Subject of the Issue
Communication

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Well... the subject of this magazine issue is COMMUNICATION. We do talk a lot about communication and, nowadays, it has been a MUST in our society...the 21st, 22nd century’s greatest achievement.

I guess it had all started with the fax ... then came the Internet, mobile phones, emails, text messages, cordless computers, facebook ( if I will ever get to understand it ...) and google ... where everything and everyone is possible to find and to be found.

There’s no way that we cannot talk to someone even if they are: overseas, far away, on an airplane, in a car, on a boat, on a deserted island ...; something will be there for you to enable communication.

However, I think we should stop and ask ourselves the question: ARE WE TRULY COMMUNICATING WITH EACH OTHER? Or are we simply being able to easily contact each other?

I know a few President’s letters ago I wrote about ‘writing letters’ ... old fashioned letters, the ones we put in the mail with envelops, stamps and all that ... but I still believe on them; perhaps because I grew up with a pen and paper as part of my ‘communication’ skills; perhaps because when I see my son’s handwriting I realise that he NEVER writes ... he types ... ; and perhaps, because I have come to the conclusion that there’s no longer a personal touch when we communicate today ... nobody will deliver or even kill the messenger because some way, somehow the ‘cyber’ will do it for us!

Then, I feel that technology has truly been making this World a really ‘small’ World ...

Before I go let me share with you some thoughts and considerations on the next page I found about communication when I googled it ... 😊

Stay well!

All the best greetings from downunder,

Leda Mugayar
Communication is:
a dynamic process, emergent, containing unprecedented elements, a contingent sequence of events, interactional, interpersonal, interpersonal, subjective narratization, called thought, within an environment of ever changing situations, conditions, creating shared meaning, succeeding in its stated aims, goals, or objectives, or, failing, if meaning is not created and shared—NOT communication—by shared codes, through a verbal system of symbols, and emblems that appear to be symbolic, with a wide vocabulary and semantic sensitivity, and through a less systematised system of nonverbal behaviours and self-expressive representations, including all of the vocalics that give speech its beauty of resonance and clarity, intentionally sent, transmitted with previous knowledge of idea, desire, and hoped-for outcomes, received as intentional, derived by another as the idea, desire, or hoped-for outcome of the sender or source, consciously sent and received, fully aware of—able to articulate—the ideas, desires and outcomes at the level of speaking them, and received by others with an awareness of the level of ability of the receiver to articulate what the sender desires, believes, thinks, or wants as an outcome, face to face, in person with at least one other present, baby, man, woman, or dog, and with the potential for feedback from another with the capability of returning by word or deed the intent of the communicator.

Look at the internal system that exists to support communication adding to the total complexity of this human and humanising phenomenon which everyone needs to appreciate.

These are the conditions that elicit great oratory, according to the ancient philosophers of communication, and, I must add, that underlie eloquence, which I look for in speaking today. Is this too much to hope for? A consummation devoutly to be wished!

An able person, melding passion, intellect and history, with the freedom to speak, a high moral purpose, confronting a great issue, in a situation that demands critical and bold decision, before an intelligent and educated audience capable of judging, and with an opponent of equal skill. Could we say that, given its complexity and without concentrated study and practice under critical feedback, that communication, especially in the most crucial contexts, is likely to fail?
Dear All,

Here we are again with the winter issue of the iADH Magazine. I remember how we complained about the “warm” winter days in the previous years. Now, finally this year we (people who live in the north hemisphere), have had a real winter. Last month I spent one week in Goteborg and even in Sweden, people thought that this winter was extremely cold...

Anyway, now the season is changing again and beautiful spring days are so close. Of course it’s also the time to think about about summer holiday plans. I don’t know if it’s necessary to mention it again here but please don’t forget to arrange your plans for the 20th Congress of IADH in Ghent, Belgium. You can get detailed information from the official website of the congress; www.iadh2010.be.

