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IADHAPPY

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Dear friends all over the world

This is my last President’s Message as my presidency runs to an end next month. These has been two years that I will never forget.

My iADH presidency has been, without a doubt, the most meaningful in my professional career and have positively marked both my professional and personal life. They have been fun, happy, a little frustrating at times but also very productive, I was given the chance to work closer with many friends and colleagues around the world and make new ones. And no matter what has been accomplished what will remain in my heart is the strong connection with all these wonderful people in the iADH network. I will be forever thankful for having given this opportunity by my fellow colleagues.

These past two years I travelled from Melbourne Australia to Surabaya Indonesia, New Orleans USA, Bologna Italy, Birmingham UK, Seoul Korea, Sopot Poland, Dubai UAE and my last trip to New Delhi, India. Each stop marked a new experience on the iADH road. From this forum I wish to extend my deepest thanks to all who hosted me and made these trips so exciting. It is another thing to talk about the world being one and another to experience it first hand. People are everywhere the same, with the same hopes and aspirations. Resources may be different and this is where iADH is called upon to play a major role bridging the gaps. It also made me realize that every iADH member is as great as the one "next to it" 3,000 miles away.

“A good leader is defined by the team he is leading”. I was blessed to have great people working together at the executive committee as a team, realizing the goals we set forth. From this forum I would like to thank all the Executive Committee Members, Tom Turk our secretary, Gabriella Scagnet with her experience as past president, along with Timucin Ari, Shun-te and Volkör for their valuable input. Sincere thanks to our treasurer Martin Arts for restoring iADH into a financially sound organization with better planning and transparent financial management.

The “engine room” lies within the International Council and its Councilors who bring your ideas and initiatives to the Council table and ensure that our work remains relevant and focussed on those things important to the membership.

My sincerest thanks go also to the Educational committee, the tip of the sword for iADH. Many names to thank and I especially want to single out Clive Friedman, Alison Dougall, Shelagh Thompson Denise Faulks, and Graeme Ting.
While there are too many others to mention, a big thanks to all of my IADH mentors and role models who played a part consciously or unconsciously in shaping my philosophy about iADH that enabled me to serve to the best of my ability. I am especially happy that during my presidency a big growth of IADH came from the great countries in Asia India, Nepal and Hong Kong. I feel that 1.2 billion people should be represented in IADH and I wish the new members a vibrant path in iADH. I want to give a special thanks to Shelagh Thompson and Stephen Hancock, our Editor and publisher, for all they do to get the message of IADH around the world via the Journal for Disability and Oral Health and I certainly cannot forget Alison wearing her other hat as our iADH editor and social media guru. Our internet team (Martin Arts, Alison Dougall and Timucin Ari) created the new ‘brand of iADH’ in record time something we are all proud of and is the face of iADH to the outside world. These committees disprove the saying “if you don’t want to accomplish anything form a committee”. I think in the future if we can create fun working clusters/committees with highly motivated people we can accomplish even more for iADH. Later on in this magazine you can read my vision for the future of iADH as it appeared as an editorial in the current issue of our Journal of Disability and Oral Health.

The highlight of my year of course will be our next iADH Congress in Berlin, Germany, the most exciting event of 2014. The Organizing and Scientific committees have worked very hard to set up a very interesting event. You can find all the information about the Scientific and Social program of the Congress on our web site www.iadh.org. I hope that it will be an inspiration for us all to work in excellence for the benefit of our patients.

Finally I wish the incoming President Timucin Ari and all of the incoming Exec committee members and Council much luck in the next two years and I would like to leave you all with this thought:

“The Extra Degree: At 211 degrees Fahrenheit water is simply hot. At 212 degrees, it boils. And with boiling water, comes steam. And steam can power a locomotive. The one extra degree makes the difference. This simple analogy reflects the ultimate definition of excellence. We have been able to accomplish a lot and put the locomotive in motion these past years moving towards a strong and stable iADH. It is only with your support that we will be able to initiate the new activities and achieve our goals in the coming years. Be that extra degree!!

Dr Dimitris Emmanouil
President iADH
Dear iADH Members,

Please enjoy our summer iADH Magazine of 2014 with news and chat from iADH members all over the world.

We are delighted to include reports from Chile, Korea and India for the first time in the IADH member countries section of this summer issue and I would also like to draw your attention to the article from Canada by Maureen Prevette about the outreach work that they are doing in Honduras to promote and sustain better oral health. Look out for my personal favourite picture of a makeshift wheelchair that clearly shows the resourcefulness and spirit of this population. We also have news from USA, Spain and Ireland including how the creative use of Irish folklore helps to motivate and good health behaviours in this fun article entitled ‘away with the faeries’.

As we approach the iADH Congress in Berlin, I am sure that excitement is brewing at the prospect of meeting up and learning from our colleagues, sharing our own work hopes or aspirations and building knowledge and skills which will help further inform us how to provide better care for our patients. This is the opportunity to strengthen our research networks, discuss possibilities for collaboration and offer and receive peer support ‘formerly known as friendship’ before the ‘friend’ was redefined as a status on Facebook. There looks to be so much of interest in the programme. Since it has been published in its entirety on the conference website, it has become something like a military operation to plan my schedule for the three days. Sometimes it can be too easy to become bamboozled and even anxious about what cannot or mustn’t be missed, whether it be a special interest an emerging new topic or the important role of supporting colleagues or friends or students past and present as they give their research oral presentations or posters. By using the calendar function on my phone with reminders I think I finally have the solution to ensure that I will be getting the most out of the event and am right where I want to be at the right time in the right place.

