Features

SHARING EXPERIENCES

MY JOURNEY TO SPECIAL CARE DENTISTRY
DR. ELLIE HEIDARI

NEWS

NEWS FROM NATIONAL ORGANIZATIONS;
SCD/USA, PERU AND IRELAND

REPORT

IADH EDUCATION COMMITTEE REPORT

SUBJECT OF THE ISSUE

IMPACT OF ANTIBIOTIC PROPHYLAXIS FOR PREVENTION OF INFECTIVE ENDOCARDITIS

IADHAPPY

NICE PHOTOS FROM ALL AROUND THE WORLD
Dear colleagues and friends,

I hope you had a happy holiday season!

Holidays are the time of the year that we usually reflect upon the previous year and plan the next. With the changing economic times maybe we may feel not as secure as we would like to feel, and whilst planning our next activities we must be realistic but never lose optimism about what we are doing. Believing in our own ability and thinking about the best we can do for people with special needs, is our specialty. We can learn a lot from people with disabilities, personally I always learn, especially due to their resilience, their ability to face adversity and have the strength not be a victim.

2011 was a busy year regarding iADH activities! After our Executive Board Meeting in Athens, a lot of energy was put in the arrangements of the 3 days workshop of the SCiPE Taskforce group led by the iADH Educational Committee in Antalya, Turkey during the Annual Meeting ADEE - Association for Dental Education in Europe. - entitled “Research and its impact on Dental Education”.

I must tell you that it was more than a great workshop: we had interesting discussions with a warm group of professionals from different countries, sharing experiences and working long days despite the lure of the paradise resort around us. Everybody was working together amicably with the aim of reaching consensus on education curriculum: a potentially difficult task which was achieved even better than we have wished. I enjoyed so much all those days together, despite missing all those who could not attend. You will see the report in this magazine and read about our informal dinners and evening activities in the SCiPE blog.

I am grateful to all the unconditional efforts from people who attended this special event and am proud of the important work we completed. Finally I would like to express on behalf of the Board and the Educational Committee our immense gratitude to the team of the ADEE – thanks to Majella Giles - for allowing and inviting the iADH to develop a space during the Congress recognizing and promoting the importance and value of Education in Special Care Dentistry.

Some days after Turkey we have participated at the FDI Congress from September 12 to 17 in Mexico City. You will see the report in this Magazine.

On the other hand by now have informed everybody about the news and changes in our next Congress in Australia; it will be held in Melbourne, 28-31 October. We hope as many of you as possible will be attending a great conference and enjoying this beautiful place. I thank all of you for the promoting of our Congress 2012 in your own countries.

I am always delighted to hear all the news from the iADH family and friends, so do not hesitate to contact me or Tom.

I hope you enjoy this magazine and accept my best wishes for this New Year.

My warm regards

Gabriela Scagnet
President iADH
Dear iADH Members,

Happy New Year and welcome to the new issue of iADH Magazine...

I think 2011 was a great success for iADH, big steps were taken in undergraduate and postgraduate curriculum development. Unfortunately, I was not able to attend iADH Education Group meeting in Antalya, Turkey but report from Clive showed how hard they worked in Antalya. Of course if you take a look to iadhappy page and SCIPE blog, you’ll also find some nice photos after a hard working day:))

Anyway, our President Dr. Gabriela Scagnet and IADH 2012 Congress Secretariat already informed you about the changes in venue and dates of 21st Congress of iADH. Inside the magazine you’ll find detailed information for the congress but please visit congress website (www.iadh2012.com) and follow us from iADH facebook page for the most up to date information.

Well, this time I’ll keep my letter short... I would like to thank all of you for your input for the iADH Magazine. And please keep on sending/posting your photos, news and any information that you want to share with us.

Wishing you good health, happiness, and success in the coming year and always.
Happy New Year!

Timucin Ari

timucin.ari@schulich.uwo.ca
Dear Friends,

It is with profound sadness that I inform you of my resignation dated August, 2011, as the President of the 21st IADH Congress in 2012 in Sydney, Australia.

Due to unforeseen circumstances I left Australia a few months ago. This move has made my task of coordinating such a big event from long-distance quite difficult.

Nevertheless, looking forward to the success of the event, a new Board was invited to take over the coordination of the Congress. The new Board will be taking place soon, and any further decisions or official communications will be under their responsibility and discretion. I sincerely appreciate the professionalism and friendship of all the invited speakers in accepting my prior invitation to speak at the 21st Congress of IADH.

I also would like to translate my appreciation to all the people in Australia that helped me to put this Congress together for the past 6 years; not mentioning the support from so many friends all over the World.

