2015 • Volume 2 • Issue 2

CDA *essentials*

The Canadian Dental Association Magazine

A Culture of Respect

The cornerstone of a strong profession

Page 19

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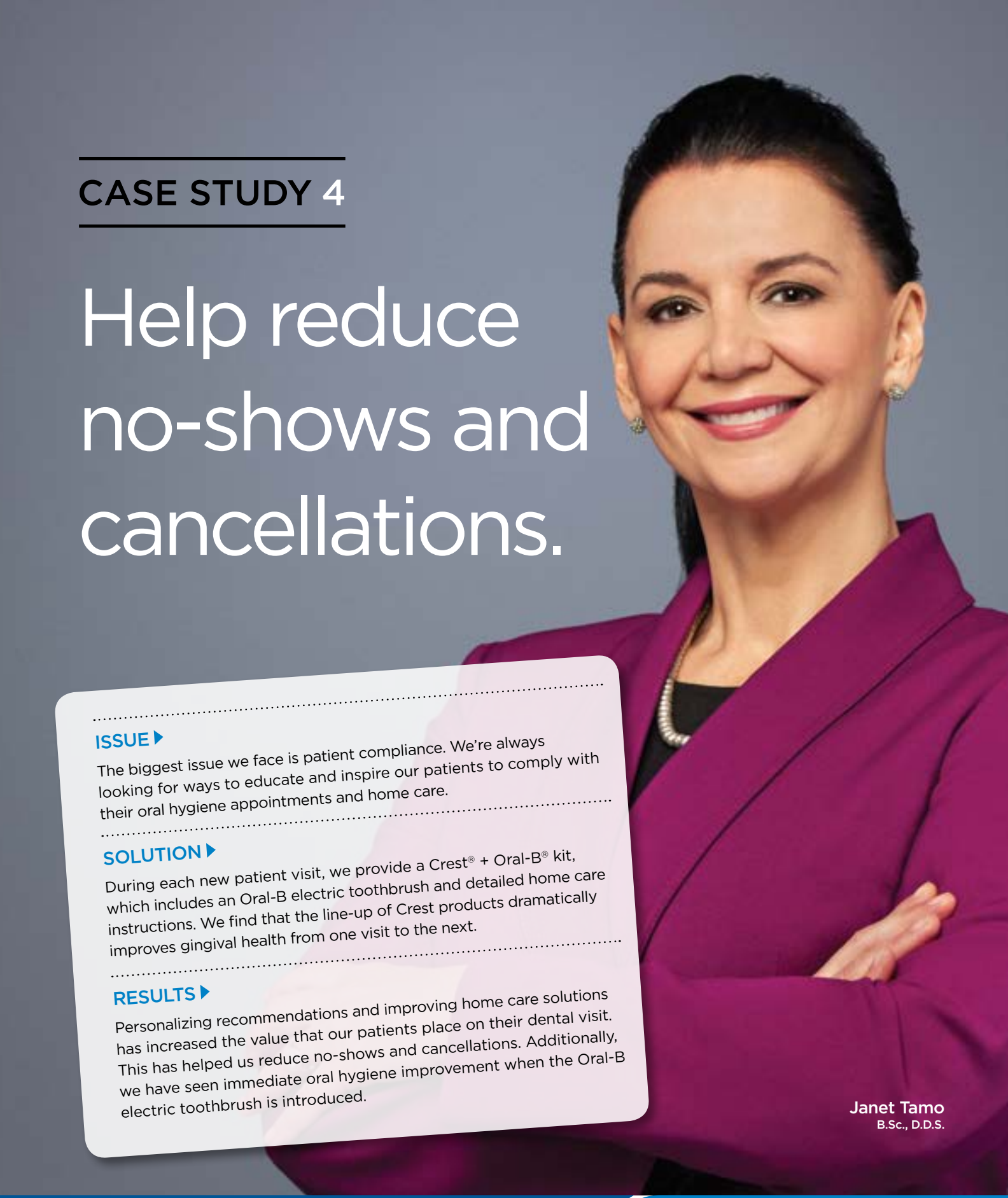

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CDA essentials

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The Canadian Dental Association (CDA) is the national voice for dentistry dedicated to the promotion of optimal oral health, an essential component of general health, and to the advancement and leadership of a unified profession.

CDA *essentials* is the official print publication of CDA, providing dialogue between the national association and the dental community. It is dedicated to keeping dentists informed about news, issues and clinically relevant information.

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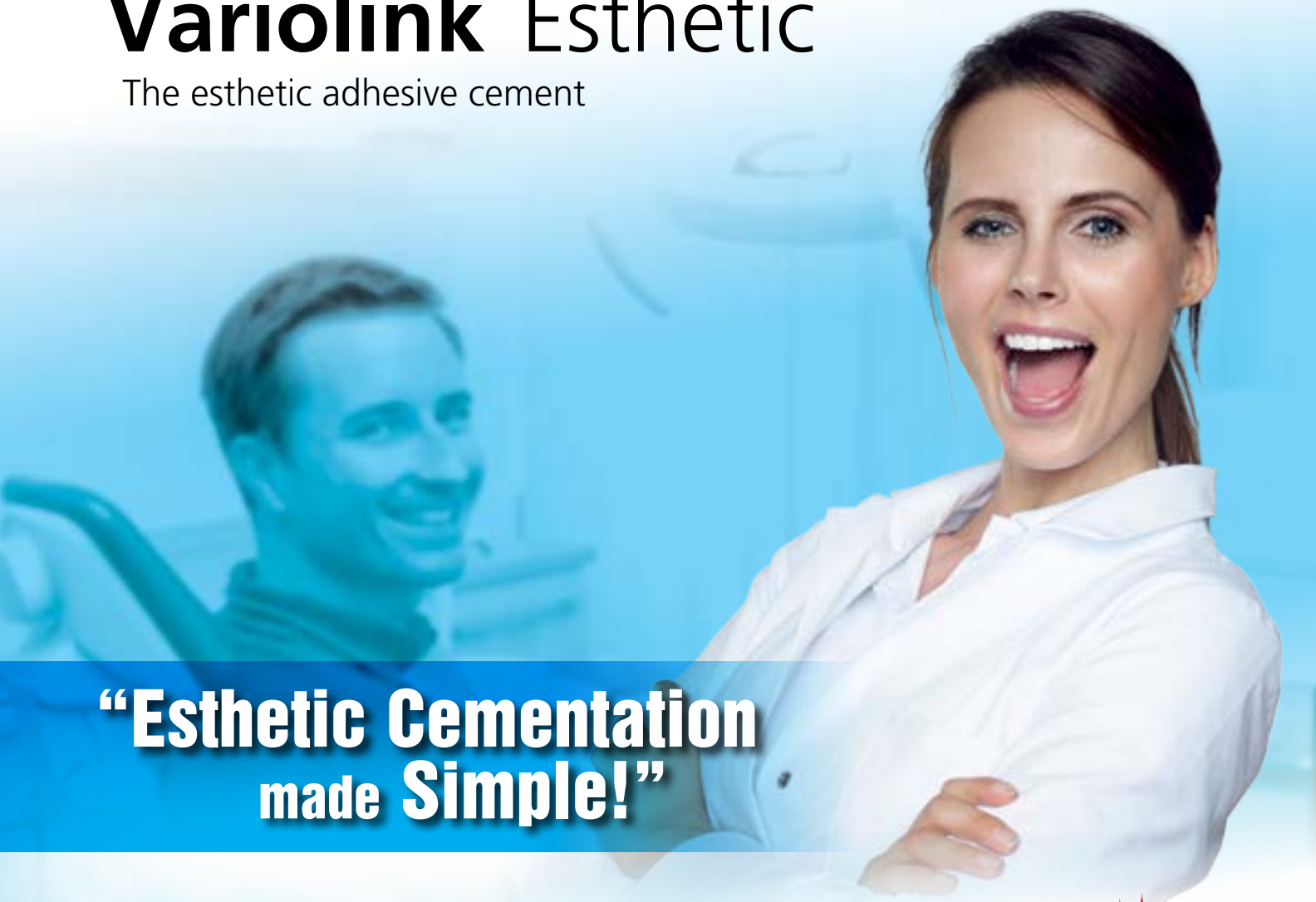

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For Our Profession, A Powerful Reminder

CANADIAN DENTAL ASSOCIATION

The events involving a Facebook group of fourth-year male dental students at Dalhousie University has affected many members of our profession across the country.

As details of the group's alleged activities emerged, I read the angry commentaries directed toward this group of students who foolishly thought that their degrading comments about women in general, and some of their female classmates in particular, would only be read by fellow members of the "Class of DDS 2015 Gentlemen." Instead, their online comments were consumed with great interest by the public and their behaviour widely condemned.

In short time, the scorn directed towards these men spread, implicating a wider environment that supposedly condoned a disrespectful attitude towards women—be it the faculty of dentistry at Dalhousie, the university administration, the dental profession, or society as a whole.

As a dentist and alumnus of Dalhousie's dental school, the father of a daughter who graduated from this same dental school, and as a concerned member of society, these events troubled me on many different levels. And the responses I've seen and heard from fellow dentists tell me that it has also troubled many of my colleagues (see p. 19).

Although it may be tempting to isolate the issue by viewing it solely as a concern between the individual students and their university, I believe that avoids the larger issue. Misogyny exists in our society and becomes apparent only when revealed in its most egregious forms. It is not confined to predictable environments or groups.

Certainly, this year's graduates of Dalhousie dental school will be collectively associated with these events—whether they acted dishonourably or not. However, I trust that the restorative justice process at Dalhousie is a step in the right direction towards ensuring a fair, responsible and just process for those involved.