For the past 3 months we’ve been working hard to create new ways of communicating between our members. The iADH web page, iADH Magazine and DINOH are our main sources for communication within the organisation. One of our new achievements is the iADH presentation and you can watch this on the iADH web page and hopefully, you will share the movie to promote the iADH amongst your colleagues. Some of our members are also working hard to develop the DINOH project and hopefully we will be able to see the new dynamic DINOH forums soon. Whilst DINOH discussions are ongoing, we’ve also decided to create a social networking facebook group on the web. If you want to join the facebook group please click the link on the IADH News page (Page 18).

This issue, we’ve also added some new pages for the magazine such as the “Poetry/Prose and Medicine” and the “clinical tip of the Issue”. I hope you’ll like our new pages and please help us by sharing your ideas of the things you would like to see in the next issues. We are looking forward receiving your input.

Enjoy Spring...
Timucin ARI
timucin@confi-dent.net
Good communication is fundamental to good clinical practice in special care dentistry. It allows us to inform, to be informed and to exchange information – all important to understanding the patient’s reason for attendance; their medical history; to explain treatment choices, diagnose problems, provide appropriate preventive advice and gain informed consent.

There are three main elements of communication: words, tone of voice and body language. A number of parameters and disabilities can impact on these ‘normal’ communication processes and effective communication can be more challenging if any of the three elements are impaired.

Better communication, like any skill, can be learned and improved in cases such as these thereby facilitating the opportunity for patients to retain their autonomy and fully participate in their own care decisions. Also, by building rapport and trust between the dental team and their patient, helping to reduce anxiety, embarrassment and frustration. All of this contributes to a better experience for the patient, their family and the dental team, as well as minimising misunderstandings between them.

This article seeks to explore how communication can be enhanced for people who have aphasia and dysarthria, commonly seen in patients who have neuromuscular disorders such as stroke, multiple sclerosis, Parkinson's disease and cerebral palsy.

**Aphasia**

Aphasia is an acquired communication impairment resulting from damage to portions of the brain responsible for speech. It is a disorder that impairs a person’s ability to process language and has a huge negative social, physical and emotional impact on the individual. Despite being more common than multiple sclerosis, Parkinson’s disease or muscular dystrophy, there is low awareness or recognition of how to deal with this severely disabling condition.

Aphasia usually occurs suddenly, often as the result of a stroke or head injury, but it can also develop slowly, as in the case of a brain tumour. The condition can affect all four modalities of language - reading, writing, comprehension and expression - to varying degrees. Some people with aphasia have problems primarily with expressive language (how they speak), while others have their major problems with receptive language (how they understand).
The Importance of Communication

The commonly recognised types of aphasia include:

**Global aphasia** – is the most severe form, where people can produce a few recognisable words and can no longer read or write, leaving them very isolated.

**Broca’s aphasia** – where individuals have damage to the frontal lobe of the brain. There is usually good understanding of conversation but their own vocabulary is restricted to short utterances of less than four words which are produced with great effort and often only in under optimal conditions.

**Wernicke’s aphasia** – where damage to the temporal lobe may result in a fluent aphasia. Affected individuals may speak in long sentences that have no meaning, add unnecessary words, and even create new nonsense ‘words’.

**Anomic aphasia** – where people can understand speech well, but are left with a persistent inability to supply words for the things that they want to talk about. It is usually magnified when people are put into unfamiliar or stressful surroundings, and the language consists of ‘low frequency’ words.

Communication difficulties can change from day to day or even hour to hour due to fatigue or distraction. Although intelligence is usually not impaired in people who have aphasia speech or understanding is likely to be worse when the person is tired or under pressure and therefore it can be tempting at dental appointments to communicate with a carer or family member instead of the patient, due to time constraints.

Therefore, it is important to recognise and understand the type of aphasia that a person has, the way in which it affects their communication and then, where possible, to adapt techniques accordingly.