Rest assured, after the event www.iadh.org will host many of the keynote presentations in the resources section of the website so that anyone unable to attend in person can review content at their leisure along with the rest of the iADH resources for free download on the website. The iADH resources are growing in number every month and in this issue of the magazine you will notice two new Spanish Resources which have been added including the brand new validated translation of the IADH Undergraduate Curriculum (also available in French and English).

So, please enjoy reading this issue of the magazine and or those of you who will make it to Berlin please take the time to say hello and do post some pictures on our Facebook site or follow the news on our twitter feed #iadhtweets.

Together we can surely find that one degree that Dimitris is asking for…..

Alison Dougall
iADH editor
My vision for iADH

by Dr Dimitris Emmanouil, President iADH

“The vision of the founding members of IADH was to improve the oral health and quality of life for persons with special needs to an optimal level. IADH is the only global organization representing the oral health interests of special care patients.

40 years later several steps are moving us nearer to fulfilment of that vision. Special Care dentistry is now recognized as one of Dentistry’s specialties in a significant number of countries around the world. The Journal you are reading, now in its 15th year, is the tip of the sword of IADH and one of the major tools to guarantee improvement in knowledge, and consequently in care. We should here acknowledge the efforts of Prof June Nunn, first Editor and Prof Sussumu Uehara and the generous donations of the Japanese Society back in 1998 that gave birth to the journal. IADH, hoping in the dissemination of knowledge for special care dentistry worldwide, funded and stood behind the DINOH project, a first effort in e-learning and a very innovative project at the time.

As the availability of Continuing Dental Education became easier in our ever expanding electronic world, the executive committee wisely decided to move to targeted projects and by forming a special Education Committee brought in life the curriculum for undergraduate and postgraduate education, putting IADH in the map of strong organizations like the ADEE in Europe.

My Vision for the future:

Any organization must have a well-developed and positive growth strategy. Its visibility, strength and significance depends on that strategy. IADH is no exception to this requirement. It must grow not only geographically, including all countries in its membership, but with significant partnerships to continue to spread the vision of the founding members to the four corners of the world.

These partnerships need to be diverse and durable, composed of international foundations, philanthropic organisations and with the industry, aligned with iADH’s goals. The challenge is to find the right body of people to develop a strong meaningful strategy and at the same time harnessing the enthusiasm for new initiatives from its members old and new.
The council, the representatives of the diverse societies that form IADH is the locomotive in front of IADH. This body should provide a sense of direction, encourage good leadership, encourage collaboration and allow initiatives and new ideas to flow through our organization. I would call this body a special strategic committee with key persons outside our specialty providing the advice to the leadership necessary to ensure the association’s relevancy in this age of information and competing societies. Such a committee will help also raise our profile, and the profile of Special Care oral health towards international organisations such as the WHO, national medical and dental societies and other partners in the health care sector.

Research:
Oral Health care for people with disabilities needs to be evidence based. To this end, research is necessary, and although there has been a significant increase in the number and quality of publications addressing this need in recent years, more work is necessary. Further, most academic institutions do not actively support research in this area, or have academic chairs in Special Care Dentistry.

As we grow as a specialty, it is important to form a group of clinicians and researchers that can potentially collaborate and work together to provide evidence based approaches and pool patient numbers for research opportunities, generously sharing expertise and mentoring our member countries where there is scant opportunity for training. Local research networks amongst clinical practitioners is a model that has been used successfully in several countries.

Prof June Nunn was writing in her 2008 editorial “In an increasingly competitive world, if we are serious about the specialty and its distinct place amongst other disciplines, we need as individuals and groups to enhance our research efforts. We must now publicise the increasing evidence-base for what we do - that means robust science and high quality papers. Good research does not happen overnight, it takes years in planning and execution. As well as general career support from those well established in the field of Special Care Dentistry, aspiring young researchers need focused mentoring from those with experience in research.”

Research networks is to a great extent the way that our medical colleagues, facing the same challenges manage an impressive research output when dealing with medically complex and challenging patients. IADH has already been making its first steps towards this end by organizing a research project between several Universities and researchers on the attitudes of young dentists towards Special Care Dentistry. There is scope for more to follow.
Honduras, a country in Central America, is a country of contrasts; stunning mountain vistas, colonial towns steeped in history and Roatan, home to resorts catering to diving enthusiasts from around the world and then there is San Pedro Sula, with the dubious claim of having the highest murder rate in the world combined with the abject poverty rampant throughout the country. This is the country that caused the writer O’Henry to coin the phrase “Banana Republic” and still, to this day, the areas around San Pedro Sula are designated tax free zones to lure multi international companies that contribute little to local economic growth.

In 1998 Hurricane Mitch added to the misery with the worst flooding of the 20th century. The storm wrecked about 35,000 houses and damaged another 50,000, leaving up to 1.5 million people homeless, or about 20% of the country’s population. The President of Honduras estimated that Mitch set back 50 years of economic development.

For the past 15 years Dr. Fabian Gorodzinsky, a Spanish speaking pediatrician in London, Ontario has been travelling to Honduras providing medical care to those without access to regular care and he noted the extent of rampant dental decay prevalent especially in the rural areas. Several years ago he approached Dr Clive Friedman, a paediatric dentist in London, who agreed to accompany him on his next trip to Honduras. The first trip was mind numbing and soul destroying with day after day of children presenting with horrendous decay and abscessed teeth and treatment mostly limited to simply extracting the worst of the worst.