How can the profession learn from these events and move forward? We can all consider and reflect on some valuable reminders. It's a reminder that all dentists must consider how our individual actions can reflect on the profession as a whole. It's a reminder that in health care, ethical conduct, trust and professionalism are the cornerstones of a strong patient–provider relationship. And it's a reminder of how quickly this trust can be broken.

Moreover, as a profession we must continue to ensure that the principles of ethical behaviour are effectively ingrained in our first-year dental students, carried into their professional careers and upheld as a lifelong virtue. Advancing the profession includes more than improving one's clinical skills. We must all embody a culture of respect in our relationships with the public, our patients, team members and colleagues, and respect an individual's worth and dignity at all times.

As my time as CDA president comes to a close, I'm grateful that I've had the privilege of meeting and working with dentists who are caring, respectful and passionate about their work. Led by their example, I'm certain that our profession will emerge from these events stronger than ever before.

GARY MACDONALD, DDS

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In a sea of ever-increasing choices in the aisles of your local drug store, consumers are inundated with claims from manufacturers about the oral health benefits of their products. How are consumers supposed to know which claims are genuine?

Patients often turn to their dentists for advice. But for dentists, staying up to date on the validity of therapeutic claims for the many oral health products in the marketplace is a tough task.

The CDA Seal Program helps dental professionals and consumers make informed choices by independently validating the oral health benefit claims of dental products. Oral health benefits are defined as preventive, therapeutic or cosmetic effects that are measurable and meaningful (i.e., clinically significant) and can be gained by using a specific product. For example, if a manufacturer claims its product helps prevent tooth decay, the CDA Seal on the product packaging reassures consumers that the claim is legitimate.

Launched over 40 years ago as the Consumer Product Recognition program, the program originally recognized only toothpastes but has since expanded to include over 100 dental products. A trusted symbol, the CDA Seal remains a valuable public education tool and a reliable resource for oral health care providers.

Earning the CDA Seal is no easy feat. In order to validate the oral health benefits of a product, manufacturers supply CDA with proof that Health Canada has approved the product for sale in Canada and with documentation to back up claims of the product's effectiveness. Two independent practising dentists then review the claims and the CDA Seal is only awarded if both dentists are satisfied with the results.

The next time a patient has a question about which dental products to use, you and your dental team can simply tell them to "**Look for the Seal**."

For more information on the CDA Seal, go to **cda-adc.ca/seal**

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CDA participates in

HEALTH CARE INNOVATION PANEL

Dr. Gary MacDonald, CDA president, attended a facilitated roundtable discussion in December organized by Health Canada's Advisory Panel on Healthcare Innovation.

Representatives from various health care professions, policy-makers and industry groups discussed current challenges and barriers to innovation in the health care sector. They also explored ways the federal government could support promising areas of innovation to ultimately improve the country's health care system.

"Quality of care, sustainability, accessibility and affordability were at the heart of the discussions," explains Dr. MacDonald. "We took a focused look at measures that currently exist and are successful, to see how they could be applied more broadly."

Rona Ambrose, Minister of Health, at the roundtable discussion.

Dr. MacDonald put forth the following suggestions to the advisory panel on behalf of the profession:

- To re-invest funds currently going toward medical transportation from the Non-Insured Health Benefits program to models that bring health care to patients in their communities;
- To develop tax measures that promote preventative health care by encouraging Canadians to acquire extended health benefits; and
- To fund models that encourage team-based approaches to patient care in local clinics, such as those currently seen in dental offices.

> *Quality of care, sustainability, accessibility and affordability were at the heart of the discussions.*
>
> – Dr. Gary MacDonald

The Advisory Panel on Healthcare Innovation was created in 2014 by Minister of Health Rona Ambrose. "Access to high quality care is important to all Canadians. We need to work together across all sectors of society to harness the tremendous potential of innovation in health care and improve the responsiveness and sustainability of the health care system," she said following the consultation in Ottawa. "I was very pleased to hear about today's lively discussion among some of the key stakeholders in Canadian health care and what the panel is working on."

The panel will be holding more consultations across the country early this year, and will present a final report with recommendations to Minister Ambrose in May 2015.

Photo credit: Health Canada

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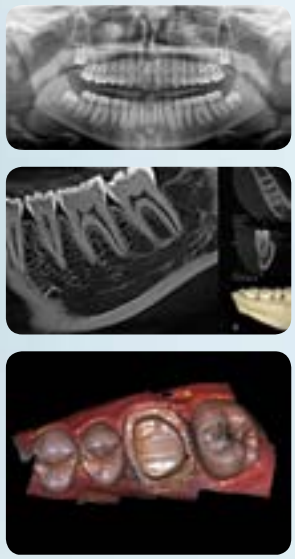

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WHAT THEY DIDN'T TEACH ME IN DENTAL SCHOOL

Trust and Value Working Group

is a unique collaboration of provincial and national dental leaders that focuses on developing communications strategies to promote the benefits of good oral health for all Canadians.

Dental schools provide the education, training and skills development to produce great dentists. But many of the most valuable lessons are learned after dental school. Four veteran dentists, Drs. Margot Hiltz, Larry Levin, Maureen Lefebvre and Paul Cameron (all members of CDA's Trust and Value Working Group) share some of the lessons they've learned throughout their careers

1 Dentists wear many hats

While honing your technique is vital, running a successful dental practice involves a variety of other skills. "Although you don't learn much about the business side of dentistry at dental school, it is a key component to running a successful practice," says Dr. Larry Levin. "You need to learn and practise some aspects of marketing, purchasing, HR, leasing, and accounting—as well as understand the legal side of business."

The patient experience begins with the first phone call to the office and continues all the way to booking the next appointment. "While your technical expertise is a given in a patient's mind, their satisfaction with your practice is also based on how they are treated by staff," says Dr. Levin.

2 Soft skills matter

From treatment to chairside manner, each patient has different needs. Think about how you or one of your family members would prefer to be treated. "Compassion and caring go a long way," says Dr. Margot Hiltz. "When many patients have anxiety and phobias, a few caring words can build trust and strengthen a good working relationship."

Successful dentists invest in both technical skills and people skills. "Difficult patients can be more challenging than difficult endos," says Dr. Paul Cameron. "Take as much extra training as you need to prepare for both."

3 Patients are unique

Patients of all ages and backgrounds will come through your office. The variety is part of the fun of being a dentist. While working with kids and seniors may seem like a challenge, "it's really fun," says Dr. Cameron. "These 2 groups often have more time available and will chat and share stories. Be sure to take the extra time to talk with them. It's often the best and most enjoyable part of the appointment!" he adds.

4 Be transparent

Most patients like to have as much information as possible. Full disclosure is an important part of a positive patient experience. "A proper discussion of procedures and costs before treatment starts builds trust and increases patient acceptance of treatment as well as reduces patient dissatisfaction following treatment," says Dr. Hiltz.

5 Staff members are team members

One of the most important investments you can make in your dental practice is staff training. Because they are often the first point of contact in a dental office, they should be knowledgeable in customer care and satisfaction. "Invest time and resources in staff training and in your personal relationships with your staff. Treat them with respect and as partners," says Dr. Levin.

6 Listen closely

While providing professional advice is a valuable part of the job, it's also important to spend as much time listening to patients. They can give valuable information about oral health habits, symptoms, and lifestyle to help make your treatments even more effective. "Listen to your patients," says Dr. Hiltz. "Often the answers you need to make your diagnosis can be revealed in a well-directed conversation."

7 Be flexible and accept change

Dentists can be perfectionists but, in practice, not every outcome is perfect. From overbooked schedules to unexpected treatment results, sometimes life can throw you a curve. Don't let it throw you off your game. "It's difficult for dentists to go with the flow," says Dr. Cameron. "Try to learn how to be flexible early on in your career."

In an ideal world every treatment would be successful. But in reality, sometimes not every dental case works out perfectly. "Even with your best intentions and efforts, cases can fail for a number of reasons," notes Dr. Cameron. "It's important to acknowledge these failures, do your best to rectify them, and learn from them, but try not to beat yourself up over them."

8 Balance is key

Maintaining harmonious personal and professional lives can be a balancing act. "It helps to think of the dentistry profession as a lifestyle, and not just a job," says Dr. Maureen Lefebvre. "The office is my second home—much time and effort has been put into its development and growth."

Spend as much time celebrating your successful treatments as stressing about those outcomes that are less than ideal. "Not every patient is going to be delighted with your results," says Dr. Levin. "Try to find a way to deal with occasional disappointment and rejection without it affecting your psychological balance."

Building a successful practice with satisfied staff and patients takes a lot of time and effort. However, make sure you strike a balance between work and play. "It's important to take some guilt-free time off," says Dr. Cameron. "Work will always be there but your children have a funny tendency to grow up on you."


Dr. Larry Levin


Dr. Margot Hiltz


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CDA SNAPSHOTS

CDA President
Honoured by U.S. Dental Corps

The presidents of the Canadian Dental Association and American Dental Association were presented with the U.S. Army Dental Corps Medallion during a visit to Fort Sam Houston in San Antonio, Texas, in September 2014.

(L. to r.) Dr. Gary MacDonald, CDA president, Col Arthur C. Scott, chief, Office of the Dental Corps, Dr. Charles Norman, ADA president, and Col Donn Grimes, DENCOM commander.

Photo by EZ Event Photography, courtesy ADA News. © 2014 American Dental Association

CDA sponsors delegates
from Afghanistan and Cambodia at FDI Congress

At the 2014 FDI World Dental Congress in New Delhi, India, CDA supported the participation of one delegate from the Afghan Dental Association and one from the Cambodian Dental Association.

(L. to r.) Dr. Farzana Nawabi, president of the Afghan Dental Association, Dr. Gary MacDonald, CDA president and Dr. Yam Solita, president of the Cambodian Dental Association.