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### RECOMMENDATIONS FOR COMMUNICATING WITH A PERSON WITH APHASIA

- Avoid being condescending; treat the aphasic person as the mature adult that (s)he is.
- Choose a quiet place with few distractions. Background noise and more than one person speaking at once can make it hard to follow a conversation.
- Ensure eye contact before starting to speak, so that facial expressions and gestures will provide clues about the message you are trying to get across, even if (s)he finds the words hard to follow.
- Use short sentences; with pauses in between to allow plenty of time for her/him to absorb and process what you have said.
- Be comfortable listening to periods of silence without feeling the need to speak to allow the patient to be able to put together some words.
- Talk with a normal voice but at a slightly slower speed than usual.
- Ask direct questions, for example “Do you want a cup of tea?” rather than, “What would you like to drink?”
- Give only one piece of information at a time.
- Repeat statements where necessary and emphasize key words.
- If you are not understood the first time, try saying the same thing using alternative words.
- Do not finish the person’s statements for them. However if they get stuck for long periods of time help them to search for words.
- Augment speech with gesture and visual aids where possible.
- Have a pen and paper handy, as some people can read or write better than they can speak. Sometimes drawing the message or using other ‘props’ (pictures, photographs and real objects) can help.
- Ask closed ‘yes’ / ‘no’ questions as they are easier to answer than open questions that need a full answer.

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**The Importance of Communication**

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Dysarthria

Dysarthria is a collective name for a group of speech disorders resulting from paralysis, weakness or un-coordination of the speech musculature. It can cause problems in both articulation and resonance for patients with a variety of different neurological conditions, including cerebral palsy, multiple sclerosis, motor neuron disease and stroke. All types of dysarthria affect the articulation of consonants, causing slurring of speech. This can be especially debilitating at a time when communication with friends, family and healthcare workers is vital. The intelligibility of the dysarthria depends greatly on the extent of the neurological damage.

The specific type of dysarthria associated with Parkinson’s Disease is known as ‘hypokinetic dysarthria’. The main features that make it distinct from other types of dysarthria are the difficulties experienced in initiating speech, which can lack fluency with frequent pauses, word blocks, repetition of syllables, and a sound or word followed by short rushes of speech. It is important to be aware that speech can be affected by the timings of Parkinson’s medication. Speech is easier to follow during the window of opportunity during the day while the medication is working optimally and the symptoms and tremors are ‘switched off’.

Negotiating the best time for an appointment in the ‘off period’, and by pinpointing and avoiding problem times, will aid communication.

Tips for the Listener

Communicating with a person with dysarthria can be facilitated by following these tips:

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<td>Ensure the person only does one thing at a time, as performing two tasks simultaneously (eg walking and talking) is difficult for people with neurological impairment.</td>
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<td>Reduce distractions and background noise.</td>
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<td>Watch the person as he or she talks and avoid writing notes simultaneously which will distract the brain and reduce the ability to co-ordinate the words.</td>
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<td>Let the speaker know when you have difficulty understanding him or her and never pretend to understand when you have not, however tempting this may feel.</td>
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<td>Be honest, and repeat the part of the message that you understood so that the speaker does not have to repeat the entire message, only the bit you did not catch.</td>
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<td>If you still don’t understand the message ask yes/no questions, if possible; have the speaker write his/her message to you; consider using email communication, or consider an alternative communication device or method (see later).</td>
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Alternative or Augmentive Communication

By alleviating the pressure and frustration of needing always to speak, alternative and augmentive communication (AAC) allow the person with speech difficulties to be more relaxed, and communicate effectively and also help to reduce fatigue.

Suitable aids might include:

**Low technology devices** – such as notebooks and pencil, charts with pictures, symbols, letters or words

**Wireless or wired Amplification** – which can be used to increase vocal loudness and decrease voice fatigue

**Email** - using specially designed trackballs and mice designed for ease of operator use if there is associated spasticity of the limbs

**Electronic voice output devices** – for example light writers which are small portable text-to-speech communication aids. Words are typed on the keyboard by the operator and then an electronic voice synthesiser speaks the message.

**Palatal Lift Devices**
a combination palatal lift and augmentation dental prosthesis with modified base-plate to improve articulation, by lowering the palate to aid pronunciation of consonants and by displacing the soft palate, to eliminate the hyper-nasality and emission of air during the production of oral consonant sounds.