Finally, I would like to apologize for any inconveniences it may cause, and also thank you deeply for your understanding of the circumstances.
With my best wishes for a very successful Congress,

Leda Mugayar
Invitation to Attend

Melbourne, Australia is the host city for the 21st Congress of the International Association for Disability and Oral Health. Melbourne has a reputation for friendly people, a cosmopolitan lifestyle, wonderful shopping and world-class entertainment.

October is spring in Australia and is a wonderful time of year to visit, particularly as Melbourne is brought to life by the Spring Carnival. Melbourne, Australia - a city of sophistication, fascinating variety and a unique destination for the 21st Congress of International Association for Disability and Oral Health in 2012.

I look forward to seeing you in Melbourne!

Dr Mina Borromeo
Congress Chairperson

Registration
Congress registration will open in December 2011. Delegates will be able to register online and via hardcopy form. To ensure that you receive both an online notification and the hard-copy registration brochure please complete the online expression of interest form on the IADH 2012 website www.iadh2012.com.

SUPER EARLY BIRD RATE
The iADH2012 Organising Committee is pleased to offer a Super Early Bird registration rate for those who register and pay before 23 January 2012. Delegates will enjoy full Congress registration at a heavily reduced rate in recognition of early commitment. Make sure you have all your registration preparations made early so you can take advantage of this special rate.

WHY YOU SHOULD ATTEND
Delegates attending iADH2012 will have the opportunity to meet with international speakers to discuss a range of topics relevant to the care of patients with disabilities, special needs and aged care. In addition attendance at the meeting will put you at the forefront of the link between scientific knowledge and its clinical relevance. You will be able to hear and meet a wide array of international and national speakers and have excellent networking opportunities.

Hosted By:
**Scientific Program**
The iADH2012 Congress will build on the foundations of the previous twenty Congresses through a Program which will explore the latest information and current research in our field. Our speakers will foster meaningful discussion and debate amongst delegates which will, in turn, further the objectives of oral health care for the disabled.

**Confirmed Plenary Speakers**
Prof Eric Reynolds  
Prof Don Morrow  
Prof Jennifer Iwan  
Prof John Thomas

For the latest information on the Program and Speakers please visit the Congress website [www.iadh2012.com](http://www.iadh2012.com).

**Call For Papers**
The Organising Committee is calling for the submission of abstracts for inclusion in the Congress Program. The abstract collection is a highlight of the iADH Congress and a permanent record of delegate’s contribution. Abstracts will be published in a special Supplement to the Journal of Disability and Oral Health and will also be seen on the iADH website with full credit to the author(s).

To submit your abstract for consideration please visit the website [www.iadh2012.com](http://www.iadh2012.com).

**Social Program**
An international Congress is the perfect opportunity to rekindle relationships with current colleagues and meet new colleagues in a relaxed environment. iADH2012 will provide delegates and their guests many opportunities to enjoy Australia’s famous hospitality, wine and food as part of a comprehensive social program.

**Contact Us**
IADH 2012 Congress Secretariat:  
PO Box 3270, Sydney, NSW Australia • Telephone: +61 2 9254 5000
Facsimile: +61 2 9521 3552 • Email: info@iadh2012.com • Website: [www.iadh2012.com](http://www.iadh2012.com)
My journey to special care dentistry
I have been thinking a lot about special care dentistry and students after I was privileged to speak to wonderful experienced enthusiastic colleagues worldwide. Why do some students decide to study special care dentistry? Are there any trigger factors? If so, how can we pin point them out? In order to get some answers I had to look at my own special care dentistry journey.

My journey started when I was a little girl and after my great grandmother, Aziz Joon, fell after one of her regular enjoyable visits to us. She was 85 years old then. I could see on her face that both she and her loved ones who surrounded her knew that this fall would not only bring her pain but also take her precious independence away from her from years to come. They were right. I remember the day Aziz Joon was admitted to my mother’s nursing home after months of operations and unsuccessful rehabilitation regimes.

Aziz Joon was looking at the leaking tap from her bed for few weeks before one day, when the depression abounded her, she asked me to bring her tools in order for her to fix the problem. I was looking at her admirably as she managed to take few steps on her walking frame with my help to the sink. We were happy that day because not only we walked but we also fixed the problem. I remember that warm feeling that wrapped around me and left me ‘high’ for days. Therefore, it was not a surprise for me that I had a desire to attend to older ladies in the home after school. These ladies had wealth of life experiences that they shared happily with me whilst being prepared for snack time. Some stories brought me tears, some brought burst of joy and laughter, some were repeated and slightly altered on daily basis but all the shared stories made me feel important. The ladies shared the stories with me! And some ladies would have more to eat as I listened and cared for them. I felt that I could make them feel better. What a great warm feeling!

