

2019

# ICDigest

Journal of the European section  
International College of Dentists



## Homelessness and oral health

Geneva 2018

**Fellowship, Science,  
Humanitarianism and  
Recognising Service**

**Interview  
Argirios Pissiotis**

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### Motto

Recognising service as well as the opportunity to serve.

### Core Values

**Leadership** Uphold the highest standard of professional competence and personal ethics.

**Recognition** Recognise distinguished service to the profession and the public worldwide.

**Humanitarianism** Foster measures for the prevention and treatment of oral disease by encouraging and supporting humanitarian projects.

**Education** Contribute to the advancement of the profession of dentistry by fostering the growth and diffusion of dental knowledge worldwide.

**Professional Relations** Provide a universal forum for the cultivation of cordial relations within the profession and to assist in preserving the highest perception of the profession.

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Cover image: Oral healthcare for homeless in Erasmus Medical Center, Rotterdam, The Netherlands. Photo: Jan de Groot



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# Oral health: an achievable goal not a privilege

Oral health, in common with general health should be considered an achievable goal, not a privilege.

Given that it costs relatively little to prevent rather than treat the principle oral diseases and good oral health can make an important, highly cost-effective contribution to general health and wellbeing, it would seem prudent that the provision of preventatively orientated oral healthcare should be prioritised in healthcare systems. Such provision, together with population messaging to adopt simple measures to enhance and maintain oral health, could, for many, make oral health an achievable goal rather than a privilege. Regrettably, very few countries, including some of the wealthiest countries in the world, are nowhere close to preventing, let alone controlling caries and periodontal disease, especially amongst those members of the population who suffer health inequalities. Furthermore, many people remain ignorant about the causation of dental caries and periodontal disease and the simple measures they could take to help prevent these conditions. And to metaphorically "add insult to injury" there is nothing new, contentious or costly about these measures, which could make a huge difference to oral health and, in turn, general health and wellbeing of millions, if not billions of people. A sad set of affairs, which the dental profession must assume at least some of the blame for, having failed to have the value and importance of oral health recognised in general healthcare and wellbeing considerations.

So where to start, and what to do to begin to make oral health an achievable goal rather than a privilege across the world. Oral health education, as part of general and public health education would be a good start. If individuals understood and took simple measures to reduce the risk of oral and dental disease, a huge amount could be achieved.

It is acknowledged that special challenges exist in situations where the staple, affordable diet is rich in fermentable carbohydrates; however, even under such adverse circumstances, education is a powerful tool in reducing the levels and consequences of oral and dental disease.

Given the above, oral health education should, it is suggested, form an important element of any humanitarian effort to improve general health and wellbeing. This education should include instruction on the causation and prevention of oral and dental disease and be motivational to encourage self-help - helping people to help themselves. Where it is not possible to provide a sustainable supply of toothbrushes and toothpaste, traditional techniques and aids for oral hygiene should be encouraged, assuming they are not harmful to teeth and adjacent soft tissues.

In a world where more than half the population has no, or at best limited access to oral healthcare services, oral health education should be a priority, or at least an element of whatever general healthcare is provided. To achieve this individuals and organisations responsible for the planning and provision of healthcare services to oral healthcare deprived communities need to be educated as to the value and importance of even modest improvements in oral health to general health and wellbeing. Making oral health an achievable goal should be attainable through the enhanced use of existing healthcare resources. Time for the dental profession, including organisations such as the International College of Dentists, to make this happen.

**Nairn Wilson, Editor in Chief**



*Oral health education  
should be a priority*

# New Editorial Board

I am delighted to announce the appointment of a new Editorial Board for ICDigest, comprising:



**Rok Jurič**

Rok studied Dental Medicine at the Faculty of Medicine, University of Ljubljana, Slovenia and completed post-graduate endodontic training, receiving the 'specialist in endodontology' degree, at the same institution. He has been working in his own practice, devoted entirely to endodontics, since 2003. He is involved in research on oral microbiology and endodontic epidemiology, and lectures at both national and international dental scientific meetings.



**Miguel Pavão**

Miguel obtained his degree in Dental Medicine from the Fernando Pessoa University, Porto, Portugal. He is Founder and President of 'Smiling World'-Portuguese Solidary Dentists, specialist in dental implant prostheses, Complutense University of Madrid, Master and Guest Professor in dental Aesthetics at Catalunya International University, Barcelona, a member of the Board of the Portuguese Society of Dental Aesthetics and Vice-Regent Portugal, European Section of ICD.