**Talking Mats**
[www.talkingmats.com](http://www.talkingmats.com)
Talking mats is well established and researched tool developed in Scotland, UK and has been designed to help people with a wide variety of communication difficulties think about issues discussed with them and find a way to effectively express their opinions. It uses a mat with picture symbols attached as the basis for communication. It allows them to arrive at a decisions by providing a structure where information is presented in small chunks supported by symbols. It gives people time and space to think about information, work out what it means and say what they feel in a visual way that can easily be recorded.

Talking mats is actively being used across many diverse specialist areas and has found to be effective for people with aphasia, dementia and other cognitive and/or communication difficulties by providing a simple but effective, non threatening way of expressing themselves difficulties. It has also been used successfully with both adults and children with intellectual disabilities. Importantly, it teaches the health professionals an effective way of communicating with their patients and finding out what is personally important to them regarding their oral health and quality of life.

Ref.
Access to special care dentistry, part 2. Communication.
ASPODES - PERUVIAN DENTISTRY ASSOCIATION OF PATIENTS WITH DISABILITIES MAKING OUR DREAMS REALITY IN PERU

Dr. Edith Falconí Salazar President ASPODES

After participating the IADH Congress in Gothenburg in 2006, a group of dentists who had been working for 18 years patients with disabilities in various institutions, hospitals, etc, formed the Peruvian Dentistry Association for Disability (ASPODES) which is dedicated to improve oral health for patients with disabilities in 2007. The aim of the Association is to promote and develop educational, scientific, cultural and social projection for the benefit of persons with disabilities. We have undertaken many activities such as;

August 2008- An international course on current trends in special care dentistry by Dr. P. Di Nasso. With several participants under the chairmanship of Dr Falconí with the commitment of the entire board of ASPODES.

In 2009 on September 24, 25 and 26 ASPODES organized an international course and 1st National Day "LIVING WITH INTENSE ABILITY". The program included the participation of members of ASPODES, dentists, students, families and allied professionals. The presence of participants and the scientific program, made this course the highlight of the specialty during the year 2009.

In 25 September, the seminar "PREPARATION OF HUMAN RESOURCES FOR DENTAL CARE OF PATIENTS WITH DISABILITIES", in the Congress of the Republic of Peru, with the presence of the Second Vice President Mr. Michael Urtecho Peru, the representative Health Minister Dr. Abel Salinas, President of the Commission on Oral Health Dr. Jim Romero, the dean of the College of Dental Region, Lima Peru Dr. Raul Botetano Dr. Gabriela Scagnet, President Elect of the IADH, the President of ASPODES Dr. Edith Falconí Salazar, the President of the ASPODES Congress Dr. Jorge Gaitan. The objective was to seek solutions to achieve greater operational efficiency and creating possible the activities for the oral health of patients with disabilities from universities, and institutions. The decision was made after the congress that; dentists should be trained to work with disabled patients with a support team, the Ministry of Health gave an undertaking to assist in the efforts towards improving the oral health of our population as well as formalizing the rules, and continue the work begun. As one of the important findings suggested by Dr. Scagnet was the need of integrating similar experiences in Latin America, work together in Educational Resources in SCD and forming a Latin American Association.

With the commitment to promote dental care in patients with disabilities, ASPODES organized the publicity campaign "Special Smiles" on 18th October 2009 which was supported by the Congress of Peru, San Martin de Porres University, the Universidad Nacional Mayor de San Marcos and the Dental School of Lima. ASPODES also conducts courses at the Faculty of Dentistry of the Universidad Nacional Mayor de San Marcos, the University of San Martin de Porres. We participated courses as part of National and International Congresses in different societies, supports in free care activities and campaigns in different institutions so that we have been covering in total more than 2,000 children and adults with disabilities,
Annual Conscious Sedation Symposium 14th & 15th May 2010

I am writing to invite you to attend our ‘Who, What and Where’ DSTG Symposium which this year will be held in Ireland in Trinity College Dublin hosted by the Dublin Dental School and Hospital. The Symposium is to be held over a Friday and Saturday morning. The overall theme is looking at Who is teaching sedation, What is been taught and Where is it been taught. There will be sessions on provision and teaching of alternative conscious sedation techniques, the setting-up specialist and primary care clinics and their role in teaching with speakers commenting from an Irish, British, Swedish and French viewpoint. 10 minute free paper sessions are timetabled, and many of our colleagues have expressed an interest in presenting so the list of speakers will likely expand as the closing date for abstracts approaches. Members have also expressed an interest in having an opportunity to present posters and we have organised a reception on the Friday evening in the Dublin Dental School and Hospital where members can exhibit their posters and we can socialise at the end of day one. Please note the deadline for submission of abstracts for oral presentations or posters is 2nd April 2010.