The past few years we have been based in Gracias, a town in the mountainous region of Lempira and have been coordinating our efforts with the local public health doctors and dentists and travel with them on “Brigades” to the most remote villages that rely on these intermittent and infrequent Brigades to provide medical and dental care to the local population. In an effort to break the cycle of decay and introduce some kind of prevention we introduced school tooth brushing programs and each day starts (after a bone cracking drive of 2-5 hours along rutted, perilous tracks that pass for roads in the region) when we arrive at the local school to find large numbers of families, some of whom have walked 2 hours or more to attend, queuing patiently in anticipation of being seen. Tooth brushes are dispensed and the children gather around for a group practice session of enthusiastic oral hygiene. Despite the lack of electricity and running water in most of the clinic locations we have been providing ART and also applying fluoride varnish, silver nitrate and iodine in an effort to avoid the inevitable extractions.

In keeping with the belief "Give a man a fish and you feed him for a day; teach him to fish and you feed him forever" we have initiated training sessions for the local public health dentists teaching them how to assess and use the materials we can provide.

The secret to success, we have found, is connecting with the right people on the ground. They best know what resources are available and what is required and due to years of having to make do they know how to maximize and make the best use of what resources are offered to them.

Our recent visit introduced us to the ‘Creche’, a local initiative financed totally by donations that provides dental care and physiotherapy to the most severely disabled in the area. Their creative use of minimal materials was inspiring and a testament to the resourceful nature of the Hondurans.
The German association of the IADH is honoured to invite all members of the IADH and other dentists working with patients with disabilities to the upcoming world congress in Berlin. The heads of the organising committee (Prof. Dr. Andreas Schulte, Dr. Imke Kaschke, and Dr. Volker Holthaus) have arranged a congress with distinguished scientific topics and framework programmes.

The International Association for Disability and Oral Health (IADH) has been dedicated to enhancing the oral health of people with disabilities for more than 40 years now. The association is the leader worldwide in this area and has pioneered many important initiatives on improving dental care and prevention. Berlin is therefore honored to have been chosen as the venue for the IADH World Congress in 2014, and I would like to extend a very warm welcome to all of the participants coming to Germany's capital city for this congress.

As a congress venue, Berlin offers an ideal setting for an international gathering like yours. For one thing, Berlin's first dental treatment center for people with multiple severe disabilities recently opened in the Neukölln facility of our municipal hospital corporation Vivantes. In addition, our city has many other institutions that underscore its reputation as a health care capital, including the Charité, a flagship of modern research and treatment, and a broad spectrum of hospitals and dental practices.

I am confident that your international congress will send a strong message on the sustainable improvement of preventive efforts worldwide. And I am just as certain that this meeting in Berlin, thanks to the participation of international experts with a vast range of experience and expertise, will give new momentum to your work to improve dental care for people with disabilities.

In this spirit, I would like to wish all the participants a safe trip to Berlin, a successful congress, productive exchanges with your colleagues, and a wonderful stay in our city that you will long remember.

Klaus Wowereit
Governing Mayor of Berlin

Dear attendees of the 22nd IADH World Conference, ladies and gentlemen,

I would like to extend a warm welcome to you all: to all dentists, physicians in other fields, people working in the health care system and all specialists who deal with people with disabilities and their special concerns. Allow me to share a personal experience with you: In 2012, for the first time ever, I was at a dental clinic in Munich that specialises in providing dental care for people with disabilities. I was met at the door by a dental assistant, the rooms were described to me, the information material was read to me. As a result, I had a clear picture of the situation even before treatment began. For blind patients, just this first part of a doctor’s appointment is a challenge in and of itself. During the course of my treatment, the dentist thoroughly explained each of the next steps and took the time to answer all my questions in detail. He fully met my needs during my treatment. And this is precisely where the key lies, I believe: The desire and also the ability to take the patient’s needs and challenges into account during dental treatment. Time is one of the most important aspects of any visit to the doctor, especially for people with mental disabilities or multiple disabilities. In my view, treatment without trust is impossible. We must continue to work on this together in the coming years, all over the world and also here in Germany. I am therefore particularly pleased that you will be bringing together your knowledge and expertise, talking about new methods of treatment and discussing ways of linking the different fields of science and medicine in Berlin this year. According to a study from Germany, people with disabilities are far from always having access to all medical practices, not just to the premises but also to the examination furniture, or access to important information and to communication with the medical personnel there. Through the valuable work you are doing at this conference, you are creating access to information for all interested parties and, in the process, enabling improvements in the provision of dental care in Germany and throughout the world. I thank you all for your dedication and wish you a communicative, informative and enriching event.

Your Verena Bentele
Federal Commissioner for Matters relating to Disabled Persons
Announcement

Latin American Association of Dentistry for Special Patients (ALOPE) Chile

The city of Santiago, Chile, will host the Fourth Latin American Congress of Dentistry for Special Patients (ALOPE). The event will be held 26-28 November 2015 and is expected to bring together as many as 300 dental professionals from Chile and throughout Latin America.

The Chilean chapter of ALOPE was founded in 2012 and during its two short years has been very active in hosting national conferences and courses in Santiago and other cities.

Until recently, there existed no formal undergraduate or graduate programs that specifically address Patients with Special Needs. This year the University of Chile formally began the first Graduate Dentistry Program for Special Patients.

Since 2012 the Chilean Ministry of Health has been particularly supportive in regards to the oral health of patients with special needs and has developed specific guidelines and programs. Although patients with disabilities and special needs have always received treatment in Chile, only in recent years have studies begun to formalize the creation of public programs and scientific approaches throughout the country.

This year ALOPE will be formally inducted as a new member of the International Association for Disability and Oral Health (IADH).