**Pessia Friedman-Rubin**

Pessia, who qualified from The Maurice and Gabriela Goldschleger School of Dental Medicine, Tel Aviv, Israel is Lecturer in Orofacial Pain, Department of Oral Rehabilitation and Deputy Director and Senior Clinician in the Orofacial Pain Clinic at the same institution. Pessia is also Coordinator of Occlusion and other courses for the undergraduate students of the School of Dental Medicine, Tel Aviv and Vice-Regent District 9, European Section of ICD.



**Robert (Rob) Stone**

Trained at the University of Birmingham and the Eastman Dental Institute, London where he completed the MSc in Conservative Dentistry, with distinction. Rob currently runs a private practice in the West End of London and is a Principal Clinical Teaching Fellow in Restorative Dentistry at the Eastman Dental Institute coordinating the Diploma and Masters programmes in Restorative Dentistry. His teaching and research interests include: the management of advanced tooth surface loss, occlusion, bonded porcelain restorations, dental implants, traditional crown and bridgework, anterior composite restorations, digital dental photography and biomimetics.



**Michael Thomas**

Michael Thomas qualified from Guy's Dental Hospital, London. Following a commission in the Royal Navy he obtained a Masters in Conservative Dentistry and Membership in Restorative Dentistry, prior to being registered as a Specialist in Prosthodontics. Michael provides fixed and removable solutions at the Wessex Dental Specialist Centre, Fareham, Hampshire. Also, Michael is a Senior Specialist Clinical Teacher at the Faculty of Dentistry, Oral & Craniofacial Sciences, King's College London, where he is the Deputy Programme Director for the MSc in Advanced Minimal Intervention Dentistry by distance learning. He also teaches and assesses on the related distance learning programmes in Fixed and Removable Prosthodontics and Aesthetic Dentistry.

The new Editorial Board, in addition to supporting the Editor in the production of future issues of ICDigest, will consider the ways in which ICDigest may need to change to continue to meet the expectations of the members of the European Section of ICD. Thoughts on the format, contents and distribution of future issues of the ICDigest would be greatly appreciated, as would expressions of interest to join the new Editorial Board.

**Nairn Wilson, Editor in Chief**

# Reflection on Geneva

It was a demanding task, but a great honour to organise the sixty-third meeting of the European section of the International College of Dentists in Geneva, between 21<sup>th</sup> – 23<sup>th</sup> June 2018.

**Kristian Robin**

My first contacts with the Geneva Tourist Office date back to 2012 with a view to organising the 2015 meeting of the Section, which was eventually held in Dublin, Ireland. An English-speaking country was a good choice, given it was the year in which the European Section hosted the International Council of the College. Subsequently, 2018 was chosen for the meeting in Switzerland.

What is interesting about our annual meetings is that the person tasked with organising the event (the President) has opportunity, in addition to planning the programme, to showcase to Fellows the city selected for the event, typically, as was the case for me, their home city. I really enjoyed introducing the prestigious group of attendees to some interesting aspects of Geneva.

I was inclined to focus on Geneva than Switzerland, which, politically, is a confederation of a number of small states which have decided to live and function together, despite their many differences. There is very little in common between a resident of Geneva (a French-speaking city-dweller) and a resident of the so-called primitive central Switzerland (often a German-speaking country person), or a resident of Italian-speaking Ticino, separated from the rest of Switzerland by the Alps. That is why my aim was for delegates to get to know, or better understand Geneva rather than Switzerland. Geneva, as I hope you learnt, is the second largest city in Switzerland, with about 200,000 inhabitants in the city, 500,000 inhabitants in the Canton and 1,000,000 inhabitants in the Greater Geneva Area, which includes France and the Canton of Vaud. Geneva shares more than 100km of border with France, but only 4km with the neighbouring Swiss canton. Geneva is therefore the Swiss city with the closest links to France, which appreciates the dynamism of Geneva, with more than 100,000 French border residents travelling to Geneva on a daily basis to work in Swiss companies. It is a workforce that Geneva could no longer do without, given the significant growth in the economy of the city.





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- During this meeting I presented three different aspects of the city.

First, watchmaking, thanks to the presence of Blancpain at the welcome reception. Sophisticated watches are extremely complex devices, with many, different functions other than the display of hours and minutes. Geneva and West Switzerland are the places where these wonders of complexity, miniaturization and beauty are designed and manufactured, making this region the watch capital of the world.

Holding the conference dinner in the country, which unfortunately coincided with a sudden, unexpected wave of cold weather, hopefully introduced delegates to Geneva vineyards and wines. Everyone knows the vineyards of Bordeaux or Burgundy, as well as the great Italian and Spanish wine producing regions, but Europe has many local vineyards where great efforts are made to produce quality wines, comparable to those of renowned heritage. Finally, the Induction Ceremony was held in the international district of the Geneva in the Maison de la Paix. This district of exchanges and international affairs, which plays a major role in the life in Geneva, is of great importance and influence in our world today.