Registration forms, information for submitting abstracts and hotel details are all on the DSTG website www.dstg.co.uk. We look forward to welcoming you on the morning of Friday 14th May and hope you had a wonderful time in Dublin. We cannot guarantee it will not rain but here’s hoping for a beautiful summers weekend for you to enjoy your stay!

Kind regards,
Dr. Mary Clarke
DSTG Hon. Sec
Specialist in Oral Surgery/Lecturer in Conscious Sedation
Dublin Dental School and Hospital

A single day CPD meeting, in London, in parallel sessions, organized by Professor Crispian SCULLY CBE, and supported by International Academy of Oral Oncology (IAOO), Multinational Association of Supportive Care in Cancer (MASCC) and Royal College of Surgeons of Edinburgh.

Given by a European faculty, the day is aimed at:

- Dentists, and specialists mainly in maxillofacial surgery, oral medicine, oral surgery, special care dentistry, and otorhinolaryngology.

- Dental care professionals [DCPs], and the cancer support team.

For more information; http://www.eventassociates.co.uk/oral-healthcare-2010-programme.html
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. Traveling to this wonderful location will present the opportunity to find out more about the multi-disciplinary care of both children and adults with hemophilia 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 hemophilia. Professor Soraya Lear from Brasilia will outline useful techniques and caries risk assessment tools to allow the patient with hemophilia 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 Hemophilia 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
Peru is a country in western South America. It is bordered on the north by Ecuador and Colombia, on the east by Brazil, on the southeast by Bolivia, on the south by Chile, and on the west by the Pacific Ocean.

History
The earliest evidence of human presence in Peruvian territory has been dated to approximately 9,000 BCE. In the 15th century, the Incas emerged as a powerful state which, in the span of a century, formed the largest empire in pre-Columbian America. In 1532, a group of conquistadors led by Francisco Pizarro defeated Inca Emperor Atahualpa and captured him. Francisco Pizarro demanded gold and silver in exchange for the release of the Inca, and although Francisco Pizarro received a room of gold and the two following rooms with silver, up to the level of the reach of Atahualpa’s arm, Atahualpa was executed and Francisco Pizarro conquered the Empire and imposed Spanish rule. In the early 19th century, while most of South America was swept by wars of independence, Peru remained a royalist stronghold. As the elite hesitated between emancipation and loyalty to the Spanish Monarchy, independence was achieved only after the military campaigns.

Geography
The Andes mountains run parallel to the Pacific Ocean, dividing the country into three geographic regions. The costa (coast), to the west, is a narrow plain, largely arid except for valleys created by seasonal rivers. The sierra (highlands) is the region of the Andes; it includes the Altiplano plateau as well as the highest peak of the country, the 6,768 m (22,205 ft) Huascarán. Most Peruvian rivers originate in the Andes and drain into one of three basins. Those that drain toward the Pacific Ocean are steep and short, flowing only intermittently. Tributaries of the Amazon River are longer, have a much larger flow, and are less steep once they exit the sierra. Rivers that drain into Lake Titicaca are generally short and have a large flow. Peru, unlike other equatorial countries, does not have an exclusively tropical climate; the influence of the Andes and the Humboldt Current cause great climatic diversity within the country.

