instance, our “sharing experiences” guest writer Dr. Iffet Yazicioglu, who is currently studying in the United States had the chance to meet new people and experience new approaches in special care dentistry as a direct result of one of the discussions on this group. It’s a great pleasure for me to put her letter and details of the “D-termined Program” as her “tip of the issue” in this magazine.

I think it’s important again to highlight and focus our attention on the official IADH scientific networking “DINOH” forum and we would like to encourage each member of IADH to visit the great DINOH activities and take a look at the excellent resources there. Please do send your opinions of how you would like to see this site to further develop and also please let us know if you have any problems in accessing DINOH by e-mailing to; gfmolina@dinoh.org

The milestone of communication for IADH is always the IADH Congress. There are only a few weeks left until the 20th Congress of IADH which will be held in Ghent, Belgium. We are looking forward to seeing you there and sharing in both the scientific and social activities. As far as I know, the number of abstracts and keynote speakers should make this an unforgettable event. Furthermore the location in this historic city looks wonderful, so we are sure that it will be something to look forward to and also to remember about with pleasure afterwards.

As you all know, following the 20th IADH congress, the presidency of IADH will change. I would like to end this issue’s letter by formally thanking Dr Leda Mugayar, who has helped me so much during the early years of this magazine and has continued to support me during her entire presidential term. Of course, Leda will continue to be ‘on board’ and is already working hard for the next congress of IADH which will be held in Sydney, Australia.

We hope that you find this latest edition of IADH Magazine useful. Please remember that your comments and opinions for the magazine are always welcomed. Kindly send any thoughts or questions you may have to: timucin@confident.net

Hope to see you in Ghent.

Timucin ARI
We had a very successful “First Latin-American Congress” in Tucuman – Argentina – 6-8 May 2010. It was a very well organized congress with an interesting scientific program, including most of the different interdisciplinary issues regarding dental care in special patients and the different programs we are managing in some provinces of Argentina. Despite the global economic crisis, more than 140 attendances had the privilege to participate the congress.

During the congress, we had Latin-American Meeting with the representatives of the countries and a Memorandum of Understanding was signed in order to create the “Latin-American Association for Disability and Oral Health”, founded by the present members of Argentina, Peru, Mexico, Venezuela and Brazil.

The Conference had a very busy agenda, with lots of lectures, meetings and of course, happy social activities. Some of the participants even had the opportunity to take some days off to see Argentina, a wonderful country with fantastic nature, social life, and discover our fantastic tango music.

Prof. Dr. Carlos Salinas who is the Professor and Director of the Division of Craniofacial Genetics of the Department of Pediatric Dentistry and Orthodontics of the College of Dental Medicine and Director of the Medical University of South Carolina Craniofacial Anomalies and Cleft Lip and Palate Team was our main speaker. Dr. Salinas gave a course on “Genetic and Oral Health” and talked about “Examination of head and neck from the point of view of the Geneticist”.

There were more than 20 speakers from the host country Argentina who gave valuable information about different topics in Special Care Dentistry. Our invited speakers from Latin American countries were; Dr Juan Pablo Loyola, Dr Elisa Luengas Quintero, Dr. Medardo Gómez Anguiano and Dr. Uriel Soto Barrera (Mexico), Dr Edith Falconi Salazar (Peru) and Dr Mariana Morales (Venezuela).
Speech-Language Pathologist Lotta Sjögreen, Göteborg, Sweden received a PhD for her thesis “Orofacial dysfunctions in children and adolescents with myotonic dystrophy type 1 - evaluation and intervention”

Lotta Sjögreen defended her thesis the 21st of May at the Sahlgrenska Academy, University of Göteborg. It was a well attended occasion and opponent was Dr Kari Storhaug from TAKO senteret, Oslo, Norway.

Lotta Sjögreen has made a great work in showing how a slowly progressive neuromuscular disease as Myotonic Dystrophy type 1 (DM1) can affect the orofacial functions and have a major impact on quality of life. The overall aim of her thesis was primarily to describe the characteristics, prevalence, and development of orofacial functions in a group of children and adolescents with DM1 and secondly to investigate the effect of lip strengthening exercises. In the descriptive cross-sectional studies it was found that Oral motor dysfunction was most prominent in congenital DM1, and males were more affected than females. Intelligibility, eating and drinking ability, and saliva control improved during childhood in some patients. In the intervention studies the individuals with DM1 was training with an Oral Screen 5 days a week for 16 weeks. Lip mobility was measured with 3D video analysis, a program called SmartEye and lip strength was measured with a lip force meter called LF100. The conclusion of the intervention study was that Children and adolescents with DM1 can improve lip strength but improved lip strength will not automatically lead to improved lip function.