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In December 2014, details emerged about inappropriate online activities by some 4th year dental students at Dalhousie University—a Facebook group called the "Class of DDS 2015 Gentlemen."

*On January 19, 2015, Dr. John O'Keefe, director of CDA Knowledge Networks, posted the following piece on Oasis Discussions about the issue (**oasisdiscussions.ca/2015/01/19/respect**).*

Dr. John O'Keefe

jokeefe@cda-adc.ca

1-800-267-6354 ext. 5000

If I show respect, I am likely to be respected

By now, every dentist in Canada must be aware of the Facebook group behaviour at Dalhousie University that has featured prominently in media across the country for the past month. There has been a lot of very heated discourse about what should be done in the wake of this series of events, and I know that many dentists feel particularly hurt by how our profession has been portrayed in some of the more biting commentaries.

On a personal basis, I have wrestled with how to analyze the behaviour and place it in proper context. I have also wrestled with what we as a profession can learn and how we can move forward both wiser and stronger. The temptation to label this student behaviour as being solely a gender-related issue, and localized to one institution or one profession doesn't rest comfortably with me.

I have been searching for the proper language framework to describe the actions of the Dalhousie Facebook group, and my reaction to them, and I didn't feel I had it until I came across the phrase "culture of respect" on a section of the Dalhousie University website (**dal.ca/cultureofrespect.html**). When I saw that term in that context, I felt I could begin to conceive what we in the profession might do to foster an augmented culture of respect among our members, from day one in dental school until retirement from practice.

Almost coincidentally with stumbling upon the "culture of respect" section of the university website, I unearthed from the nether regions of my computer hard drive, the text of a keynote address I delivered at the first White Coat Ceremony that was held at the McGill University Faculty of Dentistry over a decade ago. Reading through the text of the speech I delivered to the new 3rd year students entering the clinics to treat their first patients, I found that same message about a culture of respect (albeit stated in other but similar terms) being a cornerstone of a healthy profession.

What can we learn from Dalhousie's experience? What can we as a profession do collectively to enhance our culture of respect for the public, patients, team members and colleagues? I would love to hear from you (on a confidential basis) about how you feel about the Dalhousie Facebook group behaviour and what lessons you believe we as a profession can learn that will make us more caring, respectful and wiser.

Excerpt from

Dr. O'Keefe's 2002 White Coat Ceremony address at McGill University.

I hope you take the opportunity over the next 2 years in the clinic to develop the habits of the reflective practitioner, evaluating all your clinical decisions and how you deal with patients, colleagues and staff. Your everyday assumption of the responsibilities as a health professional will be what distinguishes you in the eyes of the public and your peers. So what are these responsibilities?

- *You must ensure that you are competent in what you do clinically.*
- *You must always act in the interests of the patient, mindful of the patient's circumstances.*
- *You really have a responsibility to be a leader in your community in matters related to health, and particularly oral health.*

I am very proud to be a dentist, and I am sure that I will be very proud to call you my colleagues. Please wear the responsibilities and the privileges that are symbolized by the white coat every day in your hearts and minds."

Many dentists heeded Dr. O'Keefe's call to contact him with their views on the subject. Here is a sample of some the replies received, condensed to show a cross-section of the responses from Canadian dentists.

- *As dentists, we must respect everyone: our patients, our staff, and especially our colleagues. I am concerned that we are losing our way by failing to act appropriately. It shows us in a bad light and does not help the public trust us."*
- *As a profession we need to take a more active role in the recruitment and development of our up and coming [clinicians]."*
- *The old boy's club remains as strong as ever despite the number of women in dentistry."*
- *There are a number of ethical issues that CDA is well positioned to address – in conjunction with, but not left solely to, the Dental Regulatory Authorities. In addition, ethics curricula in our Faculties of Dentistry clearly need to be strengthened."*
- *Despite the advances that women have made in business and the professions in the past 40 years, we can see with the Facebook posts at Dalhousie that you do not need to scrape too far below the surface to find that sexism is alive and well today."*
- *We are all guilty of it. We all get and receive off-colour, sexist jokes, pictures from friends and colleagues. [..] We should all remember that those in glass houses should not throw the first rock."*
- *As a dentist, husband, son and father, I have experienced embarrassment, outrage, frustration, sadness, disgust and some others not yet identified. I would be horrified if one of my sons were to even think of women in those terms, never mind publish his thoughts."*
- *The women that were insulted need to grow a thicker skin because the world is not very fair out there. There is gender inequality in our profession (not as bad as it was). Restorative justice is an excellent way for these women to learn to communicate about very difficult issues. You cannot sweep things away or hope others will deal with it for you."*
- *My hope is that these students will have an opportunity to atone for their mistakes. I suspect that every student's specific situation is different which makes effective justice such a difficult task."*
- *I feel a severe reprimand is in order but I would have trouble expelling these students over something as ignorant as they have done. I would hope they would realize the extreme damage they have done and could in some way correct the errors they have committed to the students they have harmed."*

We would like to continue the conversation on this issue, so please send your comments to **publications@cda-adc.ca**. Or contact Dr. O'Keefe confidentially at **jokeefe@cda-adc.ca** or **1-800-267-6354, ext 5000.**

UK study shows Increase In Infective Endocarditis After Drop In Antibiotic Prophylaxis Prescriptions

A 2014 study[1] published in The Lancet *shows the incidence of infective endocarditis (IE) grew following a sharp drop in antibiotic prophylaxis prescriptions for patients at risk of developing this potentially fatal condition. The trend was observed in England following a 2008 recommendation from the National Institute for Health and Care Excellence (NICE)[2] to stop prescribing antibiotic prophylaxis solely for the prevention of IE.*

"I think it's important to understand that while this is a well-conducted study, it does not causally link the drop in antibiotic use with the increase in new cases of IE," says Dr. Carlos Quiñonez, chair of CDA's Clinical and Scientific Affairs Committee.

In contrast to the NICE guidance, CDA's position on prevention of IE[3] recommends the short-term use of antibiotics prophylactically before routine dental and medical procedures for patients at greatest risk of developing IE. The CDA position aligns with 2007 guidelines from the American Heart Association (AHA).[4]

"We recommend that Canadian dentists continue following the 2007 AHA guidelines," says Dr. Quiñonez. "These guidelines identify those patients at greatest risk of developing IE and provide information about the appropriate antibiotic coverage needed."

Dentists issue majority of antibiotic prophylaxis prescriptions

Before the NICE guidelines were introduced in 2008, prescribing of antibiotic prophylaxis for prevention of IE had been fairly constant in England: a single 3 g dose of oral amoxicillin or, for patients allergic to penicillin, a 600 mg dose of oral clindamycin. Using data on antibiotic prophylaxis prescribing practices over roughly 9 years (4 years before the NICE guidelines and 5 years afterwards), researchers reported a dramatic decrease in antibiotic prescribing. The mean number of antibiotic prophylaxis prescriptions per month fell from 10,900 (pre-guidelines) to 2236 (post-guidelines), eventually reaching a mean number of 1307 during the last 6 months of the study. Roughly 90% of the prescriptions were issued by dentists and most were for amoxicillin.

Excerpt from CDA Position on *Prevention of Infective Endocarditis*[3]

Only those at greatest risk of developing infective endocarditis should receive short-term preventive antibiotics before common, routine dental and medical procedures. People who should take antibiotics include those with:

1. prosthetic cardiac valve or prosthetic material used for cardiac valve repair
2. a history of infective endocarditis
3. certain specific, serious congenital (present from birth) heart conditions, including:
   - unrepaired or incompletely repaired cyanotic congenital heart disease, including
   - those with palliative shunts and conduits
   - a completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
   - any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device
4. a cardiac transplant that develops a problem in a heart valve.

Antibiotic prophylaxis is recommended for patients with the above conditions who undergo any dental procedure that involves manipulation of gingival tissues or the periapical region of a tooth and for those procedures that perforate the oral mucosa. The following procedures and events **do not need prophylaxis**:

- routine anesthetic through noninfected tissue
- dental radiographs
- placement of removable prosthodontic or orthodontic appliances
- adjustment of orthodontic appliances
- placement of orthodontic brackets
- shedding of deciduous teeth
- bleeding from trauma to the lips or mucosa

Rise in incidence of infective endocarditis follows drop in antibiotic use

Using national data on hospital episode statistics, which capture records for admitted patients, outpatients, accidents and emergencies, researchers identified close to 20,000 patients with a primary diagnosis of IE over about 13 years (8 years before the guidelines and 5 years afterwards). After the NICE guidelines were implemented, the incidence of IE—which had been trending upward—significantly increased. At the end of the study, researchers estimated there were almost 35 more cases of IE per month than would have been expected given historical trends. Both high-risk and lower-risk individuals were affected by this increase.

Caution against drawing strong conclusions

In response to the study, *The Lancet* also published a commentary[5] that noted the study's limitations and cautioned against drawing strong conclusions—similar to points made by the study authors themselves. "The follow-up comment noted other potential and plausible reasons for the increase in incidence of IE, such as an ageing population and an increased prevalence of people with intracardiac devices," says Dr. Quiñonez. "In addition, one of the limitations of using hospital discharge data is that it is unknown whether new cases of IE were the result of oral streptococcal bacteria."

The study authors call for further research to assess whether similar trends can be found in other populations. In light of these findings, NICE announced an immediate review of its 2008 guideline.

References

1. Dayer MJ, Jones S, Prendergast B, Baddour LM, Lockhart PB, Thornhill MH. Incidence of infective endocarditis in England, 2000–13: a secular trend, interrupted time-series analysis. 2014; *The Lancet. Early Online Publication*; 18 Nov 2014, doi:10.1016/S0140-6736(14)62007-9.

2. National Institute for Health and Clinical Excellence. Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures. *NICE Clinical Guideline No 64.* London: National Institute for Health and Clinical Excellence, 2008.