The visit to CERN (European Organization for Nuclear Research) was so successful that a second visit had to be organized for Fellows on Saturday morning.

I hope everyone who attended my meeting in Geneva took home fond, lasting memories of a memorable event, equating to the memories of the Jameson Distillery in Dublin, the Odeon cinema in Milan and the boat trip on the Thames in London.

I think I saw in the eyes of Argirios, our new President, the desire I had for the delegates at his meeting to discover and enjoy his city, Thessaloniki. I am already looking forward to going there and to attending what is anticipated to be yet another memorable annual meeting of our Section of the ICD.

Thank you to all those who attended my meeting in Geneva and thanks to everyone who helped me make all the necessary arrangements.

I hope everyone found Geneva so interesting and enjoyable that they will want to come back – you will always be welcome. ■

# ICD European Section humanitarian projects 2018

Philip Dear Foundation

The afternoon session of the lecture programme of the 63rd Annual Meeting of the European Section of ICD highlighted the humanitarian activities of the Section, supported by the Philip Dear Foundation (PDF). The Forum was opened by the Chair of the PDF, Dr. Gil Alcoforado, who moderated the session together with Dr. Phillip Dowell.

**Gil Alcoforado**



## Anantapur, India – Dr. Vicente Lozano

Dr. Vicente Lozano gave an update on his project in India, including the opening of a dental office with a grant from the PDF. Dr. Lozano has been working as a dental volunteer in Anantapur, Andhra Pradesh for more than 22 years. The patients treated by Dr Lozano and other Spanish and Indian dental volunteers are mainly very poor farmers with extensive dental and oral problems. Oral cancer is very prevalent, given betel

and tabaco chewing habits. To date, Dr. Lozano and his fellow volunteers have been treating patients (350 to 500 patients a day) in plastic chairs with their heads resting against a wall. Once the proposed dental facility is established, with four new dental units, there will be opportunity to dramatically improve the quality of care provided.

## São Tomé and Príncipe – Dr. Miguel Pavão

Dr. Miguel Pavão presented results from the São Tomé and Príncipe project, which has been sponsored by the PDF for several years. Of the four different projects in Africa administered by the Portuguese NGO, Smiling World – Mundo-a-Sorrir (MAS), the São Tomé and Príncipe project is probably the most sustainable. This project focuses on underprivileged people having improved access to oral healthcare provision through programmes of prevention and the training of local healthcare professionals and medical dental assistance. Given that São Tomé has insufficient numbers of healthcare professionals, inadequate

healthcare facilities, poor sanitary conditions and very few medical consumables, including drugs, it is no surprise that the quality of the available services leaves much to be desired. MAS commenced the São Tomé and Príncipe project in 2013. Since then, more than 14,500 people have benefited from the help of 42 volunteers, including several ICD Fellows. Every year, around 10 dental volunteers visit São Tomé and Príncipe for at least 6 weeks to screen and treat 6- to 10-year-old children whose needs are central to the aim of the project. The children and any accompanying family members are given dietary advice and taught oral hygiene measures.



São Tomé children receiving dietary advice from amongst others Phillip Dowell and Gil Alcoforado.



When it was realised that the children who had most contact with tourists had the highest levels of caries, MAS produced flyers, which were placed in every room of every hotel in São Tomé and Príncipe, asking tourists to stop giving children sweets while visiting the islands.

In the coming year, MAS aims to support a full-time dentist in St. Tome to improve the support given to the population and to enhance its positive impact on the healthcare system.

The São Tomé and Príncipe project is going to continue with a new source of funding. From 2018 the PDF will transfer its funding to the Guiné-Bissau project, also run by MAS, to the help this extremely poor community which has catastrophic levels of oral and dental disease.

### St Vincent and Santiago, Cape Vert, Africa – Dr. Susane Scherrer

Dr. Susanne Scherrer presented a project to be implemented in the main islands of St Vicente and Santiago in Cape Vert, Africa. The objective of the first phase of the project is to promote caries prevention in the two main islands, to be extended to all the islands at a later stage. Five main actions are planned to achieve the initial goal:

1. Educate teachers and students to prepare them for future dental education of the population.
2. Introduction of daily toothbrushing in schools.
3. Create pedagogic plays, focusing on oral health, with the help of the Morabeza Theatre.
4. To launch radio and TV campaigns to promote oral health.
5. To monitor and evaluate epidemiological data on oral health parameters

This project is possible thanks to a consortium of sponsors, namely FICASE (Social Schooling Foundation of Cape Verde), Mundo-a-Sorrir (Portugal), Ministry of Health and Education of Cape Verde, Morabeza Theatre and the University of Geneva.