Both the opponent and the examining committee appreciated the clinical value of the dissertation and praised Lotta for using her great clinical experience from working with children with orofacial dysfunctions into a very good academic work. Lotta Sjögreen works at Mun-H-Center and she has been an important person in developing the centre.

The dissertation can be found at:

http://hdl.handle.net/2077/21937
News & Flyers

**EVIAN-LES-BAINS, FRANCE**
**OCTOBER 14-15, 2010**

**EFAAD2010**
(European Federation for the Advancement of Anesthesia in Dentistry)

**Patient Management in Dentistry - Myths and Clinical Facts**

A BREATHTAKING VENUE:
The Royal and Ermitage Resort in Evian-Les-Bains

4 THEMES:
- patient management in dentistry
- updates in local anesthesia
- nitrous oxide sedation
- intravenous sedation

Information and Registration: [www.efaad2010.squarespace.com](http://www.efaad2010.squarespace.com)

**TOP PANEL OF SPEAKERS:**

- Dr. Ismail KRAMER
- Dr. Michele DE GRANDIN
- Dr. Jean-Christophe COMBETTE
- Dr. Vincent BAUMGARTNER

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---

**IRISH SOCIETY FOR DISABILITY & ORAL HEALTH**

**Annual Conference**
18th June, 2010
Crowne Plaza Hotel
Blanchardstown, Dublin 15

**Wet Mouths vs Dry Mouths**
Prader-Willi Syndrome (PWS)

PWS is the most common known genetic cause of obesity in children. It occurs equally in females and males and has a complex genetic aetiology, but most cases are caused by a non-inherited deletion in the paternally contributed chromosome 15.

PWS affects an estimated 1 in 15,000 of live births and the major characteristics include hypotonia, hypogonadism, hyperphagia, cognitive impairment and characteristic behaviour similar to that seen in some autistic spectrum conditions.

The major medical concern is morbid obesity but the eating disorder is not necessarily apparent from birth. In fact many newborns with PWS tend to be hypotonic and unable to take to the bottle or nipple well as infants. Consequently they often require tube feeding for the first few months until muscle tone and control improves sufficiently to ensure adequate nutrition.

Those with PWS have a malfunction in the hypothalamus, which plays an important multi-functional role in regulating appetite, sensitivity to pain, body temperature, and the day/night cycle, all of which may be abnormal in patients with PWS. The hypothalamus also plays a role in regulating emotions and memory, and children with PWS typically experience emotional excess and short-term memory impairment.

As children approach preschool age, their appetite grows and since the part of their brain that tells them when they are full doesn’t function properly, individuals with PWS never feel satiated, and therefore are always hungry.

In addition, these individuals need significantly fewer calories than normal to maintain an appropriate weight due to their metabolic and endocrine imbalance. Consequently, many are at risk of serious illness or fatal consequences due to morbid obesity and associated diabetes and cardiac disease if calories and food intake are not carefully controlled and monitored throughout life.

People with PWS have a characteristic appearance and speech quality. Their distinctive facial features include narrow faces, almond shaped eyes, small triangular shaped mouth with a thin upper lip and down-turned corners. They often exhibit hypopigmentation of the skin, and have fairer skin and hair and are of shorter stature when compared with the rest of their family. They have small hands and feet for their height and one of the characteristic habits is skin picking which may involve the hands, feet and face. Open sores caused by skin picking may be apparent and individuals with PWS also tend to bruise easily due to a mild coagulation disorder. The appearance of such wounds along with the bruises may sometimes wrongly lead to suspicion of physical abuse.

Lack of typical pain signals is common and may mask the presence of infection or injury. Someone with PWS may not complain of pain until infection is severe or may have difficulty localizing pain. Parent/caregiver reports of subtle changes in condition or behavior should be investigated for medical cause.
The dental practitioner can be one of the key individuals who queries an early diagnosis based on identification of facial and oro-dental characteristics, hypotonia, oro-motor problems, dietary issues and other behaviours such as hyposensitivity to pain and skin picking on the face. Successful patient management requires a multidisciplinary team. Key members are the endocrinologist, the dietician, the speech and language pathologist and the psychologist and family support workers. The dental practitioner can play a key role within the team especially if the common risk approach to education for patient and careers is adopted. Obesity, diabetes, cardiac disease and poor oral health share risk factors so a common risk approach to health education encompassing common goals is of great benefit.