3. Canadian Dental Association. CDA position on prevention of infective endocarditis [accessed 2 Dec 2014]. Available: http://www.cda-adc.ca/_files/position_statements/infectiousEndocarditis.pdf

4. American Heart Association. Prevention of infective endocarditis: guidelines from the American Heart Association: a guideline from the American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee, Council on Cardiovascular Disease in the Young, and the Council on Clinical Cardiology, Council on Cardiovascular Surgery and Anesthesia, and the Quality of Care and Outcomes Research Interdisciplinary Working Group. Circulation. 2007;116(15):1736-54. Epub 2007 Apr 19.

5. Duval X, Hoen B. Prophylaxis for infective endocarditis: let's end the debate. *The Lancet.* 18 Nov 2014, doi: 10.1016/S0140-6736(14)62121-8.

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CANADIAN DENTAL ASSOCIATION

The Royal Canadian Dental Corps:

HUMANITARIAN AID & DISASTER RELIEF

Canada's military dental services have looked after the oral health needs of Canada's troops in both World Wars, Korea, Afghanistan, and served on many other peacemaking, peacekeeping, humanitarian and forensic operations. In the lead-up to the 100th anniversary of the Royal Canadian Dental Corps (RCDC) in May 2015, this article is the eighth in a series that will bring to light the history of the RCDC over the last century, celebrating the heritage, accomplishments and dedication of the dental services personnel of the Canadian Armed Forces.

CDA*essentials* is honoured to publish a regular series of articles, leading up to the celebration of RCDC's 100th anniversary.

Over the years, Canadian military dental personnel have fulfilled their duties during times of peace and war, at home and abroad. Beyond providing oral health care to ensure the operational readiness and rehabilitation of Canadian Armed Forces (CAF) soldiers, sailors and aviators, RCDC personnel have also played a role in providing international humanitarian aid and disaster relief.

Canadian expeditionary missions often occur in countries ravaged by years of war, accompanied by the destruction of infrastructure and basic services like health care. As a result, RCDC members attached to CAF task forces deployed on peacekeeping, peacemaking or combat missions have been called upon to provide care to the local civilian population. This responsibility, secondary to the duty of caring for CAF soldiers, can sometimes put RCDC personnel at increased personal risk.

In the former Yugoslavia, RCDC dental teams visited remote villages, orphanages and hospitals, where oral health care providers had not been for years. There, they treated survivors of the conflict, the often forgotten victims.

In Somalia, Captain Glen Joyce, while serving aboard the HMCS PRESERVER, received the Chief of the Defence Staff Commendation for travelling regularly into Mogadishu to provide care to the local population and train local hospital staff. In Afghanistan, Major Mike Kaiser received the Meritorious Service Medal for his implementation of numerous partnership and capacity-building projects, which were seen to have enhanced local oral health care in Kandahar.

Canada has deployed military forces to assist Haiti on numerous occasions. Following the earthquake in Haiti in 2010, a dental team deployed to Haiti with members of 1 Canadian Field Hospital as part of Operation HESTIA. The dental team provided urgent care to local civilian victims of the earthquake and routine care to deployed CAF members who were providing health and infrastructure support to the local population.

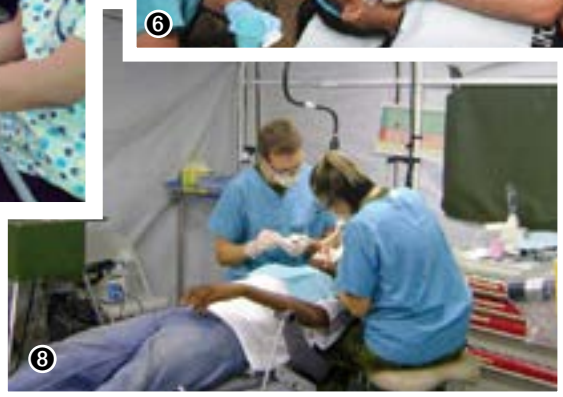
Since 2006, RCDC personnel have collaborated with the U.S. Navy on humanitarian and civil assistance missions. These missions provide medical and dental services to underserviced populations in the Caribbean-South American basin and Indo-Pacific region, as part of Exercise Continuing Promise and Exercise Pacific Partnership respectively.

While deployed aboard the USS PEARL HARBOR on Exercise Pacific Partnership 2013, Major Sophie Toupin was appointed as the lead for the multinational dental team, comprising 45 military and civilian dental personnel from around the world. Her team undertook dental operations at seventeen different sites in Samoa, Tonga and the Republic of Marshall Islands.

Beyond providing direct oral health care, they supported capacity building by conducting Subject Matter Expert exchanges with host nation dental care providers and by engaging their health profession leaders, with the ultimate goal of improving the local delivery of oral health care.

As health care providers, RCDC personnel have deployed around the world in support of the humanitarian agenda of the Government of Canada and as a projection of the Canadian ethos of being a caring nation willing to help others in need.

CDA is playing a central role in commemorating the 100th anniversary of the RCDC in May 2015, reflecting CDA's role in establishing a military dental service in Canada and the close partnership between CDA and RCDC since that time.



1. Capt Domenico Belcastro in Nias Island, Indonesia
2. Capt Carolyn Boyd in Bosnia
3. Capt Louis-Simon Roy in Haiti
4. Capt Peter Walker & MCpl Caroline Winters in Vanuatu
5. Maj Sophie Toupin in Tonga
6. Capt Steffan Thomas & Cpl Wendy Krause in Micronesia
7. Sgt Jody Lamers in Kabul, Afghanistan
8. Major Luc Langevin and MCpl Nathalie Robitaille in Haiti

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Dr. Uche Odiatu

PROMOTING HEALTHY LIVING TO DENTISTS

Taking care of your health can help you become a better dentist, says Dr. Uche Odiatu, a practising dentist in Toronto and international speaker on wellness for health professionals.

"It's about much more than just wellness and weight loss. I look at the whole; I really want dentists to know that being healthy not only makes you a better dentist, a better parent, and a better community person, it also gives you more energy, allows you to think more clearly, and allows your back to be less sore." It's a message that clearly resonates with his audiences in Canada and around the world.

Create an active and balanced life

Before becoming a dentist, Dr. Odiatu was an athlete and competitor in body-building competitions. He also co-authored a book, *The Miracle of Health: Simple Solutions, Extraordinary Results*, with his wife Kary, a Ms. Fitness Universe winner and retired physical education teacher for children. It's this unique mix of experiences that has allowed him to carve out a career as a professional speaker on wellness and fitness for health professionals. In seminars and workshops, he teaches over 10 programs that cover topics like active living, stress reduction, and creating balance.

Take Dr. Odiatu's insights on dentists and their sleep-deprived patients, for example. He describes a big response to a workshop he recently delivered in Detroit, where dentists told him sleep isn't usually considered during patient intake interviews. "But fractured sleep affects your energy midway through the afternoon, makes you ravenous for carbohydrates, makes for poorer wound healing, and makes you unable to process feelings and emotions from things that happened 10 years ago," he says. "So it's a question worth asking."

Say yes first, worry about the details later

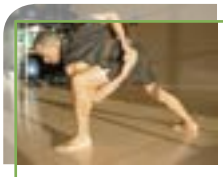
Dr. Odiatu didn't set out to become a regular on the dental conference circuit. He describes the growth of his career in professional speaking as "a little pebble that became a snowball, then a huge mountain!" His first speaking engagement was an after-dinner talk at a dental fraternity, where he and Kary spoke about the importance of fitness in a dentist's life. The talk went well, then more speaking invitations started to trickle in, and eventually the requests for 1-hour talks grew to include half-day programs. "I learned to say yes first and worry about the details later," he acknowledges.

At the start he and Kary travelled to speaking engagements together. Their talks, combining music, humour and inspirational quotes, were designed to motivate dentists to lead healthy lives and—more immediately—keep them entertained for a few hours. Now, with 3 children at home, Kary limits the number of events she attends while Dr. Odiatu travels to about 30 conferences each year to deliver his healthy living programs.

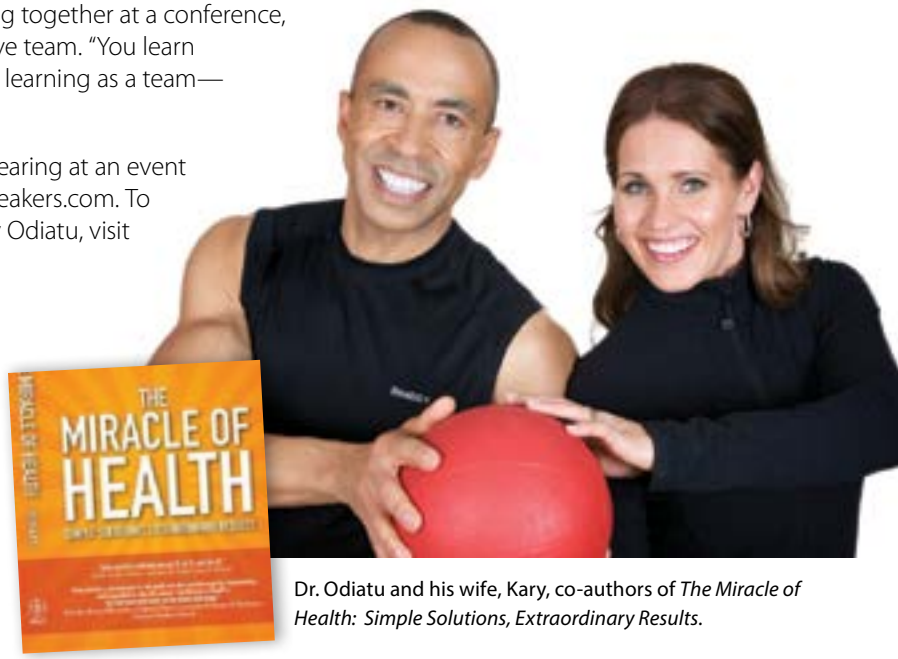
Learn together, stay together

In his experience attending dental conferences around the world, Dr. Odiatu has observed the benefits of educating the whole dental team, as a learning unit, rather than individual dentists. He explains, "For the past 25 years, I've heard dentists say, 'Every time I take a course and try to share what I've learned, the team doesn't buy in.' And then when I ask if they brought anyone along, they say, 'No, it's too expensive.'" But when Dr. Odiatu sees a team of dentists, hygienists, managers, and assistants, all learning together at a conference, he recognizes the traits of a cohesive team. "You learn together, you stay together. People learning as a team—that's how it should be."