Culture
Peruvian culture is primarily rooted in Amerindian and Spanish traditions, though it has also been influenced by various African, Asian, and European ethnic groups. Peruvian artistic traditions date back to the elaborate pottery, textiles, jewelry, and sculpture of Pre-Inca cultures. The Incas maintained these crafts and made architectural achievements including the construction of Machu Picchu. Baroque dominated colonial art, though modified by native traditions. During this period, most art focused on religious subjects; the numerous churches of the era and the paintings of the Cuzco School are representative. Arts stagnated after independence until the emergence of Indigenismo in the early 20th century. Since the 1950s, Peruvian art has been eclectic and shaped by both foreign and local art currents.
The marriage of poetry and medicine goes way back and they are closely inter-twined. In Egypt sacred words were chanted in rituals to promote healing and ancient Greeks left poems in shrines in remembrance of their illness and healing.

Even in the more modern era, poetry continued to play a role and libraries were included in hospitals in the 18th and 19th centuries so that patients could read poetry and other literature prescribed by their physicians. Many notable poets throughout history were in the medical profession including Anton Chekhov and John Keats and some claimed that they could not practice or understand one without the other. Nowadays, there is a growing interest in the use of poetry as a therapy for the patient, but also as a tool to facilitate communication, and understanding of the impact of diseases within the medical profession. Furthermore, it is being used in teaching in order to encourage empathy in students. Poetry therapy can include all forms of literature such as short stories, fables, myths, fairy tales, memoirs and journal writing, and a study published in 1995 reported on the clear health benefits of the use of written expression for patients. The author clearly demonstrated profound reduction in clinical symptoms of patients with chronic conditions who wrote about their experiences over a 4 month period and patients reported that 'reading what they wrote allowed them to realize for the first time how they were thinking and feeling.'

Many prestigious medical journals including the Lancet and Annals of Internal Medicine regularly publish poetry related to medicine. In our own brand new IADH Poetry feature, we hope to share poems and prose with you related to the subject of the issue but more importantly we would love to receive contributions from yourselves or your patients too. We know that we already have some poets within our IADH membership, but even if you usually write for your own pleasure or ‘therapy’ please do have the courage and motivation to share your own poems as we are confident that they will often reflect our own experiences in a way we can recognize. Your work can of course be credited or remain anonymous as preferred.

The subject of this issue is Communication and we are featuring one of the poems written by Vaughn Stone, a former psychologist, marathoner, bicyclist, gardener and master of arts. After a life-threatening car and bicycle accident, he faced new challenges with his physical abilities and his brain injury had also resulted in aphasia. About six months after his accident, he began writing a poem every day. Although it remains difficult for him to speak verbally, his written poetry speaks with eloquence. His writing shows the complexity of the brain and the challenges and frustration of aphasia and his new work as a poet has allowed him to regain some of his former life and develop new talents.
MAN OF FEW WORDS

I’m a man of few words.
Even Calvin Coolidge was generous compared to me, but he was acting by choice, not forced on him by an accident over which he had no control.
I was a man of words before the accident – a Speech major until my last year of college, a Psychologist and a therapist for 33 years, who continued to speak and lecture until the year of my stroke and then was silenced. It took six months of speech therapy before I could be reached.
But under a list of special conditions – one to one communication is essential, if two or more people are speaking I fade to the back of the conversation. Any background noise can range from distracting to painfully immobilizing. My speech pathway must be cleared of obstacles like overlapping conversations, or no pauses between words to allow me to collect my thoughts and say what I have to say.
And, if the conditions are met, my aphasia limits me to a few words and I can’t predict which ones are clear. It’s like saying you want to go biking – when the weather is perfect, you’re not too busy, you feel in the mood, and the phone doesn’t ring. Add to this, your bike is in perfect condition, the course is all downhill – you get the drift. No way you’re going biking. It’s a fantasy.
So, I’m writing this poem to communicate. My hope is you will read it; but my reality is: most poetry lies unread. In this busy world who has time to sit reading the words of an aphasic poet? Still, I try my best to communicate. The alternative is mute silence, and considering that is unthinkable.
So, I’m a man of few words with an uncertain audience; but I reach out to you because I can, I want to, and because I care. 07/17/04
Vaughn Stone
Last year Ireland lost one of its most talented and celebrated writers when Christopher Nolan, prize winning writer, best known for his novel ‘Under the Eye of the Clock’ died aged 43.