Particular dental problems may include both delayed eruption and enamel defects. Malocclusion is common including a high arched palate and increased numbers of small teeth which may need intervention from an orthodontist. Delayed speech and language development and problems with oral motor skills are common requiring close working with speech and language pathologists. Furthermore there is reported increased incidence of bruxism and regurgitation and other parafunctions.

Thick sticky saliva, with poor oral hygiene and increased sugar content can lead to gross dental decay unless rigorous preventive programmes are implemented early on in childhood. Psychotropic drugs to control behaviour and depression in adulthood may further increase the risk of xerostomia and associated problems so products to increase saliva flow are helpful. Dietary issues and behavioural cognitive difficulties require creative and determined approaches for success. Visual memory is reportedly more effective than auditory memory, so written or pictorial information maybe the most appropriate, even thought he verbal communication or IQ for the child may not indicate this. As individuals reach adolescence and adulthood, they may be taking long term bisphosphonate medication for osteoporosis which puts them at increase risk for osteo-chemo necrosis and issues such as manual handling and secondary medical problems may become more relevant. People with PWS may also have unusual reactions to standard dosages of medications for instance: prolonged and exaggerated responses have been reported during sedation. Behavioural challenges can present problems if extensive work is required and general anaesthesia carries a considerable risk, due to respiratory and musculo-skeletal and metabolic problems in addition to the sleep apnoea and obesity.

Awareness of PWS and the success of both psychosocial, medical and education regimes have improved greatly over the last ten years. With the correct environment and adherence to treatment and behavioural regimes life expectancy can now be extended to near normal length. Dentists have an important role to play in preserving the oral health of individuals with PWS who as we can see, present unique challenges to the team. By understanding the syndrome – both its behavioural and other characteristics and by working towards common goals with the patients and their team then better oral health can surely go hand in hand with better general health in this group.
Greetings from Boston Massachusetts

I am a postgraduate pediatric dentistry student from Cukurova University in Adana, Turkey. When I got the chance to come to Boston University as a research scholar, I knew that I would have the chance of learning tons of new things and meeting tons of new people and I was right!
I see myself as a lucky person as during my training so far I have found myself working with great people including my team in Cukurova University led by Dr. Cem Dogan and also my great working environment here in Boston University with Dr. Garcia.
I work in the public dental health department here in Boston and I visit the pediatric dentistry department as an observer, trying to explore and learn more about the “North American” style of dentistry.
Whilst I was here I joined the IADH facebook group and met some new people through this forum. I visited and contributed to the discussions page as I was trying to find out more about dental treatments of children with autism. To my delight, Dr. Friedman was taking part in one of the discussions and he suggested that I should take the opportunity to go and meet Dr. Tesini whom is an expert on Special Care Dentistry and is especially well known clinician for working with children with autism.
I was delighted to get this opportunity and I visited his office in Natick to find out more about him and what he is doing.
My first impression was fabulous, because Dr. Tesini and his team made me feel so comfortable and created a wonderful atmosphere for their patients. Dr. Tesini told me about the D-termined program that he had developed.
I was highly interested in this program because till then I thought that many dentists’ approach for people with disabilities was based on practical methods like general anesthesia and sedation which showed me that sticking to stereotypes is a big failure. Conversely the D-termined program is a behavioral management program so-called because it is felt that it takes determination from parents, caregivers, and dental staff.
Dr David Tesini and his team are for sure humanists. The office environment is differ from Turkish dental offices by the composition of the workforce and the number of dental units. I found that the workforce is different: dental assistance, hygienist, orthodontic assistants play a big role in the team. In USA what blows my mind is the affiliation and workforce of the whole dental team together towards a common aim.
My clinical tip is to share with you is; D-termined program for patients who require special care and to encourage you to try it for yourselves - I certainly will do when I go back to Turkey. I am so glad that I plucked up the courage to join in the IADH network and contribute to the discussion forum. Otherwise I would have missed this opportunity to meet some great people and learn some great new ideas.
I am just starting out in this field so I know I have lots to learn.......
Dr. David Tesini is a Pediatric Dentist, in a private practice in Massachusetts. In this capacity, he works with many people with autism and other developmental issues. He found that there were children in the community who needed routine dental services, but whose behavior in the dental office made it very difficult for them to receive professional dental treatment. Although many young dental patients will have some difficulty responding appropriately in the dental office, patients with autism have certain characteristics that can make dental treatment most challenging. Undeveloped cooperation skills pose problems for Dental Professionals, because sudden movements, or kicking and grabbing can be very dangerous when the Professional is using dental instruments. It is easy to understand how Parents or Caregivers of a Child who does not have cooperation skills might be frustrated trying to find a Dentist. But that no longer needs to be the case. A simple program of repetitive tasking and familiarization described in the program can help the Patient with autism to learn the necessary skills to safely and comfortably receive Professional dental treatment in the community dental office, without the use of drugs or special equipment.