To find out if Dr. Odiatu will be appearing at an event near you, contact him at info@fitspeakers.com. To read more about Dr. Uche and Kary Odiatu, visit **fitspeakers.com**



Look for a 5-minute YouTube video of Dr. Odiatu talking about **"Keeping Your Edge at Any Age"**



Dr. Odiatu and his wife, Kary, co-authors of *The Miracle of Health: Simple Solutions, Extraordinary Results.*

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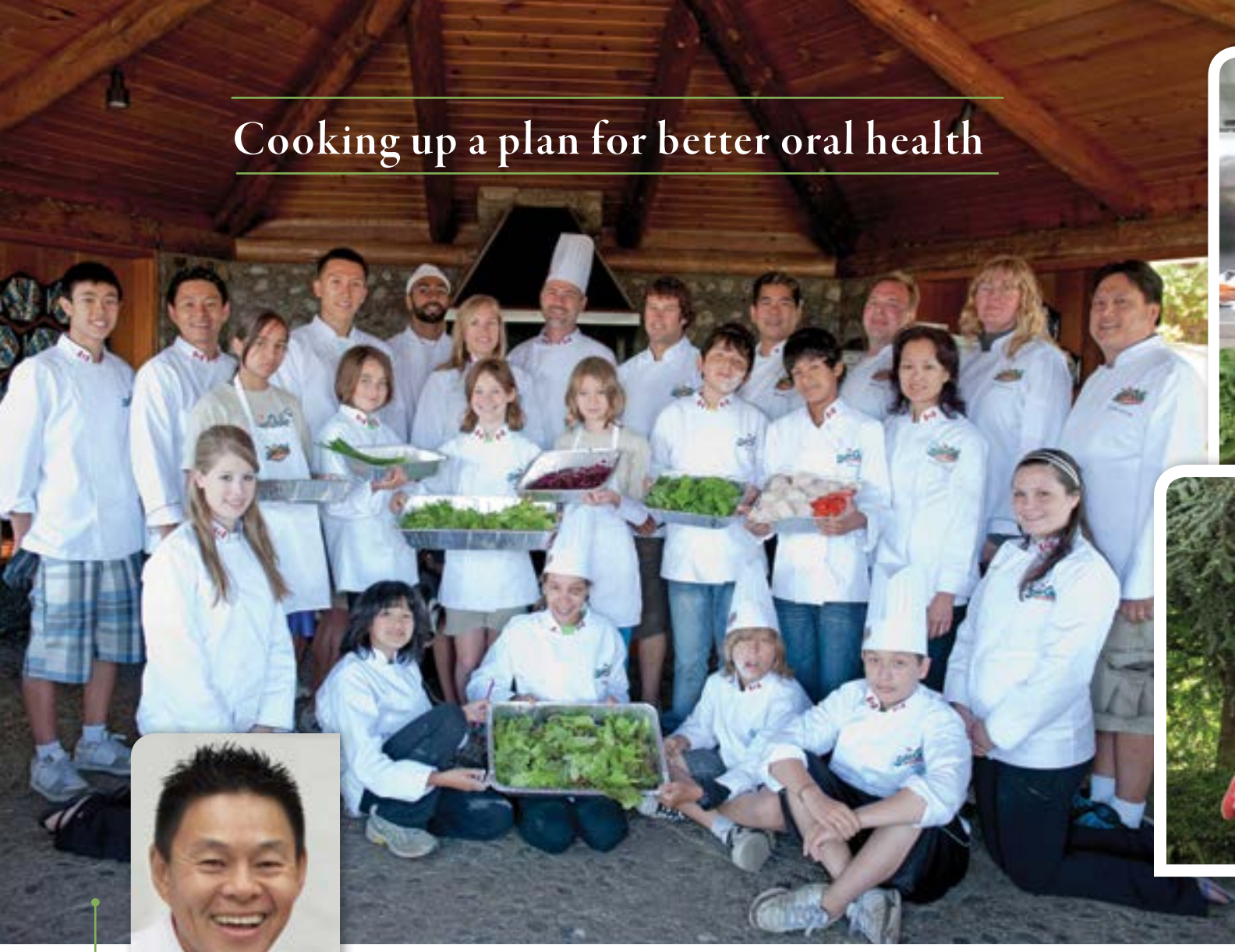

Dr. Greg Chang

There are many reasons why Dr. Greg Chang of Surrey, British Columbia, wants to share his love of nutritious foods with kids. As a dentist, he recognizes the eating habits that can contribute to both dental caries and obesity, and counsels his young patients about the importance of eating well. As a trained chef and member of the International Association of Culinary Professionals and the James Beard Foundation, he has a discerning appreciation for delicious food. And as the team dentist for the CFL's BC Lions (and sometimes cook for its medical team) he is accustomed to working in an environment that supports optimal wellness.

Add to the mix his love of entertaining kids with magic tricks and circus feats, and you can see why he finds his work with the SuperChefs Cookery for Kids Society so gratifying. Dr. Chang started SuperChefs because he wanted children to learn about healthy eating in way that was fun and interactive. With financial backing from a group of physicians and dentists, he found a creative way to combine his wide-ranging talents. "It was natural for me to use my passions to help kids discover the joy of creating a meal and to help them learn why cooking healthy foods will serve them for a lifetime," he says.

His message about healthy eating has reached children all over the world. Kids have cooked in SuperChefs programs and community demonstra-

(Group Photo Above): SuperChefs Cookery Camp at Quadra Island with kids from the Brittania Community Centre in Vancouver along with the SuperChefs team of devoted volunteers and counsellors.

1. On the cooking stage at Surrey's Fusion Festival with Wally Buono (c.), vice president of Football Operations and general manager of the BC Lions, Dr. Greg Chang, the BC Lions team dentist, and the SuperChefs team of chefs and counsellors.
2. In the kitchen of the Westin Bayshore Vancouver preparing a SuperChefs/Westin cake to raise funds for UBC Community Outreach Programs during the Pacific Dental Conference's Tooth Fairy Gala, March 2014. (L. to r.) Steven Rutherford, Westin executive sous chef, Dr. Charles Shuler, UBC dean of dentistry and Dr. Chang.
3. Dr. Chang (c.) with the "SuperChefs of the Universe Live!" characters during a UBC Alumni Open House event.

tions in various locations in his home province, in major American cities, and internationally in China, India, Singapore, Malaysia, the Kingdom of Bahrain and Europe. The program's international influence is also evidenced in Westin Hotels & Resorts worldwide where the Kids Eat Well menu, created in collaboration with SuperChefs, is now a global brand standard in all 200 of their hotel restaurants.

A community volunteer program run in partnership with the University of British Columbia faculty of dentistry also helps families make a connection between diet, oral health, and overall wellness. SuperChefs brings dentistry and dental hygiene students together with volunteer chefs for cooking demonstrations in school programs. "It teaches up-and-coming dental professionals that they have a great role to play in promoting overall wellness and preventing childhood obesity," explains Dr. Chang. Also in the works, as part of the UBC faculty of dentistry's new Masters of Public Health program, is a mobile dental clinic that would operate alongside a mobile SuperChefs kitchen—making a tangible connection between the dentist's chair and the kitchen counter. In partnership with the Arizona School of Dentistry and Oral health, SuperChefs also participated in the American Dental Association's "Give Kids a Smile" event in February 2015.

Dr. Chang is committed to improving children's health by increasing their knowledge of food and cooking. "We can do so much more for our patients if we encourage them to eat more nutritious foods, which underscores the importance of getting kids to cook. It's a matter of promoting back to basics: meals cooked at home, sitting down together, and eating real food rather than processed food that contains so much added sugar. Patients appreciate the discussion and this is what prevention of metabolic disease is all about," he says. "We are one of the very few health care professions that generally see their patients every 6 months. So dentists are in an ideal position to deliver important reminders to patients about decreasing sugar consumption and promotion of healthy eating habits."

Visit **superchefs.tv** to find out more about SuperChefs and its programs.

BEHAVIOURAL FINANCE

How Hidden Biases May Lead to Investment Errors

Ron Haik

MBA, CFP, FMA, FCSI, CIWM, TEP

Vice-President, Investment Advisory Services, CDSPI Advisory Services Inc.

Since the advent of stock markets, analysts have used a variety of metrics to examine—and try to explain—market behaviour. These have included influences such as interest rates, inflation, oil prices, economic activity, as well as the fundamentals of individual companies that lead to investment decisions. Theoretically, if all people have essentially the same information at the same time, markets should be efficient. That is to say that the share price of a company should reflect its actual value (based primarily on an estimation of its potential future earnings), and buyers and sellers should trade within a narrow range of that value.

But that's not what actually happens. Other factors are at play, including excessive optimism driving prices unduly high at times, or excessive pessimism that drives them unduly low. This has led to some of the dramatic bubbles and crashes that have occurred throughout the history of the market.