Today, it is the same warm feeling that comes back to me, for my older ladies once they finished sharing their life stories with me. I treasure that feeling! I also thank my mother and all the older ladies (God bless their souls) for introducing special care patients to me. I know Aziz Joon would have been proud when I use my tool box to fix my patients problems. It is a difficult and some may even say an impossible task to identify ‘trigger factors for special care dentistry’ in our students. After all, we are all individuals with different backgrounds and upbringing. Although some part of me agrees with that statement, I feel that we all have/had loved ones or great role model(s) that inspired us to look beyond the problems/challenges, to choose special care dentistry and to be innovative when looking after our patients. If we, as educators, can share our role model(s) with the students, we might direct some of our students’ future journey to a special care dentistry one. Maybe then we have overcome some barriers, to get started on a road to achieve some of our many goals that we have for our students.

Ellie Heidari
Participation of the IADH at the FDI Congress
MEXICO CITY – SEPTEMBER 2011

The partnership with the FDI is getting stronger every year. Taking presence especially in the meetings of affiliated associations our message about the importance of our advice at all issues regarding the special care dentistry is very important to demonstrate that iADH is the voice of this international specialty. I have participated as President of the iADH at the 2011 the General Assembly A on Monday 12 September all day with of interesting issues to discuss. The second day of the Assembly was on Friday 16 and I could attend after our iADH Symposium in order to participate in the final decisions they have voted.

The most important participation was at the Council Affiliate Meeting. Tuesday 13 September where each representative gave a presentation and at the end we have discussed about our collaboration with the FDI.

In addition to presenting the iADH mission I focused on the work done in the education committee meeting a week ago in Turkey and the final consensus achieved. Some representatives showed great interest in our work as those of the IADR, IFDEA, IAPD. It was a useful meeting to share ideas and try to have more collaboration between ourselves.

And we have our iADH Symposium on Friday 16 in which both Dr. Dimitris Emmanouil – our president elect and me have lectured in a presentation entitled “Prevention and early intervention in special care dentistry” due to cover the preventive aspects and an efficient intervention in Special Needs Dentistry from the early stages of life throughout adulthood. We had shown a theoretical background as well as a clinical overview of different approaches and early treatments in children and adults with special needs. I must tell you that it was a very successful symposium as we have had already 450 attendances and we have to use more time for questions from the floor.

Dr. Gabriela Scagnet
iADH President
"Coming together is a beginning. Keeping together is progress. Working together is success"
Let’s keep in touch!!!
It’s just one click...
1st Latin American Congress of Dentistry for People with Disabilities

The 1st Latin American Congress of Dentistry for People with Disabilities will be held in Lima, Peru - July 12-14, 2012.

Under the auspices of IADH, College of Dentists of Peru, AAODI and Congress of the Republic of Peru, the Latin American representatives will reunite for the establishment of Latin American Association for Dentistry for Disabled Patients - ALODES.

On behalf of the organization committee, we would like to invite to this exciting event.

For more information:
Dr. Edith Falconi
litafalconi@terr.com.pe
congresoiberoamericanolima2012@gmail.com
http://www.alodesperu.com/
24th Annual Meeting on Special Care Dentistry

The 24th Annual Meeting on Special Care Dentistry, held April 26-29, 2012 in Scottsdale, Arizona is the go-to event for dentists, hygienists and others who participate in providing oral health care for patients with special needs. Register today at www.scdaonline.org to join the more than 300 oral health care professionals that attend each year to experience:

- Valuable interaction with thought leaders, speakers, exhibitors and colleagues
- 20+ specialty sessions developed for those who treat patients with special needs
- Motivated speakers that provide valuable knowledge and insight to all attendees
- Poster presentations featuring original research and learning in the area of special care dentistry
- An exhibit suite showcasing the most up-to-date products and services such as dental equipment and supplies, educational materials and more
- The SCDA Southwestern Fiesta and other networking events that offer an ideal atmosphere for making peer-to-peer connections happen and honor leaders in the profession

For more information please visit:
Report from Ireland 2011

2011 has been busy with an entertaining evening lecture from Alison Dougall on *Providing Dental Care for Patients with Bleeding Disorders ..with Confidence* in March and a sell-out annual conference on “Autism- friendly Dentistry” in the Dublin Convention Centre on June 24th 2011. Adrianne Dolan, immediate past-President did a great job and her passion for the topic was inspiring.

Now the committee is looking forward to re-launching the website (www.isdh.ie) and busy promoting the winter lecture by Caoimhin MacGiolla Phadraigh on “What’s so Special about Care for Patients with Learning Disability”.