Children in St Vincent and Santiago enjoying a play, focusing on oral health, with the help of the Morabeza Theatre.

### Calcutta, India – Dr. Santiago Jané

Dr. Santiago Jané, Regent for Spain, reported developments in the foundation chaired by his brother Luís in Calcutta, India -The Colours of Calcutta. This Foundation is a Spanish NGO which has been conducting a Cooperation for Development Programme in Calcutta since 2006, in collaboration with the Indian NGO Seva Sangh Samiti. Their aim is to provide development opportunities for people living in extreme poverty, with a focus on health and education. The Foundation's dental clinic is part of the Continuing Community Health Programme, based in the Medical Center located in the slum of Pilkhana. The clinic, opened in 2014, has had increasing numbers of patients every year. In 2017 this clinic was supported by the ICD European Section through the PDF. Thanks to this support, the treatments offered in the dental clinic have, in addition to routine fillings, extractions and cleaning, included some much-needed restorative dentistry and removable prosthodontics. ■

## The Philip Dear Foundation

The Philip Dear Foundation (PDF) is a charitable fund for educational and humanitarian purposes which the European Section established in June 2005 to celebrate its 50th anniversary and to commemorate Philip Dear, considered by many to be one of the key Founding Fathers of the European Section.

Anyone wishing to make a donation, or give notice of a legacy to the PDF, possibly in memory of a family member, friend or colleague, in the event of some monetary good fortune, or simply out of personal generosity to allow the Foundation to expand and enhance its activities, may do so by contacting the Treasurer of the European Section, Maren de Wit (medewit@witmede.nl), or by making an electronic transfer to ICD European Section NL22 ABNA 0414 5452 81. It is always enriching to give!

# Synopsis of the Geneva scientific programme

## Mini-invasive interventions in medicine and dentistry

The scientific programme of the 63rd Annual Meeting of the European Section of the ICD in Geneva had the theme: 'Mini-invasive interventions in medicine and dentistry'. The programme took place on Friday morning, 22nd June 2018, in auditorium A250 of the Centre Médical Universitaire (CMU).

Aris Petros Tripodakis



Professor René Prêtre

### New approach for cardiovascular surgery

The programme commenced with Prof. René Prêtre, a cardiovascular surgeon specialised in pediatric cardiology. Professor Petre presented the concept of mini-invasive surgical interventions in repairing cardiac malformations of children.

concept of dental fitness picks up these developments, as it aims to keep patients' natural dentition for life, avoiding any extractions. It is crucial in this context to the patient that only they can maintain the health of their teeth and must take responsibility for their dentition. The dentist is there to give the patient all the information necessary to understand why they must actively apply the concept.



Professor Aris Petros Tripodakis - Scientific Chairman

### Mini-invasive interventions in dentistry – introductory remarks

The following programme of excellent lectures, reflecting the 'Geneva Concept' of non- or mini-invasive restorative procedures, was organised in a sequence and followed by the active participation of the audience in interactive panel-discussion sessions. Publishing a summary of the programme's proceedings, aims to record a

The dentist proceeds to a detailed risk assessment analysis and diagnosis. Besides radiographs, the use of NIR transillumination and 3-D optical scans is gaining ground in the dental fitness concept. Based on the initial diagnosis, the dentist establishes an individual dental fitness plan. The dentist advises and instructs the patient on the most efficient oral hygiene procedures, according to individual needs and circumstances and plans regular monitoring to correct and re-motivate the patient, as necessary, in their personal efforts. Detailed regular monitoring creates opportunity to detect symptoms at a subclinical level. This allows site specific targeted reinforcement of the efforts of the patient to arrest the symptoms. If unsuccessful, professional non-invasive and micro-invasive interventions may be necessary, aimed at maximum conservation of sound dental tissue.

most successful event and offer indirect participation to those Fellows who were not able to attend.

Depending on the individual circumstances, monitoring intervals are scheduled between three and 24 months, with the next monitoring interval being determined at each recall session. When subclinical symptoms are detected, the approach is to try to resolve or stop the progression of the symptoms with the help of the patient, together with site-specific reinforcement of oral hygiene efforts. A short-term monitoring interval is adopted for this purpose. If the measures taken led to the arrest or even resolution of the symptoms, it is possible to switch back to longer monitoring intervals.