About 40 years ago, as economists tried to figure out why investors often made irrational choices that were contrary to their best interests, some groundbreaking thinkers brought a new analytical tool to the mix: behavioural finance. Behavioural finance gained traction in 2002 when psychologist Daniel Kahneman won a Nobel Prize in Economic Sciences for his work in the field. Theorists suggested a number of cognitive biases that consistently impact investment decisions. Some of these include:

- Loss Aversion

  The negative emotion of losing money outweighs the positive emotion of making it. Studies have shown the pain of loss is twice that of the joy of making money out of an investment, so people may avoid taking a loss and hang on to an investment when indicators suggest they shouldn't.

- Anchoring

  People fixate on a price point at which they bought a stock, or a price the stock had achieved at some prior time, even if circumstances have changed. Some investors, for example, expect a stock that was a star to regain its brilliance long after it has faded and is unlikely to rebound.

- Herding

  Investors, including some large institutional investors, tend to follow what the other guy is doing.

- **Overconfidence**
  Markets are unpredictable, more so than most people realize (see **Fig. 1**). In spite of this, many investors tend to overrate their ability to time markets and pick winners.
- **Status quo bias**
  What has been happening will continue to happen—the belief that the market will continue to go down, or up, because that is the way it has been trending recently.

STAYING THE COURSE

It's the last two of these biases that tend to influence decisions in a volatile market such as we've seen in recent months. While market corrections are not a big concern for individuals investing for the long term, a certain percentage of investors tend to get nervous when volatility increases, and may feel compelled to move out of the equity market in the face of a sharp decline.

Very few investments provide better capital appreciation than equities over the long term, but you need to stay disciplined to realize those gains. Investors who react to market conditions and change direction mid-stream tend to fare worse than those who stay the course.

One problem with getting out of an equity market in decline is deciding when to get back in. For example, if you had invested $100,000 in the S&P 500 in 1993, that amount would have increased by $483,320 by 2013 (see **Fig. 2**). However, had you missed the best 40 single days of market performance for that same period, you would have lost $18,540—a difference of over half a million dollars! This is the Achilles' heel of market timers as returns are often concentrated in very short time frames.

This impact was particularly profound during and after the financial crisis of 2008. Many investors who panicked and got out of the market remained risk averse. They missed large gains that followed in 2009 and beyond, and some have still not been able to regain their pre-crash capital.

So how do you avoid cognitive biases affecting your investment decisions? Work with a financial advisor to create a long term financial plan that is right for you... and then stick to it. Market conditions alone should not be a trigger to change your asset allocation.

Investment maven Warren Buffet once said: "If you are not willing to own a stock for 10 years, do not even think about owning it for 10 minutes." He was talking about individual stocks, but the same can be said for the entire equity market. So the next time we see a sharp decline—and we will—just remember that the most effective way to build wealth is not by timing the market, but by time in the market.

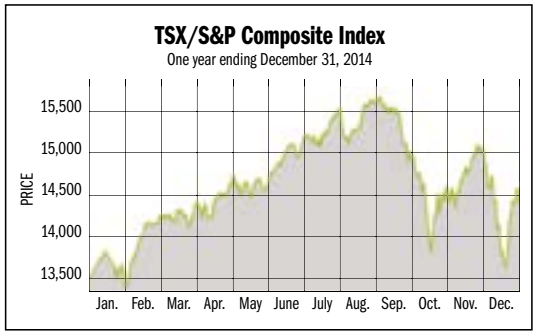

Fig. 1: Volatility of the TSX/S&P composite index in 2014.

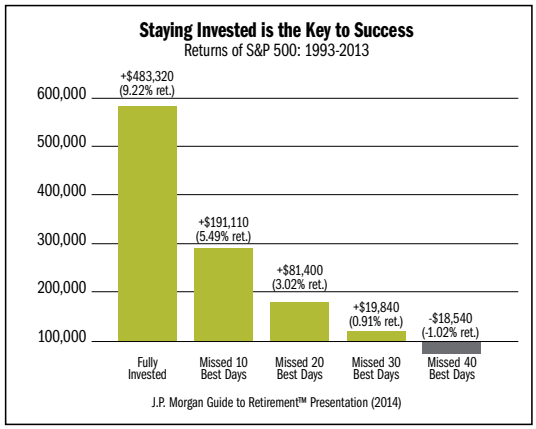

Fig. 2: Returns of the S&P 500 for the 1993–2013 period

CDSPI provides the Canadian Dentists' Insurance Program and the Canadian Dentists' Investment Program as member benefits of CDA and other participating provincial and territorial dental associations.

The Use of Opioid Analgesics in the Management of Acute and Chronic Orofacial Pain

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Dr. Cairns and Kolta were part of a CE session on opioids and the management of orofacial pain at the Pacific Dental Conference in March 2015.
oasisdiscussions.ca/2015/02/06/ncohr-3

In late 2013, a focus group met to participate in the Orofacial Pain Team Workshop, held in Montreal, Canada, where the issue of appropriate opioid analgesic prescribing for pain by Canadian dentists was discussed. There was agreement that the use of opioid analgesics by dentists for either acute or chronic orofacial pain conditions has not been investigated satisfactorily in this country.

A number of questions related to the use of opioid analgesics by dentists were raised by the focus group: How well do dentists manage post-operative pain? How often do patients report inadequate analgesia after dental surgery? How often are opioid analgesics prescribed and for which procedures? Do dentists overprescribe? Do they instruct their patients about the risks related to leftover doses? Do dentists monitor the use of opioid analgesics by their patients and, if so, how does monitoring vary in urban compared to rural areas? Is opioid use different in underserved populations? What are the risk factors for problematic use? What is the current level of knowledge about the use of opioid analgesics in populations thought to be more vulnerable to misuse or abuse?

Opioid analgesic prescribing for acute dental pain

The existing literature suggests that the use of opioid analgesics for acute procedural pain varies significantly in different countries. In the UK in 2001, of all prescriptions for analgesics written by dentists, the most commonly prescribed analgesic was ibuprofen, representing 73% of prescriptions. The only commonly prescribed opioid analgesic was codeine, which represented only 19% of prescriptions.[1] One of the most studied acute surgical procedures in dentistry is third molar extraction. Meta-analyses indicate that NSAIDs, like ibuprofen, show the best evidence for efficacy for pain post-extraction (roughly 80% of patients given 600 mg ibuprofen had > 50% pain relief), consistent with the use of ibuprofen by UK dentists.[1,2] Use of codeine (60 mg) with acetaminophen (650 mg) is less likely to produce significant pain relief post-extraction, and is associated with a much greater incidence of adverse effects.[1]

In contrast to the modest prescribing rate of opioid analgesics by UK dentists, in the US, 12% of all immediate release opioid analgesic prescriptions are written by dentists (just slightly less than family physicians).[3] An American Dental Association survey from 2006 suggested that while a majority of oral and maxillofacial surgeons (74%) preferred patients to use ibuprofen after third molar extraction, 85% also prescribed an opioid analgesic post-procedure (most commonly hydrocodone or oxycodone).[3] Prescribing patterns after oral surgical or endodontic treatments at a dental clinic at the University of Alabama indicated about 80% of patients received a prescription for an opioid analgesic (most commonly

Table 1: Opioid prescription for chronic, non-malignant orofacial pain*

Proper Patient Selection

- ☐ Consider opioid prescription for patients with neuropathic pain, temporomandibular disorders,** atypical facial pain,** rheumatoid arthritis, neck pain, headache.**
- ☐ Consider a trial when pain is moderate to severe (>4/10), has an adverse effect on function or quality of life, and when patients have not responded to non-opioid analgesic therapies or to opioid analgesic therapy with codeine or tramadol.
- ☐ Consider patient's medical history, including general medical history, current medications (prescription and over-the-counter drugs), recreational drug use (alcohol, cannabis, etc.), psychosocial history (information related to employment and support network, including friends and family), dental exam (including appropriate diagnostic tests and assessment of type(s) of pain), risk assessment (history of abuse, misuse or addiction and occurrence of other conditions such as sleep apnea), and benefit-to-harm analysis.

Consent and Management of Therapy

- ☐ Obtain verbal or written informed consent from patient.
- ☐ Discuss and document initial and ongoing monitoring of goals, expectations, risk-benefit (including side effects) and alternatives.
- ☐ Initiate a short-term therapeutic trial, reassess need periodically.
- ☐ Individualize treatment "start low, go slow" (immediate release opioid analgesic preferred for titration, low initial dosing and titration, regular dosing with allowance of as needed doses for breakthrough) based on health, previous exposure to opioid analgesics, attainment of goals, and incidence of adverse effects.
- ☐ Avoid concomitant benzodiazepines, if currently using, decrease dose slowly to permit discontinuation.
- ☐ Monitor efficacy regularly to ensure optimum pain management (available tools include the McGill Pain Questionnaire[13], Brief Pain Inventory)
- ☐ Consider periodic urine drug screens in patients at risk for misuse or aberrant behavior.
- ☐ Manage adverse effects as required (e.g., constipation is common, decreased libido/sexual dysfunction (less common), sleep apnea (less common), hyperalgesia is rare.
- ☐ Caution that cognitive impairment may affect driving and work safety.
- ☐ Maintain detailed records (include reasons for continued use).