Dr. Efrain Rojas Oxa
President
The British Society for Disability and Oral Health held its first two day conference in May 2014. The meeting was a huge success with excellent presentations and inspiring ideas, lots of new young members and old familiar faces and of course a great conference dinner!

Day one of this year’s event was designed to provide a forum for members and trainees to share practical clinical ideas for use in the work place.

Alongside this, those shortlisted for the new BSDH prize scheme were also invited to present their work. The presentations were of extremely high quality and stimulated much interest among the audience.

The following prizes were awarded:

Clinical prize: “An Unusual Case of GA at home for a man with autism” - Lauren Firth StR Sheffield

Audit Prize: “Compliance with NICE endocarditis guidelines” - Emily Sherwin StR Oxford

Poster prize: “Post-operative complications in patients at risk of bleeding” - Lauren Ayre Liverpool

Travel Prize: “Collaboration between Renal and Dental Services to improve oral health of patients with chronic kidney disease” - Sandeep Klair, SDO Wolverhampton.

Day two provided an update from renowned experts on the subject of Epilepsy including

- The societal, personal and public health impact of epilepsy
- Treatment options for the epileptic patient
- Living with epilepsy – the patient’s experience
- Pathways to dental care for people with epilepsy
  - Restorative treatment options
  - Dental management of those with poorly controlled epilepsy.

As ever the social scene didn’t let us down. The conference dinner was held at the Pickled Piglet where we were entertained with some great Jazz, plenty of tasty food and the obligatory fizz and wine.

Report prepared by Kathy Wilson
SCDA recently held its 26th Annual Meeting in Chicago, IL, April 11-13. The meeting had a great turnout with 297 attendees who took advantage of over 30 educational sessions that were presented throughout the meeting.

SCDA launched a Student Day at this year’s event which offered students a discounted rate to attend for one day that included a special student educational track so they could see what special care dentistry is all about. This promotion resulted in 30+ student attendees and supports SCDA’s outreach to the student and resident population. In addition, attendees had opportunities to network with peers and colleagues and visit with over 15 exhibitors.

SCDA also announced its newly elected Board of Directors who began their term at the conclusion of the Annual Meeting.

**SCDA's new 2014-2015 Board of Directors are:**

- President, Jason Grinter, DDS, MPH
- President-Elect, Nancy J Dougherty, DMD, MPH, FADPD, DABSCD
- Vice-President, Miriam Robbins, DDS, MS, FAAHD, DABSCD
- Immediate Past President, Kenneth M. Fedor, DDS, MS
- Treasurer, Steve Beetstra, DDS, MHSA
- Director-at-Large, Constance Bernstein DDS, FASGD, MAGD, DABSCD
- Director-at-Large, Paula Friedman, DDS MSD, MPH
- Director-at-Large, William J. Stewart, DDS, MPH
- Director-at-Large, Jeffery Hicks, DDS

SCDA has already begun planning the 2015 Annual Meeting, which will be held March 26-29, 2015 in Denver, Colorado and is currently accepting abstracts for this meeting through September 8. Please visit our website and consider submitting an abstract.

SCDA was also excited to announce the official dates of the 23rd International Congress for Disability and Oral Health which will be held in conjunction with SCDA in Chicago, Illinois. The meeting will take place April 14-17, 2016. SCDA could not be more excited to work with IADH on this joint meeting.

For more information visit the [SCDA website](http://www.scda.org).
The India Chapter of iADH was officially launched at New Delhi on the 15th of September 2014 with Dr Mahesh Verma as the President and Dr Reena R Kumar as the Secretary. The International President, Dr Dimitris Emmanouil inaugurated the new chapter at Maulana Azad Institute of Dental Sciences. The event was attended by representatives from all sectors. Air Marshal Keelor, CEO-SO Bharat, Mr Syed Ali Kazim, National Director, SO-Bharat and other officials of Special Olympics, Bharat graced the occasion. The Director General Dental Services, General Arora, shared the existing policies in the Armed Forces on Disability and its management. Representatives from the Dental Council of India Committee for disability scoring in maxillofacial region were invited guests. The dais was also shared by members of the Medical fraternity. The ceremonial Lamp of Knowledge was lit by all members on the dais. The President and the Secretary of iADH, India Chapter pledged to work in collaboration with all stakeholders and the International Association, with an objective to improve the oral health care for people with disabilities, develop international communication, research, education, dissemination of information in area of oral health care for people with disabling condition and to represent this area of activity at national and international forums. The Honorary and Executive Committee members of iADH, India Chapter witnessed the well publicised event along with over 150 invited guests who have a passion for Special Care Dentistry. The Afternoon session was conducted at Divya Jyoti College of Dental Sciences & Research. The ushering of Special Care Dentistry was marked by a CDE Program with Guest Lectures delivered by Dr Dimitris Emmanouil and Dr M H Sattar from Bangladesh. The highlight of the event was the inauguration of Suneedhi- A Centre of Excellence for Special Care Dentistry jointly by Dr Dimitris Emmanouil, Air Marshal Keelor and Dr Ashok Dhoble, Secretary General Indian Dental Association and Mr Ajit Singh Jassar, Chairman Divya Jyoti Group of Institutions. The Clinic was dedicated to a child who has a disability, called Suneedhi, who lives on the college campus. Suneedhi literally means auspicious ! Suneedhi - The girl. The clinic and the essence of iADH – a collaborative, collective effort by Divya Jyoti College of Dental Sciences & Research, Special Olympics. Bharat, industry partner Unicorn Denmart under the banner of iADH was an apt prelude for the initiation of iADH, India Chapter.
The summer meeting of the Spanish Society for Disability and Oral Health (SEOEME) was held in the Ancares leoneses (El Bierzo), one of the most unusual landscapes in the Iberian Peninsula and surrounded by extensive oak and chestnut woods.

