



SCRANTON DISTRICT DENTAL SOCIETY

November 2007

Volume 2, Issue 9

November's General Meeting

November 20th's meeting will feature a speaker from PDAIS. Various insurance products offered through PDAIS will be discussed. Cocktails start at 6:30 p.m., with a buffet dinner beginning promptly at 7:00 p.m. To reserve your spot, contact Dr. Chris Kotchick at 346-7301. Remember, dinner and parking are free with your membership.

Attention New Members



You are invited to the Third District's "Welcome New Members" reception Friday, November 16th at 6:30 p.m. at the Trolley Museum (next to Steamtown National Historic Site off Lackawanna Avenue). We hope to see you there!

Helping Patients Stop Smoking



Despite various attempts to encourage people to stop smoking, the

health community knows that tobacco use is still a major cause of disability and death.

More than 8.5 million people in the United States are affected by smoking-related diseases, which are the most preventable of all conditions. Among smoking-related deaths, about 33% are due to cardiovascular disease, 28% to lung cancer and 22% from other respiratory causes. Smoking is also a risk in such vital matters as female fertility,

poor pregnancy outcomes, breast cancer, cataracts, and macular degeneration. Even the non-smoker is at risk, with 9% of smoking-related deaths resulting from exposure to secondhand smoke.

As members of the health profession, we can play an important role in helping patients to stop smoking. I am sure we all ask our patients on our health questionnaires if they smoke. However, does our concern go beyond warning the patient who smokes about the potential risk of developing a dry socket or losing a dental implant?

There are a number of options that we can adopt in dealing with this issue.

These include personal counseling or referral for counseling and the use of pharmacotherapy.

However, if one is not comfortable becoming involved in such interventions, then the least we can do is refer all of these patients to the national telephone quit line (800/QUITNOW), which directs callers to the appropriate services in their region. What simpler way is there to help patients stop smoking than to ask, advise and refer. Let's start today!

*(Taken from 'AAOMS TODAY',
Volume 5, Issue 4)*

Register Now For 2008's C.E. Courses!

Don't forget to mark your calendars for the 2008 CE courses. If you register by December 1, 2007, you'll save. For more detailed information and pricing, go to our website (www.scranton-dental.org).

January 23, 2008
"Immediate Loading of Implants"

February 20, 2008
"Oral Anesthesia"

March 19, 2008
**"All Facets of Endo, Including
Rotary Endo"**

April 16, 2008
"Sleep Apnea"

October's Meeting A Success

Dr. Martin Tansy, Dean of The Maurice H. Kornberg School of Dentistry at Temple University, was the featured speaker during October's general meeting at the Hilton. Dr. Tansy spoke in detail about the growth of Temple's dental school and the competitive nature of getting accepted into any school.

The Wisdom Of Third Molar Surgery

Healthcare professions are discovering the very real benefits of removing unnecessary third molars in young adulthood. According to the University of North Carolina, Chapel Hill landmark Third Molar Clinical Trials in 1998, here are some compelling reasons why:

1. Bacterial changes signaling the beginnings of gum disease appear first in the third molar region.
2. Younger patients with cavities in their first/second molars are almost sure to develop cavities in their wisdom teeth within three years.
3. Chronic oral inflammation may begin in the 3rd molar region for some patients as early as the third decade of life.
4. Periodontal pathology or caries are more prevalent in young adults than expected when mandibular, erupted, vertical third molars are still present.
5. When the probing depth is $>$ or $=$ 4mm, more than half of biofilm is

retained after scaling and root planing, and repeated dental prophylaxis alone may not reduce the level of periodontal pathogens around erupted third molars.

6. Oral bacteria associated with periodontal disease have been linked to serious health problems, including coronary artery disease, stroke, renal vascular disease, diabetes, and obstetric complications.

7. Data from the "Third Molar Clinical Trials" shows young adults are also at risk, particularly from periodontal pathology affecting third molars.

8. Third molar periodontal disease increases the risk of delivering a low birth-weight infant. Expectant mothers with third molar periodontal pathology have double the risk of preterm birth, and the effects of periodontal disease in the third molar area pose a danger akin to smoking during pregnancy.

9. Most third molars, even those that exhibit no symptoms and display no current sign of disease, place young adults at later risk for chronic oral

infectious disease, periodontal pathology and tooth decay and should be considered for removal in young adulthood.

(Taken from 'AAOMS TODAY', Volume 5, Issue 4)



Debate Over Children's Health Insurance Legislation Continues

In Washington heated debate over children's health insurance legislation continues with undiminished support for expanded dental coverage.

Members of Congress, in statements on the House and Senate floors, support the legislation's "comprehensive dental benefit," "quality dental coverage," "full dental coverage" and potential to "provide access to much needed dental care." Sen. Charles Grassley (R-Iowa): "These improvements include better dental benefits." House Majority Leader Steny Hoyer (D-Md.): "I am very pleased that this legislation includes a comprehensive dental benefit that will give low-income children the dental care they need and will provide states with flexibility in how they provide such care."

The House of Representatives through October cast three votes on different versions of children's health insurance legislation without changing

the dental provisions. Nothing in current law requires states to provide dental benefits in their CHIP programs. The sCHIP law expired Sept. 30 and Congress and the administration have failed to resolve differences over the scope and direction of the children's health insurance legislation.

Current law is temporarily extended through Nov. 16 without the proposed dental expansions, one of which would require states to provide comprehensive dental coverage "to prevent disease and promote oral health, restore oral structures to health and function and treat emergency conditions." States could choose to meet the standard by providing similar coverage based on one of three dental benchmark plans. This would prevent states from dropping dental coverage during economic downturns.

The legislation also has patient education and dental access provisions

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with language making clear that federally qualified health centers may contract with private practice dentists to provide care. It would require that perinatal care support clinics provide education materials to parents on risk and prevention of early childhood caries and standardize and increase telephone and Website access to SCHIP dental information.

(Taken from the ada.org)

Upcoming Events

Third District Meeting <i>"Street Drugs: How their abuse impacts you & your dental practice"</i>	Woodlands	November 9, 2007
New Member Welcome	Trolley Museum	November 16, 2007
General Meeting	Hilton	November 20, 2007
Board Meeting	Foccia Luna	November 26, 2007
CE Course: Immediate Loading of Implants	Inn at Nichols Village	January 23, 2008
CE Course: Oral Anesthesia	Inn at Nichols Village	February 20, 2008
CE Course: All Facets of Endo, including Rotary Endo	Inn at Nichols Village	March 19, 2008
CE Course: Sleep Apnea	Inn at Nichols Village	April 16, 2008
President's Dinner	Michaelangelo's	May 17, 2008

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