From his training at Tuft’s School of Dental Medicine, and from literature in the field, Dr. Tesini was aware that people with autism often learn best with a disciplined program of “Repetitive Tasking”. He adapted the basic concepts of this learning for the specific environment of the dental office, and it seemed to work. By listening to Parents and Caregivers, Dr. Tesini was able to customize the repetitive tasking technique for each Patient, and over time he developed what is now called the D-Termined Program.

How the Program Got Its Name: Dr. Tesini holds the belief that if the Dentist and the Parents or Caregivers are DETERMINED to help a Patient learn the necessary skills to accept dental services in a normal environment, the Patient WILL succeed. It also happens that all the steps in the program begin with the letter "D", as follows:

- Divide the skill into smaller tasks.
- Demonstrate the skill.
- Drill the skill.
- Delight the learner.
- Delegate the repetition.

The D-TERMINED program is unique in that it can help many Patients with autism learn the cooperation skills necessary to receive dental treatment within the normal private dental practice without the need for special equipment or drugs.


For youtube video: [http://www.youtube.com/watch?v=artQFqd6osQ&feature=related](http://www.youtube.com/watch?v=artQFqd6osQ&feature=related)
THE SPECIAL CARE PATIENT, AN ISSUE OF DENTAL CLINICS, 53-2

A comprehensive and important issue devoted to the special needs dental patient! Topics will include dental treatment planning, the anxious or phobic patient, oral and general sedation, treatment of mentally disabled patients, management of older patients with neurologic disease, seizure disorders, management of HIV patients, a review of cerebral palsy, management of children with challenging behaviors, patient learning and home oral health efforts, and much more!

MOLLY

Molly is a 1999 romantic comedy-drama film about a 28 year old woman with autism who came into the custody of her neurotic executive brother. The film was directed by John Duigan and written by Dick Christie, and stars Elisabeth Shue, Aaron Eckhart, and Jill Hennessy. Elisabeth Shue plays the title character, Molly McKay, a 28-year-old woman with autism who has lived in an institution from a young age following her parents' death in a car accident. When the institution must close due to budget cuts, Molly is left in the charge of her neurotypical older brother, Buck McKay (Aaron Eckhart), an advertising executive and perennial bachelor. Molly, who verbalises very little and is obsessed with lining up her shoes in neat rows, throws Buck's life into a tailspin as she runs off her nurses and barges into a meeting at Buck's agency naked.

When Buck consults Molly's neurologist, Susan Brookes (Jill Hennessy) suggests an experimental surgery in which healthy brain cells are harvested from a donor and implanted into Molly's brain. While Buck initially balks at the suggestion, he finally consents to the surgery and Molly makes a miraculous "recovery", speaking fluidly and interacting with others in a "normal" way. Buck begins taking Molly to social events, like a production of Romeo and Juliet, a baseball game, and expensive dinners. However, after a few months, Molly's brain begins to reject the transplanted cells and she begins to "digress" into her former state. Both Molly and Buck must accept the eventual loss of Molly's "cure" and her regression to her previous state.
While the old fashioned house calls by medical practitioners are becoming a thing of the past, the future of dentistry seems to be moving towards a mobile practice. A domiciliary dentist carries his/her whole kit in a portable suitcase size cart and is able to offer care to the patients.

**What is domiciliary dentistry?**

According to BSDH Guidelines; Domiciliary oral healthcare can be described as a service that reaches out to care for those who cannot reach a service themselves. Domiciliary care is intended to include oral health care and dental treatment carried out in an environment where a patient is resident either permanently or temporarily, as opposed to that care which is delivered in dental clinics or mobile units. It will normally include residential units and nursing homes, hospitals, day centers and patients’ own homes. Whilst domiciliary care includes preventive oral health care, it excludes dental screening procedures.

