

Aspect

A QUARTERLY NEWS BULLETIN

Great Health Starts Here[®]

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Welcome to Aspect, Nevada Dental Benefits, Ltd.'s quarterly newsletter, through which we offer contemporary news information on oral health, the dental industry, the latest research and advice for providers.

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GUM DISEASE LINK TO ALZHEIMER'S, RESEARCH SUGGESTS

By Dominic Howell | BBC News

Gum disease has been linked to a greater rate of cognitive decline in people with Alzheimer's disease, early stage research has suggested.

The small study, published in PLOS ONE, looked at 59 people who were all deemed to have mild to moderate dementia.

It is thought the body's response to gum inflammation may be hastening the brain's decline. The Alzheimer's Society said if the link was proven to be true, then good oral health may help slow dementia.

The body's response to inflammatory conditions was cited as a possible reason for the quicker decline.

Inflammation causes immune cells to swell and has long been associated with Alzheimer's. Researchers believe their findings add weight to evidence that inflammation in the brain is what drives the disease.

SIX-FOLD INCREASE

The study, jointly led by the University of Southampton and King's College London, cognitively assessed the participants, and took blood samples to measure inflammatory markers in their blood.

Their oral health was also assessed by a dental hygienist who was unaware of the cognitive outcomes.

Of the sample group, 22 were found to have considerable gum disease while for the remaining 37 patients the disease was much less apparent. The average age of the group with gum disease was 75, and in the other group it was 79.

A majority of participants - 52 - were followed up at six months, and all assessments were repeated.

The presence of gum disease - or periodontitis as it is known - was associated with a six-fold increase in the rate of cognitive decline, the study suggested.

QUITE SCARY

Dentist Dr. Mark Ide from King's College London told the BBC News website he was "surprised" by the rate of decline, and said that as patients with gum disease chew on their teeth they were effectively giving themselves "mini-injections" of bacteria into their bloodstream.

"In just six months you could see the patients going downhill - it's really quite scary," he said.

Higher levels of antibodies to periodontal bacteria are associated with an increase in levels of inflammatory molecules elsewhere in the body - which in turn have been linked to greater rates of cognitive decline in Alzheimer's disease.

Prof Clive Holmes, senior author from the University of Southampton, said the results were "very interesting" and proved that this study needed to be carried out again but using a larger number of participants.

"However, if there is a direct relationship between periodontitis and cognitive decline, as this current study suggests, then treatment of gum disease might be a possible treatment option for Alzheimer's," he said.

He also said his researchers had taken into account the fact that gum disease may become more common in those people with Alzheimer's, because of a reduced ability to take care of oral hygiene as the disease progresses.

CAUSE OR EFFECT?

Dr. Doug Brown, director of research and development at the Alzheimer's Society, also recognized that the study "adds evidence to the idea that gum disease could potentially be a contributing factor to Alzheimer's".

"If this is proven to be the case, better dental hygiene would offer a relatively straightforward way to help slow the progression of dementia and enable people to remain independent for longer," he said.

But he also described the study as "small" and said it was currently "unclear" whether the gum disease was the cause or the effect.

"We don't know if the gum disease is triggering the faster decline of dementia, or vice versa," he said.

In the UK around 80% of adults over 55 years old had evidence of gum disease, according to the **adult dental survey of 2009**, which is the latest data available.

There are around half a million people living with Alzheimer's disease in the UK.



FRED L. HOROWITZ, DMD

Over the centuries teething has been indicted as a cause of many maladies in children. When President Thomas Jefferson's sixth child died at age 2 ½, the attending doctor attributed the death to teething, among other causes. In the 1842, "Sixth Annual Report of the Register General" of England, 5,689 deaths were attributed to teething. We now know that teething is more of an annoyance and discomfort to a child than life threatening. While a fever can be associated with teething, it is rarely above 101 degrees and will only last a few days. Swollen gingiva, crankiness, and a refusal to eat or drink are the most common symptoms. If they last more than a few days, or if the fever exceeds 101 degrees, medical attention should be sought by parents.



Meet NDB's Dental Director Patricia Steiner, DMD. Currently a Dental Quality Alliance Ambassador, Certified Dental Consultant and member of the American Dental Association, Nevada Dental Association and Southern Nevada Dental Society, Dr. Steiner is using her 17 years of experience in the healthcare industry to provide valuable tips as our resident dental expert.

QUALITY OF CARE

It's been reported that patients in the US have a 50% chance of receiving the appropriate medical care. That means they have an equal chance of not receiving care that is needed or receiving inappropriate care. This immense gap, based on current medical knowledge, is not only frustrating, but could be dangerous.