We’re also spreading the word about our bursary prizes especially as the Travel Bursary could allow a member to partly fund their trip to Congress next year. In addition with the support of the Dental Health Foundation in Ireland we are offering a newly qualified/student prize…..another reason to check out www.isdh.ie.

Lastly congratulations to the first intake of students on the new Post-graduate Diploma in Special Care Dentistry in the Dublin Dental School and Hospital. The committee wishes them and their teachers well on this innovative course.

Maura Cuffe
ISDH Representative.
IADH Education Committee Report

IADH has had education as one of its main missions for many years. Inclusion of developing countries at its conferences and expanding the impact of education in as many countries as possible started as early as 2000. The SCIPE (Special Care Dentistry Task force on Education) was first perceived by Dr. Leda Mugayar and Dr. Luc Martens as a means to promote and harmonize global education and training in Special Care Dentistry and was finally fully established in 2010.

The Specific Aims and Objectives: (Each country is at a different stage in support for, experience of, and attitudes towards SCD education.)

- To develop core consensus curricula in Special Care Dentistry for countries planning to develop undergraduate and postgraduate programmes
- To encourage iADH member countries to develop educational programmes sensitive to local needs
- To present undergraduate and postgraduate core consensus Curricula to iADH Congress in 2012
- To develop Special Interest Groups in Special Care Dentistry

Drs. Alison Dougall and Shelagh Thompson spearheaded this committee, which at first attempted to collect current curricula from as many institutions and countries as possible and then embark on a process that would look at distilling and categorizing these into a single document. What rapidly became apparent was how onerous a task this was and yet it had little validity in terms of global consensus but rather was just a process of mapping what was already being done.

Alison then initiated a process known as the “Delphi Process” whereby a group of 43 individuals were invited to enter into a unique process (Paper soon to submitted for publication) that would set the background to a global consensus conference held in Antalya Turkey. What was encouraging and illuminating about this process was how it involved many individuals who up until that stage had not been involved in iADH activities and the inclusivity of people from many countries, cultural backgrounds, and experiences were rapidly and fully engaged that essentially removed bias from the process.

Concurrent to this survey monkey technological research tool, Alison started an online Blog and a Forum. This enabled various authors to describe their own experiences related to special needs dentistry and or stimulate thought and discussion around pertinent issues. The forum was very useful in that it allowed discussion on items in the Delphi process that were unclear. Again many new and some old timers contributed to this activity that received over 3500 “hits”. Many from countries never before involved with iADH. It would be wonderful to see this becoming a continued activity of the iADH.
The level of engagement in the Delphi Process was at a level that IADH had not previously experienced. By round 3 of Delphi the group had narrowed down and got levels of consensus of what should be included in a core curricula for both undergrad and post graduate education programs. This provided the background information by which a group of 32 individuals from 25 different countries to dialogue and finalize the core elements required in curricula to fulfill global requirements.

On the first evening, short oral presentations were given by Dr. Inma Tomas (Spain), Dr. Gabriela Scagnet (Argentina), Dr. Mina Borromeo (Australia), Dr. Sue Greening (UK) Prof. Ilknur Tanboga (Turkey) and Dr. Maureen Romer (USA) who talked about current programs in SCD in their own countries. These presentations clearly exhibited diversity in the scope and teaching of SCD at both the undergraduate and post-graduate levels. Dr. Shelagh Thompson (Wales) presented a paper focusing on the current availability of education and training in SCD worldwide and the role of life-long education in SCD as a possible means of reducing inequalities in oral health. Professor June Nunn led a discussion about the possible value and potential role of global curricula in SCD. Sheila Oliver from Cardiff also gave an excellent overview on Assessment and Learning Outcomes.

Following an ‘ice-breaker’ session led by Dr. Clive Friedman (Canada), the 32 individuals took part in the workshops, building on the previous online Delphi consensus work. The workshops were the first opportunity for the taskforce to meet and work face-to-face in order to focus on the essential core items, skills sets and suggested learning outcomes which might be required at the undergraduate and post-graduate levels in SCD.

After two long days, punctuated only by the extensive and now famed buffets, the desired outcome was achieved within the time frame and a two draft consensus documents were tabled at the end of day 2. The success of the event was celebrated with a glass of champagne and President Elect of iADH Dr Dimitris Emmanouil (Greece) toasted the dynamics within the group, which despite diversity of culture, opinion and background had collaborated tirelessly, positively and amicably throughout.