**Training**

Providing effective domiciliary oral healthcare requires skills that extend well beyond clinical dentistry. Training in the understanding, planning and delivery of all aspects of domiciliary services should be provided to all members of the dental team who are likely to be involved. This should be planned and organized according to local requirements and based on relevant professional guidance. Training should include preparing for medical emergencies, including the use of emergency drugs, and practice of resuscitation routines in a simulated emergency. Undergraduate training must include experience in domiciliary oral healthcare and care homes if graduates are to have any understanding of what domiciliary care provision involves.

**Equipment**

Portable suction apparatus to clear the oro-pharynx
Oral airways to maintain the natural airway
Equipment with appropriate attachments to provide intermittent positive pressure ventilation of the lungs
A portable source of oxygen
Emergency drugs

**Client Groups**

1) People with the following
   - Physical disabilities that cause difficulty in mobility
   - Learning disabilities such as autism
   - Mental health problems such as Alzheimer's disease
   - agoraphobia
   - Dental Anxiety and phobia
   - Medical Conditions such as chronic obstructive airway disease or emphysema
2) People in the following environments
   - Hospitals
   - Palliative care units
   - Hostels for homeless people
3) Any other individuals whose circumstances prevent them from accessing the dental surgery

Invisible Disability-  

Heather Lee Dyer

Unseen illness.  
Handful of prescriptions spaced just right.  
The pain is worse than usual this morning.  
On the outside it doesn’t look like  
There is anything wrong with me,  
And then the brain fog only interrupts  
My day  
Every now and then.

Unseen pain.  
But a few sit and judge, grumbling about “sick days”  
And special lighting.  
At work they do not see all I have accomplished  
Even before  
I arrive at my desk!  
The daily struggle  
To just get out of bed,  
Stand in the shower... wash my hair,  
Remember the first round of  
Meds for the day.  
Slowly with effort I get dressed.

Do I have to wear socks today?  
My joints are aflame,  
My muscles rebel!  
But what an accomplishment!  
Time for work!  
Such simple tasks, but not such  
A small feat for me!

Concentrate! Concentrate!  
Others dream and strive for  
Promotions, recognition, power.  
But I,  
Aspire to make the daily tasks  
Look easy,  
Do well at my job,  
Hide the struggle within, and appear  
Normal.

Unseen illness.  
Lupus survivor!

About Heather Lee...  

Heather currently works as a Secretary/Receptionist for the Idaho Department of Juvenile Corrections. She has always had an interest in law enforcement and worked previously for the Idaho State Police as a Dispatcher. It was during this job that she began noticing that her Lupus was causing significant problems at work. She worked with her employer to find another job better suited to these new limitations. Her poem “Invisible Disability” addresses the challenges that some people face in dealing with physical and neurological effects of an illness and how important a job is to sustaining independence and self-confidence. Heather is a married mother of two high school age sons and lives outside of Boise, ID.
The 22nd annual meeting of Special Care Dentistry Association was held in Chicago, US on 26-28 March 2010.

Dr. Leda Mugayar, the president of IADH has attended the SCD Meeting to represent IADH at the SCD board meeting. During this meeting future collaborations and partnership with IADH and SCD were discussed. The meeting was very successful and Dr. Leda Mugayar expressed her thankfulness for the hospitality that SCD members showed. After the meeting both sides agreed to meet again on 25-28 August at 20th Congress of International Association for Disability and Oral Health in Ghent, Belgium.
Upcoming Events

- **June 18**: Irish Society for Disability & Oral Health
  - For more information

- **July 10**: Hemophilia World Congress 2010
  - For more information

- **August 25**: International Association for Dentistry
  - For more information

- **September 2**: FDI World Dental Congress
  - For more information

- **October 14**: EFAAD
  - European Federation for the Advancement of Anaesthesia in Dentistry
  - For more information

- **December 3**: British Society for Disability and Oral Health
  - Unlocking barriers to care
  - For more information
Happy Birthday Alison

Dinner after Dstg Meeting in Dublin
Martine Hennequin & Shelagh Thompson

PEPE our Mascot of the Special Care Unit of the Quinquela Martin Hospital of Pediatric Dentistry

Our members are everywhere from South to North...

AAODI Congress