This gap exists in dentistry as well. The best way to reduce that gap is to ensure quality care is provided to our patients. Quality care can be defined as providing the services that will increase the likelihood of the desired outcome. Specifically, in dentistry we need to take off our magnification loupes to see the bigger picture. Quality in Dentistry goes beyond perfect margins, excellent occlusal relationships and beautiful esthetics.

How do you know if the treatment you provide to your patients is leading to the desired outcome? Doctors throughout the network can help ensure that our patients are getting the care they need, when they need it, by following evidence based guidelines for care and using performance measurement.

For example, if your desired outcome is to reduce incidence of caries in pediatric patients and you are using an evidence-based clinical approach, your treatment plan will likely include Fluoride treatment and sealant placement. If you track the number of children in your practice at moderate to high risk of caries that received sealants and / or Fluoride you are able to assess the outcome (incidence of caries) and subsequently make improvements to treatment protocols as needed.

As payment mechanisms move toward "pay for performance" models in both healthcare and dentistry, it is important that our profession work to set appropriate measurements based on scientific evidence. This will result in a way to statistically begin to verify quality, provide for appropriate reimbursement for comprehensive care, and lead to excellent, consistent, dental care for our patients.

For more information about quality and performance measurement in dentistry reference the work of the Dental Quality Alliance visit: www.ada.org

Texas Agency Weighs Validity of Bite-Mark Evidence

Commission is investigating whether use of the long-used forensic technique should be curbed.



BY JOE PALAZZOLO | THE WALL STREET JOURNAL

A subcommittee of the Texas Forensic Science Commission has voted unanimously to recommend the ban of bite-mark evidence in courts, pending further scientific review. This is the first time a governmental body has made such a recommendation. It was done in light of recent research – some anecdotal – that bite-mark evidence is not unique and cannot often be duplicated. Bite-mark evidence is used in a few hundred cases each year in U.S. courts, and to date no federal court has ruled it as inadmissible evidence. The American Board of Forensic Odontology has taken up the issue and there may be amendments made to their guidelines limiting the use of bite-marks as evidence.

Read more at www.wsj.com

SUMMER SNACKS WITH BUCKY

Who knew refreshing Summer snacks on a stick could be so fun... and easy



Drizzle your favorite yogurt over skewered blueberries. Freeze & ENJOY!



Add your favorite lemonade to Popsicle molds



Use a melon baller to skewer watermelon for a fun party snack or add Popsicle sticks to a wedge for the kids



Use sliced pineapple rings to make pineapple pops. Freeze & ENJOY!

Tammy Ishibashi | Professional Relations

This month's PrimeTime spotlight is on Dr. Michael Banks, a dentist that has been caring for the Las Vegas community for the last 25 years. During this time, he has served as President for the Nevada Dental Association and Relief Fund Chairman of the American Dental Association. He's treated legendary rock stars at his office in the middle of the night, has played basketball with Dr. J. and treated celebrities, such as Lou Gossett, Jr.



When speaking with a dentist, I find it's always interesting to learn how a dentist chose a career in dentistry. For Dr. Banks, there was a defining moment and that moment came when he was only 10 years old.

T.I. Why did you choose to become a dentist?

M.B. Now, that's a good story. Way back when, a kid could go to the dentist without their parents. So, I was about 10 years old and my mom told me that I better get over to the dentist's office, because I had an appointment. I asked her what they were going to do. Well, she gave me just a real brief answer and said "oh, not much honey" and left it at that. Well, if you know my mom, whenever you ask her something, you never get a short answer. So, I knew something was up.

I actually really liked going to the dentist, so despite this, I hopped on my bike and rode over to the office. Dr. Levy was a great guy. I think the smell of Eugenol was one of the reasons why I really liked going to the dentist too. I absolutely loved that smell and still do today. Anyway, when I got there, Dr. Levy had all these things lined up and I asked him what they were going to do. He told me they were going to extract 5 teeth for my braces. So, I laid back, he numbed me up and by the time I knew it, he was done and I never felt a thing. I was completely in awe how all that could be done and not even know it. It just made such an impression on me. It was from that moment that I knew I wanted to be a dentist.

T.I. So, from that moment, you never thought about doing anything else?

M.B. Nope. After high school, I enrolled in the military -- just so I could choose to be a dental assistant to make sure I really liked it as much as I thought.