El Bierzo is a small, ancient region almost on the eastern border of Galicia, which is due north of Portugal and some members arrived on Friday and had time to visit typical places in the area.

They could also see some typical buildings of the area as watermills and “pallozas” (small houses made of stone with thatched floors) which date from the Pre-Romanesque era. It was in one of them, Palloza de Balboa, where a great soirée and dinner was held on the 23rd to the sound of a quartet playing fados and folk songs from the Northwest of Spain.

On Saturday morning, the meeting started with Dr. Joaquin De Nova’s (Complutense University, Madrid) great presentation about Osteogenesis Imperfecta. The De Nova’s group have a wealth of experience in pediatric patients with OI most of them with a very long-term follow up. Everyone attending the conference found the topic to be very interesting and would have liked to have time for a longer presentation. Luckily, he announced that next November a University Symposium on OI will be held when we will be able to learn more. The following speaker was Dr. Pablo del Amo who focused on different types of oral premedication available in Spain for use in dentistry, referring to pros and cons of nitrous oxide vs. benzodiazepines. By offering a view from an anesthesiologist perspective followed by discussion after the lecture it was very enlightening. The last lecture was given by the physiotherapist Mª Angeles Miñambres, who talked about the TMJ pathology from a holistic perspective. Her presentation dealt with the concepts of posture and kinetics, and it was of great interest to the auditorium. The three lectures presented the multidisciplinary approach that these situations require and it became clear the importance of working in collaboration with other healthcare providers.

After the lectures the SEOEME council meeting took place and Dr. José Ramón Corcuera (Sevilla University) presented a draft of the program for the next national Congress which will be held in Cadiz in the south west of Spain in 2015. Afterwards, the participants went to Palloza de Cantejeira to enjoy a generous meal followed by a guided tour to the unusual landscape of “Las Medulas”. Our tour guides, Ana and José Luis (Archeology Professor at the León University) explained in full detail the huge engineering work carried out by the Romans in this area for more than 200 years. The visit was very enlightening and stimulated much interest within the group who wished they had the chance to stay longer.

The Summer Meeting was closed with a farewell dinner were we could talk about the meeting. Diplomas were given to those present and it was agreed that organizing these Summer Meetings in the future was vital. Dra. Camino González and her team were publicly thanked for their effort to held this meeting which everybody enjoyed so much.

Jacobo Limeres Posse
President of the SEOEME
Korean Association for Disability and Oral Health
10th Anniversary Conference of KADH

Dear iADH Members,
Nice to meet you, every-member of iADH!!!!

This is the first letter from Korean Association for Disability and Oral Health (KADH). I am Rosa Hyo-Seol Lee serving as the Director of International Affairs. KADH hopes to work together with iADH for the oral health promotion of the individuals with disabilities. We ask a lot of interest. Thank you.

The 10th Anniversary Conference of Korean Association for Disability and Oral Health was held on Saturday 31st May in Seoul, Korea. The theme of this conference was “Past, present and future of special care dentistry” which was reflecting the past decade and forecasting the coming decade.

Many dentists from Japan and Taiwan attended and took part in the International Symposium “Education of special care dentistry in Asia”. Also, we offered testimonials to the first president Keung-Ho Lee and former president Sung-sik Na who established the base of KADH and to pt. Jun-ichi Mega who dedicated for the relationship of KADH and JSDH (Japanese society for disability and oral health).

President Seung-Ho Baek gave his thoughts on 10th anniversary of KADH. “For the dedication of many people during the last 10 years, KADH exists now. Thanks to the deep, KADH will work hard for the individuals with disabilities.”
The AAODi Argentinian Association for Disability and Oral health with the Círculo Odontológico de Mar del Plata organised the “11 Jornadas Científicas Interdisciplinarias de AAODi” “XIX Reunión Nacional de Socios” in the beautiful city of Mar del Plata, Buenos Aires Province, on May 1 to 3rd.

We had a successful meeting with an interesting scientific program which has included most of the different interdisciplinary issues regarding dental care in special patients and the different programs we are managing in some provinces of Argentina.
Ireland

By Gillian Smith, Evelyn Lawless and Maura Cuffe

This year Limerick, Ireland’s third largest city was home to the Irish Society for Disability and Oral Health (ISDH) annual conference and several other news related to SCD.

Summer Events in Limerick, Ireland kicked off with the Special Olympics National Games in June where the Healthy Athletes area was a big hit. A special guest appearance by Kellie O’Shaughnessy and her “Dental Den” oral health promotion programme clearly shocked athletes regarding the sugar content in their day-to-day foods!

This event was closely followed by the very successful ISDH annual scientific conference, “Getting your teeth into Genetics” in the Strand Hotel overlooking the Shannon River. Congratulations must go to Alison Dougall ISDH President for organising 2 stimulating study days.

A skills based workshop opened proceeding and gave delegates an insightful introduction to Clinical Holding. This was followed by clinical presentations on genetics and inherited disorders and the programme was packed full of interesting speakers including our overseas speaker Dr Denise Faulks who spoke about oro-motor Function in Down Syndrome.

The second day was opened by Dr Dympna Kavanagh who is the Chief Dental Officer of Ireland and also hails from Limerick. She talked about her observations at the Special Olympics where she clearly had recognised the impact of exclusion versus inclusion in society and she assured the President of ISDH and those present in the audience that she would be including input from the Irish Society for Disability and Oral Health in decision making about future service developments in Ireland.