Next Steps:
Break out working groups will be looking at developing a guidance document for curricula development and learning based on the core curriculum agreed on in Antalya. This includes specific outcomes and assessment methodologies. The primary focus at this time will be on the undergraduate curriculum. As developed this document will be sent out for further consultation to stakeholders. This project will be presented in Melbourne where there will be opportunities for greater in depth discussion in a dedicated education session.

Respectfully submitted
Clive Friedman
Impact of the NICE guideline recommending cessation of antibiotic prophylaxis for prevention of infective endocarditis: before and after study

Martin H Thornhill, Mark J Dayer, Jamie M Forde, G Ralph Corey, Vivian H Chu, David J Couper, Peter B Lockhart

STUDY QUESTION
Did the recommendation by the National Institute for Health and Clinical Excellence (NICE) to cease antibiotic prophylaxis in the United Kingdom for all patients thought to be at risk of infective endocarditis result in a decrease in prescribing of antibiotic prophylaxis and an increase in the incidence of infective endocarditis?

SUMMARY ANSWER
The NICE recommendation resulted in a 78.6% reduction in prescribing of antibiotic prophylaxis for dental procedures but no significant change in the long term upward trend in cases of infective endocarditis. Statistically we could exclude the possibility of a 9.3% or more increase in cases of infective endocarditis.

WHAT IS KNOWN AND WHAT THIS PAPER ADDS
The provision of antibiotic prophylaxis to patients at risk of infective endocarditis undergoing invasive dental and other procedures has been universal practice despite no data from randomised clinical trials to support its efficacy. This study lends weight to the argument that antibiotic prophylaxis is not required for patients thought to be at risk of infective endocarditis.

Participants and setting
In March 2008, NICE produced guidance recommending the complete cessation of antibiotic prophylaxis for all patients at risk of infective endocarditis undergoing dental and other invasive procedures. This was in contrast with American and European guidelines. We obtained monthly prescribing data for England from the Prescription Pricing

Division of the NHS Business Services Authority for single oral doses of amoxicillin 3 g or clindamycin 600 mg between January 2004 and April 2010. We used Dr Foster Intelligence to access hospita activity data for inpatients in England between January 2000 and April 2010. All patients with a primary or secondary discharge diagnosis of “acute or subacute infectious endocarditis” were identified.

Design
Retrospective observational study.

Primary outcome
Monthly prescribing of antibiotic prophylaxis and monthly incidence of infective endocarditis before and after the introduction of the NICE guideline.

Main results and the role of chance
After the introduction of the guideline, prescribing of antibiotic prophylaxis declined rapidly. Comparing the 12 month period before the introduction of the guideline with the 12 month period 14 to 25 months after, a mean 78.6% reduction in prescribing of antibiotic prophylaxis occurred, from a mean 10727 (SD 1068) prescriptions per month to 2292 (SD 176). Evidence was lacking that the long term upward trend in cases changed after introduction of the guideline (P=0.61 comparing the trend before and after the guideline change), and statistically we were able to exclude the possibility of a 9.3% or more change in cases of infective endocarditis above baseline.

Bias, confounding, and other reasons for caution
The study is retrospective and relies on hospital coding data, which have inherent inaccuracies. We can exclude a 9.3% increase in the number of cases above baseline, although a smaller increase may have occurred. There is persistent residual prescribing of antibiotic prophylaxis, and it is possible this is being targeted at patients deemed at highest risk from infective endocarditis. To determine if subsets of these patients would still benefit from antibiotic prophylaxis would require a prospective randomised controlled trial.

Generalisability to other populations
The results of this study are generalisable to Western populations where the prescribing of antibiotic prophylaxis to patients at risk of infective endocarditis is still normal practice.

Study funding/potential competing interests
The study was funded in part by the Somerset Heart Research Fund. We have no competing interests.
Upcoming Events

**IADH2012**
17-20 October 2012 | Sydney Australia
[www.iadh2012.com](http://www.iadh2012.com)

**The 24th Annual Meeting on Special Care Dentistry**
April 26–29, 2012 | Hilton Scottsdale Resort & Villas | Scottsdale, AZ
[http://www.scdonline.org](http://www.scdonline.org)

**Challenging Times. Challenging Decisions.**

**British Society for Disability and Oral Health**
Unlocking Barriers to Care
[http://www.bsdh.org.uk](http://www.bsdh.org.uk)

**1st Congress Iberoamericano de Odontología de Pacientes con Necesidades Especiales**
12,13,14 Julio 2012 | Lima - Peru | ALDES
[www.alodesperu.com](http://www.alodesperu.com)

**11th Congress of the European Academy of Paediatric Dentistry**

**The 24th IAPD**
2013 Seoul
[http://www.iapdworld.org](http://www.iapdworld.org)
Happy New Year