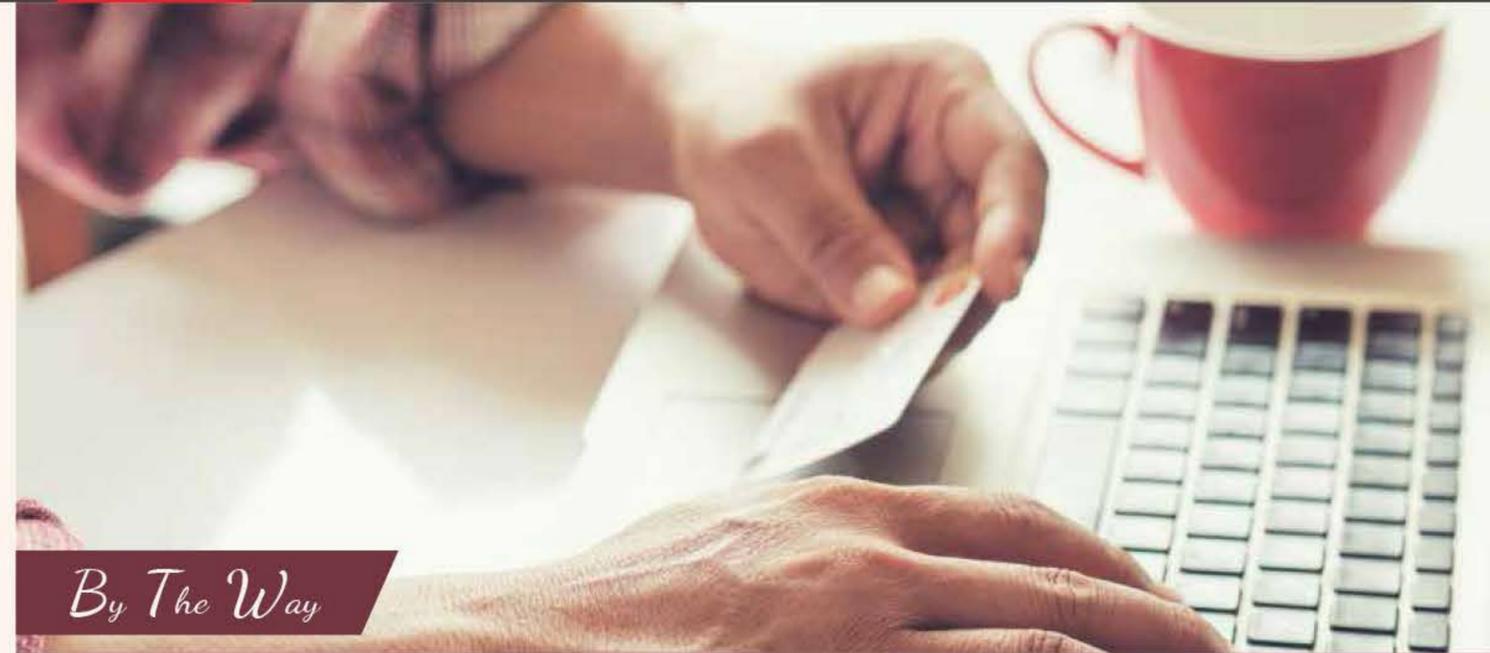
T.I. Wouldn't it have been easier to have tried to just get a job at Dr. Levy's office?

M.B. Ha, ha. Yeah, I guess so, but it's not what I thought of at the time. My father was a mailman and my mother was a teacher's assistant, so the G.I. Bill also provided me with a good opportunity help pay for schooling. The only thing that almost derailed me from my goal was Organic Chemistry. Now that was a class! I remember telling my mom how bad it was and she told me that it would be alright and the family would pray for me. So, after taking it twice, I finally got through it. So, I guess at the end of the day, you can say I really didn't choose dentistry as much as dentistry really chose me.

And, we're glad that it did. The dental health of our community is much better for it. Thank you to Dr. Banks, for taking the time to share your story.

If you know of a dentist that might like to be featured in one of our upcoming newsletters, please let us know.

E-mail Tammy Ishibashi at tishibashi@nevadadentalbenefits.com.



By The Way



It's not too late to join the PrimeCare Administrators Network!

Your invitation already arrived at your office via USPS. Return your application with the prepaid envelope included or request an application on our website.

This is your chance to be part of a network of dental professionals partnering with the most reliable and valuable dental plan administrator.



Is your credit card terminal up to date with the new Federal regulation?

As of October 2015, all merchants are required to offer chip card systems to ensure facility and patient protection. With the new terminal, you and your patient are protected from credit card breach or fraudulent activity.

Dental Card Services Alliance (DCS) offers AGD members a free compliant terminal for their practice to ensure protection and reliability.



Did you know the CDC put out a new summary of infection control prevention guide this past March?

The guide includes basic expectations for safe care in dental settings.

Read the complete guide at www.cdc.gov.



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