The highlight for many delegates was the view from the other side. We were privileged to hear from two young patients who had agreed to be interviewed about their experience of having a genetic disorder and as they chatted to the facilitators their views about what dental services should be like and what was important to them regarding their oral health emerged clearly. Whilst talking about her experiences, Annemarie Reid wowed us with her views as a service user and also about her role as an advocate and trainer for other people with disabilities: she happens to have Down syndrome and was happy to share her ambitions and her dreams of becoming a teacher of communication skills and sign language. She was delighted and somewhat surprised to see her own dentist in the audience declaring that she could not say a bad word about her!!

In addition to Limerick hosting such memorable events this year it is also home to many ISDH members. In 2014, three local Limerick girls made the SCD headlines; Clodagh Ryan was awarded her diploma in Special Care Dentistry from the Dublin Dental University Hospital, Evelyn Lawless, dental hygienist, became the secretary of the ISDH committee and Siobhan Stapleton, currently studying for a doctorate in Special Care Dentistry at Trinity College was the winner of the IADH Travel Bursary 2014 which will fund her trip to Berlin iADH2014 present her work to develop an intervention to promote oral health in pre-school children with disabilities.

We look forward to seeing you in Berlin in October, there is a big group heading over from Ireland — Please come and say hello......we hope that we will be hard to miss!

Slán go foil!
Sharing experiences

Tips and Tricks - away with the fairies

In this issue Dr Gillian Smith who is a Private Practitioner from Dublin, Ireland introduces her team’s unique way of using ancient Irish Folklore to enhance positive behaviours……..

For centuries we Irish have believed in and lived with the Little People; we’ve gone out of our way to avoid annoying them and maintaining fairy forts (mounds) where they live. Our first taoiseach, (prime minister) Éamon de Valera, was not a noted fairy man, but his wife, Sinéad, was a renowned expert on the subject and it was on her instigation that he established the Irish Folklore Commission to research the phenomenon.

In Irish fairies, known as ‘Sidh’e, are generally peaceful until angered by some foolish action of a mortal when they can become very mischievous and bold. Many trees and mounds are considered under their protection and in some parts of the countryside people will not build their houses over certain “fairy paths” because of the type of disturbances which would ensue. We all know people who crossed them and suffered the consequences.

In Ireland when a child looses a tooth they leave it for the tooth fairy, when they wake in the morning they will find the tooth fairy has left a coin in return for their exfoliated gem! And what would an Irish fairy want with an “auld” tooth I hear you ask? Well she uses them to build her houses of course, silly! So if they are really clean and well brushed then they are worth much much more!! Furthermore it is also said in Ireland that your baby teeth hold your first childhood dreams, memories and wishes; having them close keeps a fairy happy and healthy.

Since the conception of fairy doors with the Irish Fairy Door Company (www.theirishfairydoorcompany.com) many children have tiny fairy doors inside their house or garden and in addition to decorating and maintaining the doors they will leave notes for the fairies and leave milk, gifts and treats for the to keep them happy and prevent them becoming mischievous or bold or causing trouble. In return on special days and events such as Valentines day or birthdays the fairies will leave cards and small gifts such as fairy dust and trinkets outside the door especially if the child has done something very good or brave.

We felt it would be appropriate to have a "tooth fairy door" in our practice. Our tooth fairy is called Clodagh. Our patients delight in the knowledge that the tooth fairy Clodagh has a direct link to our surgeries and their own fairy doors and that we can tell her what a great patient they were that day! She even pops in to judge our colouring competition when she gets a minute!!

Clodagh felt the younger children were missing out before their teeth fell out so she came up with another great idea!! She was always troubled by the effect a "soother" or in Ireland a "dodie" had on children’s teeth so she had a dodie box built in the surgery. Children can leave their soothers there they are finished with them or outside their own doors at home and the fairies then give them to a boy or girl who needs it.... All fairies originate in Ireland but they are very happy to travel so if you want a visit now and then just get yourself a door!!

Pictured here is a young boy with an Autistic Spectrum Disorder he is leaving a note at the tooth fairy door about his successful dental appointment. There will be a treat waiting outside his own fairy door back home )
On the 7th of September 2014 the very first World Duchenne Awareness day took place. The 7th day of the 9th month was chosen to represent the 79 exons in the dystrophin gene which codes for an important structural component within muscle tissue. Duchenne results in progressive loss of muscle strength, mobility and independence and leads to serious medical problems, particularly issues relating to the heart and lungs and pervasive dysphagia. Because the Duchenne gene is found on the X-chromosome, it primarily affects boys, with less than 1% of those affected being female. However Duchenne occurs across all races and culture and is the most common fatal genetic disorder diagnosed during early childhood, affecting approximately 1 out of every 3,500 boys.

There is currently no cure for Duchenne, but much research is currently underway to find an interim therapy that will help delay the progression of the disease until method is found to permanently replace the missing dystrophin. Young men with Duchenne typically live into their late twenties but life expectancy is improving as standards of care and knowledge about Duchenne increases and some individuals are now living into their 30’s and 40’s.