*Based on criteria from previously published guidelines.[10-12]
**Indicates a lack of published evidence for opioid agonist efficacy.

hydrocodone or oxycodone in combination with acetaminophen).[4] The most common procedure that resulted in a prescription for an analgesic was tooth extraction, but only 1% of prescriptions for tooth extraction-related pain were for NSAIDs, while over 90% of these patients received a prescription for an opioid analgesic.[4]

Of concern, this study also noted that patients over the age of 45 were more likely to receive an opioid analgesic prescription than younger patients, and about 25% of patients attending the clinic were not prescribed any analgesic after an invasive procedure that would be expected to cause pain.[4] Moreover, the higher prescribing rate of opioid analgesics for dental pain in the US is not confined to dental health providers. A study of prescribing of opioid analgesics by physicians in a US hospital emergency department for painful dental conditions found that roughly 60% of patients were discharged with a prescription for an opioid analgesic.[5]

Most dentists do not screen patients for past history of abuse or misuse prior to prescribing an opioid analgesic. Surveys of dentists and maxillofacial surgeons indicate that an average of 20 doses of an opioid analgesic (commonly hydrocodone or oxycodone) are prescribed post-procedure and most dentists expect patients to have leftover analgesics.[4,6] Particularly concerning was the expectation by dentists that many patients given prescriptions for opioid analgesics would not require all of the doses dispensed.[4, 6] It is thought that unused opioid analgesics are a significant source of misused drugs.[3] The risk of misuse of leftover opioid analgesics by younger individuals is of particular concern.[3]

Greater collaboration between Canadian dentists and pharmacists is needed to address this problem. One potential solution to prevent inadvertent overprescribing of opioid analgesics is to have dentists write prescriptions for fewer initial doses. Instead, dentists could arrange for additional doses as needed, to be filled at the discretion of a pharmacist. Dentists should avoid prescribing opioid analgesics if patients are already on a benzodiazepine or have a known history of misuse of these drugs and should be available to return pharmacist's calls rapidly if a problem occurs at renewal time.[7]

Opioid analgesic prescribing for chronic non-cancer orofacial pain

It is unclear how often Canadian dentists or family physicians use opioid analgesics for the treatment of moderate to severe chronic non-cancer orofacial pain conditions such as temporomandibular disorders (TMDs) and neuropathies. Dentists, in particular, may not feel confident prescribing or monitoring opioid analgesics for these chronic pain conditions.

There is also little evidence that supports the use of opioid analgesics for the treatment of chronic orofacial pain (**Table 1**). Nevertheless, the use of opioid analgesics for chronic TMDs pain that has not responded adequately to all other treatments (i.e., physical therapy, cognitive and behavioural therapy, NSAIDs such as ibuprofen or diclofenac, antidepressants such as nortriptyline or duloxetine, and antiepileptics such as gabapentin) may be warranted. However, evidence indicates that only a subgroup of patients will find opioid analgesics effective over months or years, and of these, 50% will have adverse effects that will lead many to discontinue their use.[8, 9] Thus, it is recommended that initiation of opioid analgesic therapy be done on a trial basis and re-evaluated frequently (**Table 1**).

Long-term opioid treatment of chronic nonmalignant orofacial pain: unproven efficacy and neglected safety?

The focus group suggested that future prospective studies should be conducted to assess management of acute, post-operative and chronic orofacial pain in Canada. Such studies should include quantitative and qualitative measures of pain as well as measures of psychosocial factors and addiction risk.[7, 10] These studies should include evaluations at least 6 months after an operation in order to determine the prevalence of persistent post-operative pain and to evaluate the efficacy of sustained use of opioid analgesics to treat chronic orofacial pain conditions.

1 in **5** Canadian adults suffer from chronic pain.*

Pain accounts for up to **78%** of **visits** to the emergency department.*

Less than 1% of total CIHR funding and **only 0.25%** of total funding for health research goes to pain research. (based on 2009 data) *

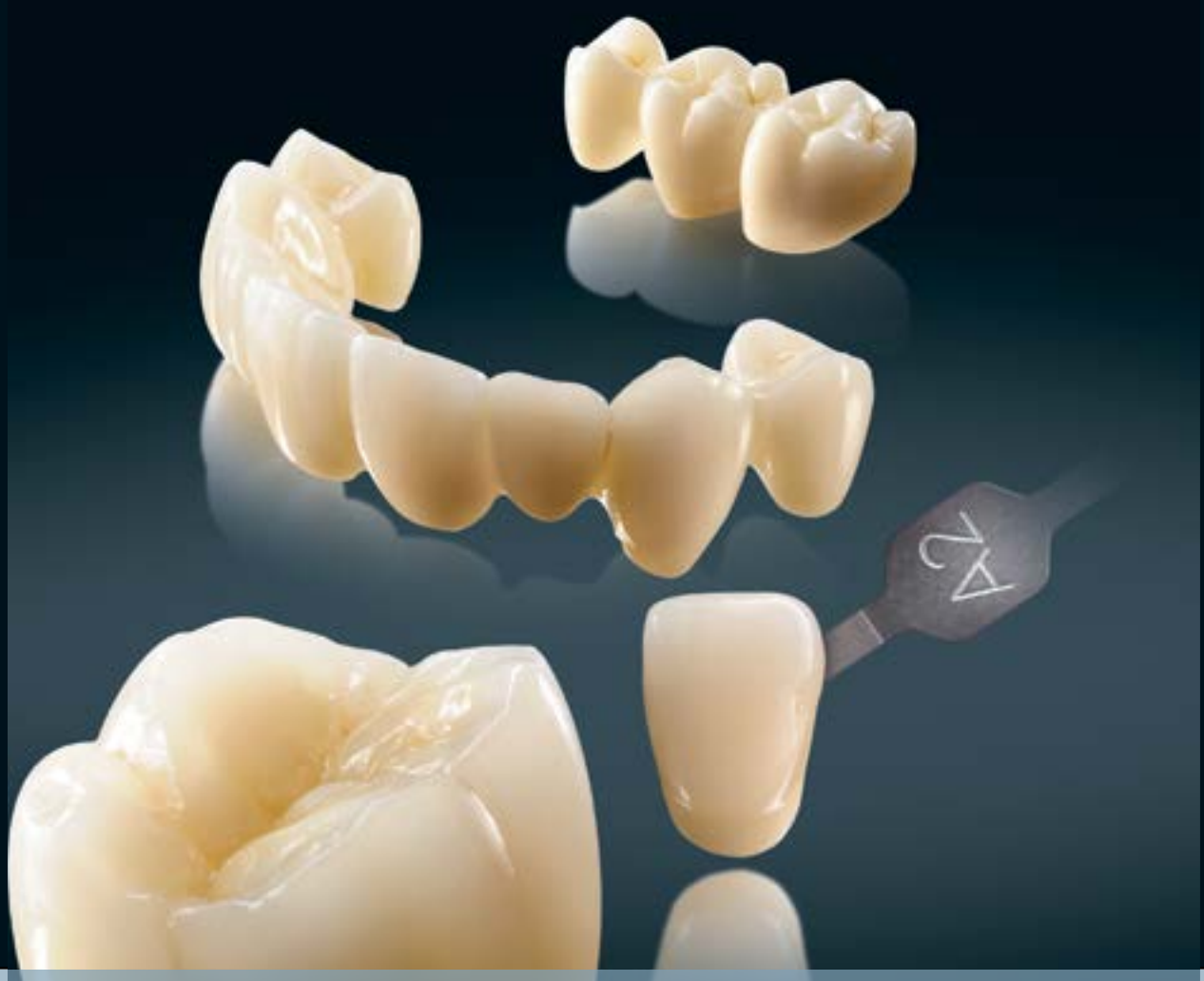
References

Complete list of references available at **jcda.ca/article/e49**

The views expressed are those of the authors and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

* Source of infographics: Canadian Pain Society. *Pain in Canada fact sheet.* June 2014. [accessed 2014 Dec 8]. Available: http://c.ymcdn.com/sites/www.canadianpainsociety.ca/resource/resmgr/Docs/pain_fact_sheet_en.pdf

> *The focus group suggested that future prospective studies should be conducted to assess management of acute, post-operative and chronic orofacial pain in Canada.*



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How to Manage SPONTANEOUS GINGIVAL HEMORRHAGE

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The authors have no declared financial interests.

This article has been peer reviewed.

Dental Emergency Scenario

This article was originally created for the JCDA Oasis searchable database. Visit Oasis Help at **jcdaoasis.ca** to access this and other point of care clinical consults.

Spontaneous gingival hemorrhage

A patient presents with copious gingival bleeding:

- *Bleeding is prolonged and cannot be stopped with pressure*
- *Several such episodes have occurred recently without provocation*

Presentation

Population

- Variable demographics depending upon the nature of the underlying disorder
- Possible family history of a bleeding disorder

Signs

- Hemorrhage emanating from gingival sulci with minimal or no provocation (**Fig. 1**)
- May present with any of the following:
  - Submucosal and/or subcutaneous hemorrage (petechiae, ecchymoses, or hematoma)
  - Hyperplasic gingival tissues, oral ulceration and oral infection (e.g., herpes simplex virus, candidiasis)
  - Swollen joints (hemarthrosis)
  - Signs of an underlying systemic disease (e.g., jaundice, spider angiomas, ascites, pallor, lymphadenopathy)

Symptoms

- Prolonged bleeding after injury, trauma or dental/surgical procedures
- Bleeding episodes
  - Menorrhagia or postpartum hemorrhage
  - Epistaxis
  - Gastrointestinal (e.g., hematemesis, melana)
- Fatigue
- Recurrent infections and fever

Investigation

1. Obtain a detailed medical and dental history:
   a. Personal and familial history of bleeding problems
   b. Dental history: severe or prolonged bleeding following trauma, extractions or surgical procedures
   c. Medications and illnesses that may be associated with excess bleeding

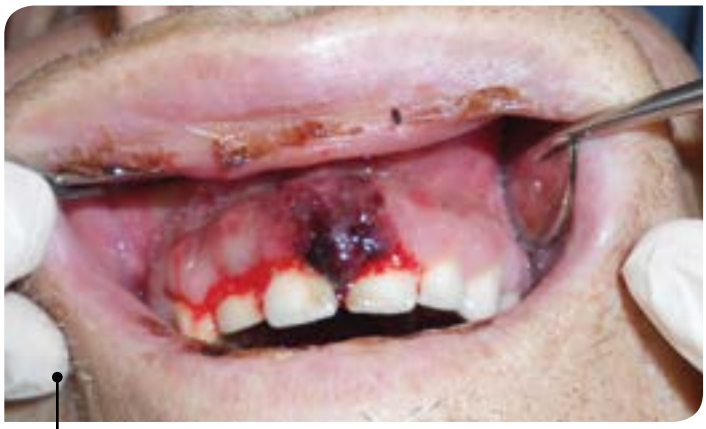

Fig. 1: Leukemic gingivitis with prolonged gingival hemorrhage following minor provocation.