Christy was paralysed from birth and as a child he was unable to talk, walk, or use his hands and communicated only by moving his eyes with a signal system. He was only able to begin writing at the age of 11, when he was prescribed Liorosal (a muscle relaxant) which gave him enough control of his head and neck to allow him to write by pecking out letters, one by one, initially using a pencil stuck to his forehead. He published his first book of poetry ‘Dam Burst of Dreams’ when he was just 15 and it was immediately critically acclaimed for its extraordinary use of language.

Some of Nolan’s schoolmates were members of the Rock Bank U2 and he was the inspiration for their song “Miracle Drug” from How to Dismantle an Atom.

Bono said of Nolan: ‘we all went to the same school and just as we were leaving a fellow called Christopher Nolan arrived. He had been deprived of oxygen at birth and so he was paraplegic. but his mother had sensed his intelligence and spirit and used to read to him and she had taught him when he was at home. Eventually they discovered a ‘miracle drug’ that allowed him to move the muscles in his neck and they attached this unicorn thing to his head and he began to type. And out of him came all these poems that he’d been storing up in his head.

Cruelly, sceptics in USA suggested that Nolan’s mother was pulling the strings and a damning article appeared in People magazine suggesting that she was in fact a ghost writer. Nolan responded by writing his own bracing and original autobiography - ‘Under the Eye of the Clock’ - and it went on to beat Seamus Heaney to the 1988 Whitbread Prize for literature no less!! Nolan’s writing has since been compared to Irish literary icons James Joyce and William Butler Yeats. Of course he was not so prolific a writer as they - his third major work ‘The Banyan Tree’ took 12 years to write, needing half a million strokes with his so-called ‘unicorn stick’ and his mother supporting his head.

There is a very moving moment in Under the Eye of the Clock that encapsulates the complex nature of their relationship. His mother is baking bread while listening to Beethoven’s Moonlight Sonata. The music enraptures him and he begins to vocalise his pleasure. His mother orders him harshly to stop shouting so she can enjoy the music. He rebukes her: “I wasn’t shouting, I was singing.”

His literary awards have not been without controversy, some feeling he had won because of his disability. However, it is universally agreed that ultimately what made Nolan an artist of real standing, was his ability not just to recount his experience of his disability, but to transform it.

Mary MacAleese, President of Ireland, speaking at his funeral, said of his extraordinary talent ‘You weren’t normal Christopher. You were extraordinary!!’

Christy Nolan, poet and novelist, was born on July 30, 1965. He died on February 20, 2009, aged 43 after ingesting food into his lungs whilst in hospital.
Dear Colleagues,

Here is an other new page for our readers who are new to “Special Care Dentistry”. In this page we will be presenting some useful and easy tips to treat patients with special needs.

If you have a patient with neuromuscular disorders, rinsing mouth or spitting may be very difficult both for the patient and the staff.

A straw with a valve is great for rinsing the mouth with people who have poor muscle co-ordination or cannot drink from a cup very easily. It is also very useful for people who don’t have good lung capacity and choking.

This is a very useful and handy chairside equipment when used with a kidney bowl under the chin of the patient. The patient can suck the liquid using the straw and spit out into the kidney bowl preventing the patient from embarrassing results like spilling over bib or clothes.

Notice – the bendy straw – because this gentleman cannot move his neck easily due to spasticity and other skeletal problems.
Dear colleagues,

IADH is on facebook now. The IADH facebook group has 160 members in just 5 weeks. If you are using facebook for social networking, we kindly invite you to join our group.

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Upcoming Events

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- **British Society for Disability and Oral Health**
  Unlocking Barriers to Care

- **E.A.P.D.**
  European Academy of Paediatric Dentistry

- **Hemophilia World Congress**
  Buenos Aires, Argentina

- **FDI World Dental Congress**
  Medieval Manhattan - Ghent, Belgium

For more information
We are proud to introduce you with our long distance runner athlete Dr. Cem Dogan. Good luck in Runtalya Marathon.

Latin American taste from Peru.

Ice climbing...
Come on Clive...

Icicles at Mun-H-Center