The aim of world awareness day was to raise awareness of duchennes within the wider community and it seems timely that as a profession we advocate locally for appropriate dental services for this emerging generation of men as they transition from paediatric to community based adult services. Multi-disciplinary care into adulthood should include rigorous oral promotion with continued access to experienced and knowledgeable dental teams who can cope with the medical, physical and psycho-social issues and who can ensure that individually adapted assistive devices and technical aids to maintain good oral hygiene are available as the muscular strength of the patients hands arms and neck begin to decrease in adulthood.
The 3rd Special Interest Group (SIG) in Special Care Dentistry was held in Riga at the end of September and was attended by 32 people from 28 different countries, including several external to Europe. The SIG continued work undertaken at previous meetings at ADEE (Lyon 2012, Birmingham 2013) in discussing curricula development, teaching and learning resources in SCD.

Earlier in the year, the ADEE Executive Committee requested SIG leads to produce clear aims and expected outcomes to assess the effectiveness and justification for their groups. We submitted the following aims and were delighted that inclusion of the SIG in SCD has been agreed to be able to continue for a 3 year period under the umbrella of the ADEE.

This allows continuation of the vital networking role of the group and formation of working groups to undertake agreed objectives in SCD and the conference will travel to Szeged, Hungary 26-29 August 2015 and Barcelona, Spain 30 August-2 September 2016 then to Vilnius, Lithuania (date to be confirmed).

Aims of Special Interest Group in Special Care Dentistry in ADEE

Chairs: Shelagh Thompson and Alison Dougall

- To provide an international forum to develop learning and teaching in Special Care Dentistry, within dental teams.
- To promote the inclusion of Special Care Dentistry in undergraduate courses for all members of the dental team.
- To promote and support development of Special Care Dentistry in postgraduate courses for all members of the dental team.
- To share educational knowledge and best practice in learning and teaching in Special Care Dentistry and host resources for common use.
- To develop educational research to provide an evidence base for best practice in learning and scholarship in Special Care Dentistry.

Each Special Interest Groups reports back to the General Assembly at the final session, providing an opportunity for information sharing with other educators and an opportunity to raise the profile of education in SCD and encourage input into ADEE strategic planning.

This year Dr Shelagh Thompson outlined the SCD education session which had included a consultation session for attendees to comment on the structure of the new iADH post-graduate curriculum guidance document plus an interesting video presentation on the role of medical humanities in addressing empathy in dental undergraduates by Mina Borromeo from Australia and finally a timely discussion about including SCD in the rolling Continuing Professional Development Programmes which are starting to be created in Europe and the need for validated resources in this area.

Launch of the brand new iADH Post-Graduate Curriculum at the iADH Education Symposium
Friday 3rd October
10.00AM
See www.iadh2014 for programme details
Introduction

Special Care Dentistry can be thought of as dentistry for individuals whose disability directly or indirectly affects their ability to optimise their oral health. This includes people whose social, cultural or environmental circumstances create barriers to access to care and preventive services. Of course among the many groups of individuals that Special Care Dentistry services are the medically compromised patients. While the majority of these patients obtain their care via primary health services, a minority with more complex needs require specialist care; this is where the disciplines of Special Care Dentistry and Haemophilia meet: for the provision of optimal oral health for people with bleeding disorders.

World Federation of Hemophilia

In 1963, Frank Schnabel, a Montreal businessman born with severe hemophilia A, established the World Federation of Hemophilia (WFH). Schnabel worked with leaders from national patient associations to convene the first world meeting in Copenhagen, Denmark. The meeting took place on June 25, 1963 and there were representatives from 12 countries: Argentina, Australia, Belgium, Canada, Denmark, France, Germany, Japan, the Netherlands, Sweden, the United Kingdom, and the United States. Schnabel's vision was to improve treatment and care for “the hundreds of thousands of haemophiliacs” worldwide through the World Federation of Hemophilia.

There are parallels in the overarching philosophies of the iADH and WFH; it is easy to see that both organisations want to achieve better treatment and care for the people on which they focus.
Melbourne Congress 2014

The biennial congress of the World Federation of Hemophilia ran from Sunday 11th through until Thursday 15th May 2014, in Melbourne, Australia. There were more than 4000 delegates in attendance for a programme with diverse content, encompassing the disciplines of the five core committees of the Federation: Dental, Medical, Nursing, Technical and Psychosocial Committees.

In particular, there was an excellent turn-out for all of the dental sessions with attendees travelling to Melbourne from many different parts of the world. The dental speakers provided high quality contributions that lead to an outstanding educational experience for all attendees. The Dental Committee has received positive feedback and many people commented that the content of the dental sessions was excellent.

The following excerpt from the dental programme will give you an idea of the diverse and interesting topics covered in the sessions that ran over three sessions during the Congress:

Tuesday, May 13th 14:00-15:30 - Doors 9 & 10
CARE OF CHILDREN AND ADOLESCENTS WITH HEREDITARY BLEEDING DISORDERS: STATE OF THE ART
Chair: Alison Dougall, Ass. Prof Special Care Dentistry, Trinity College Dublin

- **Topic 1:** Management, techniques and potential research of dental caries in children and adolescents with hereditary coagulation disorders 14:00-14:30
  **Speaker:** Kirsten FitzGerald, Consultant Paediatric Dental Surgeon, Our Lady’s Children’s Hospital Crumlin, Dublin, Ireland

- **Topic 2:** Oral health in children and young adults with hemophilia in Serbia 14:30-14:40
  **Presenter:** Branislav Bajkin, Dental Clinic of Vojvodina, Novi Sad, Serbia; Faculty of Medicine Novi Sad, University of Novi Sad, Serbia

- **Topic 4:** Oral health situation of a group of Chinese haemophilic preschool children 14:50-15:00
  **Presenter:** Jimiu Su

- **Topic 5:** Dental Anxiety and Pain among Children with Hemophilia 15:00-15:10
  **Presenter:** Ifet Yazicioglu