2. Inspect the visible skin and perform an intraoral examination.
3. Assess for other potential causes of oral hemorrhage:
   - Mucocutaneous disorders (e.g., desquamative gingivitis [erosive lichen planus, pemphigus vulgaris, mucous membrane pemphigoid and erythema multiforme])
   - Necrotizing ulcerative gingivitis
   - Drug-induced gingival hyperplasia
   - Gingivitis of a local or endocrine (puberty, pregnancy) cause
   - Periodontitis

Hemorrhage that is evoked with minimal provocation or spontaneously, especially if prolonged and difficult to control, should alert the clinician to an underlying bleeding disorder.

Diagnosis

- A hematologist will perform a focused history, physical examination, and laboratory studies that may include specific coagulation factor assays, mixing studies and platelet aggregation tests.
- If leukemia is suspected, diagnosis is confirmed by peripheral blood smear and bone marrow biopsy for cytology, immunophenotyping, and molecular/cytogenetic studies.

Differential diagnosis

- Local pathologies (see the Investigation section)
- Systemic disorders:

Nonthrombocytopenic purpura

- Vascular disorders (e.g., scurvy, Ehlers-Danlos syndrome, hereditary hemorrhagic telangiectasia)
- Disorders of platelet function (e.g., inherited disorders [Bernard-Soulier syndrome, von Willebrand disease], medications [ASA, NSAIDs], alcoholism, uremia)

Thrombocytopenic purpura

- Decreased platelet production (e.g., myelofibrosis, leukemia, myelodysplastic syndromes, chemotherapy, radiotherapy, skeletal metastasis)
- Increased platelet destruction (e.g., immune thrombocytopenic purpura)
- Platelet sequestration (e.g., splenomegaly)

Disorders of coagulation

- Inherited (e.g., hemophilia A and B)
- Acquired (e.g., liver disease, vitamin K deficiency, medication [warfarin, heparin])

Treatment

Common Initial Treatment

1. Bleeding can usually be controlled by local measures:
   - Pressure with moistened gauze
   - Absorbable gelatin, absorbable collagen, microfibrillar collagen or oxidized regenerated cellulose (to provide a scaffold for platelets to adhere)
   - Thrombin (to convert fibrinogen to fibrin)
   - Epsilon-aminocaproic acid or tranexamic acid oral rinses (to reduce fibrinolytic activity)
   - Soft diet and avoiding factors that may provoke bleeding, such as strenuous activities, traumatic brushing, flossing, and rinsing
   - If pre-existing dental models are available, a vacuum-formed splint (+/– lined with thrombin powder) can be fabricated and used to apply additional pressure and protection
2. Screening serologic studies should be performed.
   - Complete blood count (CBC) with platelet count
   - International normalized ratio (INR): measures the factors of the extrinsic and common coagulation pathways
   - Partial thromboplastin time (PTT): measures the factors of the intrinsic and common coagulation pathways
   - Thrombin time (TT): tests the ability of fibrinogen to form an initial clot
   - Platelet function analyzer (PFA-100) or Ivy bleeding time (BT): screens for functional platelet disorders
3. If the bleeding cannot be controlled, assessment with a physician and systemic measures are necessary.
4. Definitive medical management depends on the nature of the underlying disorder. Principal agents for systemic management include platelet infusion, fresh frozen plasma, factor concentrates, cryoprecipitate, desmopressin (DDAVP) and antifibrinolytic therapy.

Advice

- Consider the possibility that bleeding disorders may first manifest in a dental setting. Refer the patient to an oral pathologist or physician if is there is any clinical suspicion.
- Most dental care can be provided with minimal modification for patients with a known bleeding disorder; consult with their physician or hematologist if in doubt.
- Based on the nature and severity of a bleeding disorder and the type of dental procedure, care may be most appropriate in a hospital setting.

Suggested Resources

1. Nematullah A, Alabousi A, Blanas N, Douketis JD, Sutherland SE. Dental surgery for patients on anticoagulant therapy with warfarin: a systematic review and meta-analysis. *J Can Dent Assoc.* 2009;75(1):41.

2. Gupta A, Epstein JB, Cabay RJ. Bleeding disorders of importance in dental care and related patient management. *J Can Dent Assoc.* 2007;73(1):77-83.

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REMEMBERING DENTISTRY LEADERS

DR. DAVID PRECIOUS

Dr. David Precious, a world leader in oral and maxillofacial surgery, passed away on February 3, 2015, at the age of 70.

A pillar of the dental community at Dalhousie University, Dr. Precious was a well-liked and respected professor. He taught for over 35 years, served as chair of the department of oral and maxillofacial sciences for close to 20 years, and was appointed dean of the faculty of dentistry in 2003. He was named dean emeritus in 2008. Over the course of his career, he published more than 200 peer-reviewed articles and abstracts, and wrote 8 manuals and 15 book chapters in oral and maxillofacial surgery.

A humanitarian at heart, Dr. Precious truly believed in the importance of helping those in need. He took part in his first overseas outreach mission in 1995. That began a 20-year adventure that would take him to Vietnam, Tunisia, India and Brazil to offer free cleft lip and palate surgery to children. He would also teach and train local surgeons, to enable them to perform the procedures themselves. "Why do I do it? It's simple, really: it's so rewarding, it almost feels selfish," Dr. Precious once said in reference to his volunteering work. He was inducted as a Member of the Order of Canada in 2007 in recognition of his outstanding commitment to treating those with dental and facial deformities in Canada and abroad.

Dr. David Precious (centre) and his colleagues evaluate a young patient requiring cleft palate surgery.

Dr. Precious also put time aside to give back to the profession. He served as president of the Nova Scotia Dental Association, president of the Canadian Association of Oral and Maxillofacial Surgeons, registrar and chief examiner in oral and maxillofacial surgery for the Royal College of Dentists of Canada, regent of the Board of the American College of Oral and Maxillofacial Surgeons, chair of CDA's council on education, chair of the Board of Trustees of the International Cleft Lip and Palate Foundation—of which he was also a founding member—as well as being involved with the Commission on Dental Accreditation of Canada.

"Dr. Precious was a remarkable individual who has made a tremendous difference to so many lives around the world through his humanitarian outreach. He will be fondly remembered by all who knew him and those fortunate enough to learn from this outstanding surgeon, scholar and dean," said CDA President Dr. Gary MacDonald in tribute to his colleague. "Dr. Precious was a wonderful ambassador for our profession and will be truly missed."

Dr. Precious' brilliant career won him numerous honours. On the Canadian scene, he received CDA's Medal of Honour in 2010 (one of only 3 recipients ever of CDA's pinnacle award), honorary degrees from Laval University and Dalhousie University, and the Queen Elizabeth II Diamond Jubilee Medal. His achievements were also recognized internationally: he received two awards from the American College of Oral and Maxillofacial Surgeons—the Harry Archer Award and the Humanitarian Award—and the William Harrigan Award from the William F. Harrigan Society.

Dr. Precious is survived by his wife of 46 years, Elizabeth, and their two children, Susan and Bruce.

Dr. Precious was a wonderful ambassador for our profession and will be truly missed.

— Dr. Gary MacDonald, CDA President

NEW & IMPROVED

PANAVIA™ SA Cement Plus Automix

Your Everyday Panavia ***IMPROVED!***

PANAVIA SA Cement Plus Automix combines the features of Glass Ionomer with Kuraray's legendary **MDP** technology.

Just like its predecessor, **PANAVIA SA Cement Plus** offers fast clean-up, ease of use and fluoride-release.

Improved features include:

- **NEW** Much Requested Translucent Shade
- **NEW** Chemistry
- **Even Stronger** Bonds
- **No** Refrigeration Required

Ask Koala.

Q. **What is the difference between PANAVIA SA Cement Plus and the original PANAVIA SA Cement?**

A. **PANAVIA SA Cement Plus** has all the wonderful features found in **PANAVIA SA Cement**, such as fluoride-release and easy clean-up, but now has new chemistry for even stronger bonds and storage at room temperature.

Find out more - go to: kuraraydental.com/ask-koala

Questions for Koala?! Email us: info@kuraraydental.com

FIND OUT MORE.

Call: 844-kuraray (587-2729)
Visit: kuraraydental.com
Learn: kuraraydental.com/clearfil-academy
Email: info@kuraraydental.com

kuraray Noritake

NO MORE SLUMPING OUT OF CLASS V'S!

[conventional flow]

GrandioSO Heavy Flow

83% filled means up to 50% more fillers than weaker regular flowable composites. The new universal GrandioSO Heavy Flow gives you the high wear resistance only achieved by modern universal composites.

- Highly viscous – does not slump, easily manipulated when needed
- Only 2.99% vol. shrinkage*
- High radiopacity for easy x-ray identification
- 12 shades are available in non dripping syringes or unit dose caps including A5 for geriatric dentistry
- Excellent polish and polish retention

*Data on file

GrandioSO Heavy Flow

The first flowable composite that is strong enough for occlusal surfaces of class I and II restorations.

Learn more and order your **FREE SAMPLE**

at www.vocoamerica.com

Call 1-888-658-2584

MADE IN GERMANY

VOCO THE DENTALISTS

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