- **Topic 6:** Dental health and its determinants in Lithuanian haemophilia patients -- a case control study 15:10-15:20
  **Presenter:** Peciuliene Vytaute

Dental Session 1

This first session focussed on the care of children and adolescents with hereditary bleeding disorders. The dental status of many young people with bleeding disorders was described and
Dental Session 2

This session presented an international perspective of six different protocols for managing people with bleeding disorders. It is clear that resources differ in availability between countries and each country has developed methods of care that work for them. The common factor with all of the protocols was that each method was shown to be effective and does not necessarily follow an exact procedure promoted elsewhere in the world. What was also clear from discussion at this session was that people with bleeding disorders were missing out on essential and often times simple preventive and restorative oral care. This has been bought about in part because protocols demonstrating the use of sometime large quantities of expensive replacement coagulation factor have been published. Giving rise to a dilemma for countries with little or no access to blood products over how they care for their patients. Often times, the patients have simply missed out on care. There is scope for the development of a consensus on how various oral and dental procedures can be managed and what level, if any, of factor cover is required. This will be a focus for the Dental Committee in the future.
Thursday, May 15th 08:45-10:15 - Room 218
CHALLENGING COMORBIDITIES IN THE ORAL HEALTH CARE OF PEOPLE WITH COMPLEX BLEEDING DISORDERS
Chair: Eduardo Rey, PhD, Chief of Dentistry, National Academy of Medicine, Buenos Aires, Argentina

- **Topic 1:** Common Oral Surgical Pathologies and Management of their Complications in People with Hereditary Bleeding Disorders 08:45-09:15
  **Speaker:** Roberto Blanco, Rosario, Argentina
- **Topic 2:** Incorporating patient expertise in the design of a disease specific mobile dental application to promote oral health for people with hemophilia 09:15-09:30
  **Presenter:** Graeme Ting
- **Topic 3:** Case report documenting the challenges of managing mild chronic periodontitis in two patients with Glanzmann Disease 09:30-09:45
  **Presenter:** Lochana Nanayakkara, Consultant in Restorative Dentistry, BartsHealth NHS Trust - Royal London Hospital
- **Topic 4:** Er: YAG laser on dental emergencies patients with hemophilia as an alternative for hemostasis and reducing the use of factor VIII concentrate. Case Report 09:45-10:00
  **Presenter:** Marco Antonio Rueda, Er: YAG laser on dental emergencies patients with hemophilia as an alternative for hemostasis and reducing the use of factor VIII concentrate. Case Report, Secretaria de Salud, Tabasqueña de Hemofilia A.C.
- **Topic 5:** Pseudotumour of the mandible complicated by an odontogenic cyst in a young haemophilia A child with inhibitor 10:00-10:15
  **Presenter:** Noraini Yunus, Senior Consultant in Paediatric Dentistry, Kuala Lumpur Hospital

Dental Session 3
The third and final session highlighted the challenges that many of the practitioners faced in dealing with the complex combination of pathology superimposed on a patient with a bleeding diathesis. There is a vast amount of collective experience in the care of people with multiple comorbidities and it is hoped that this will be able to be made available to practitioners via presentations on the WFH website.

**iADH Members Encouraged to Attend Next WFH Congress**

The Dental Committee of the WFH warmly welcomes interested iADH members to the next World Congress that will be held in Orlando, USA from July 24-28, 2016. Please contact Dr Alison Dougall, Dr Graeme Ting or visit www.wfh.org for details.

Left to Right: WFH Dental Committee Secretary Dr Lochana Nanayakkara (UK), New WFH Dental Committee Chair Dr. Allison Dougall (Ireland) and Outgoing Chair Dr. Eduardo Rey (Argentina).
New iADH Resources

New Resource from Spain (español)

Este Manual ha sido elaborado en la Unidad de Pacientes Especiales que dirige el profesor Pedro Diz en la Universidad de Santiago de Compostela (España). No es un libro de carácter técnico, se trata de una obra orientada hacia los pacientes, sus familias y cuidadores. El manual se compone de cuatro grandes secciones. En la primera se incluyen una serie de definiciones y datos epidemiológicos sobre la discapacidad en España. La segunda parte muestra los principales problemas odontológicos que afectan a la población discapacitada y los elementos para diseñar un programa de higiene oral. En el tercer bloque se presentan de forma esquemática las discapacidades más frecuentes en el gabinete odontológico, sus hallazgos orales más frecuentes y las medidas de higiene oral que suelen ser más recomendables. El capítulo final del libro aporta información práctica para diseñar un plan de higiene oral. Esperamos que este manual os resulte de utilidad.

This handbook has been written by members of the Special Needs Dentistry Department of the University of Santiago de Compostela (Spain), directed by Professor Pedro Diz. It is not a technical book, its target are patients, families and caregivers. The manual is divided into four sections. The first part includes definitions and epidemiological data about disability in Spain. The second part refers to the main oral problems affecting population with disabilities as well as the aspects, which should be taken into account in order to design a program of oral health. On the third part, the most common disabilities treated in the dental clinic, its oral findings and most appropriate oral health measures are described. The last chapter of the book deals with practical information to design an oral hygiene plan. We hope this manual will be useful to readers.

available on www.iadh.org
Upcoming Events

http://www.scdonline.org

http://iapd2015.org

http://www.adee.org/meetings/szeged2015/index.html

http://www.wfh.org/congress/en/home
Welcome to the Korean Society

Away with the Irish faeries!!

ABOPE Brazil

Indian Society

Spanish Society

British Meeting - Fun time:))