Professor Ivo Krejci

### Philosophy of modern dental medicine

The novel philosophy of contemporary dental medicine comes close to the concept of medical fitness. This is why the author coined the term 'dental fitness'. The population is ageing, and patients today do not accept full dentures. The

If symptoms progress, the dentist proceeds to professional, non-invasive methods to try to stop them. These methods include recently developed non-invasive adhesive restorations. To place these restorations the biofilm and





**The Scientific Programme Team.** From left to right: Prof. Ivo Krejci (Lecturer), Prof. Tomislav Jukic (Poster Session Chair), Prof. Mutlu Özcan (Lecturer), Prof. Irena Sailer (Lecturer), Dr Christian Robin (President), Dr Linda Grueter (Lecturer), Dr Tommy Rocca (Lecturer), Prof. Aris Petros Tripodakis (Scientific Chairman)

the hypermineralised enamel layer covering the initial caries are first mechanically removed. Then, the opened lesion is infiltrated with a universal one-component adhesive system, prior to being covered with a flowable composite resin to assure an impermeable seal against lactic acid produced by cariogenic bacteria. Minimally invasive professional measures in the form of extremely conservative adhesive composite restorations are only required when the patient, for whatever reason, has not attended monitoring sessions and symptoms have developed which make such procedures necessary. This, however, should become more and more the exception.

Although many patients will enter a dental fitness concept programme with pre-existing restorations, minimally invasive dentistry remains part of the concept, with conservative direct composite restorations replacing amalgam fillings, and minimally invasive adhesive composite onlays being a substitute for full crowns requiring destructive preparations on either vital or pulpless teeth.



**Professor Mutlu Özcan**

### Adhesion to Tooth and Reconstruction Materials

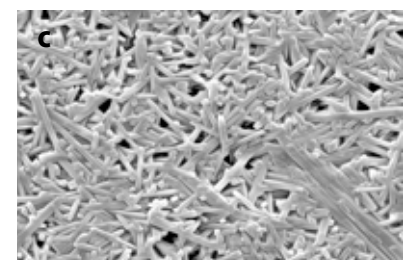
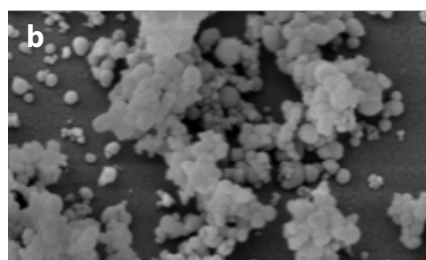
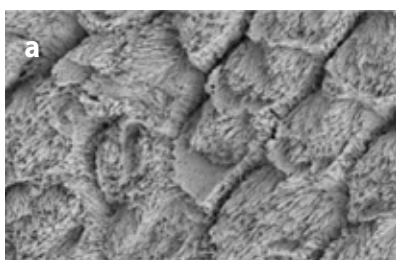
Ideal adhesion of resin-based materials to both the dental tissues and dental reconstruction materials (metals, ceramics, hybrid materials and polymers) requires meticulous conditioning of the substrates and meticulous implementation of adhesion protocols. Typically, there are two clinical scenarios in which

adhesion is essential in reconstructive dentistry; one, during cementation of minimal invasive reconstructions and the other, intraoral repairs of fractured ceramics or composites using resin-based materials.

Increases in dental restorative material options and adhesive resins gave rise to confusion about adhesion protocols, in part, given the dynamic nature of relevant research in the field. Fundamentally, the substrate surfaces, be it tooth substance or reconstruction material, need to be conditioned to clean and roughen them, prior to the application of adhering resin-based materials. Such conditioning methods are classified as physical, physico-chemical and chemical.

For the conditioning of enamel, 37% phosphoric acid remains the gold standard. It results in excellent micromechanical retention between the resin material and the enamel prisms (Fig.1a). On prepared enamel up to 30s and on non-prepared enamel (e.g. fissures) up to 60s of etching is preferred. As for adhesion to dentine, adhesion to caries-affected, caries-infected and sclerotic dentine and enzymatic degradation of the hybrid layer over time remain current challenges. Three-step, etch-and-rinse adhesive systems are still the gold standard, delivering higher bond strength values compared to simplified adhesive systems. Limited clinical evidence supports the use of selective enamel etching prior to the application of self-etch adhesive systems, especially in the management of non-carious cervical lesions.

For reconstructions, regardless of the reconstruction type, exposed surfaces of fixed dental prosthesis (FDP) should be mechanically cleaned of any contamination media, such as saliva, blood, silicon etc. Ceramics surfaces, glassy matrix ones should be bonded with a resin cement, following conditioning with hydrofluoric (HF) acid for 20s to 120s, depending on the ceramic type, to obtain micromechanical retention (Fig.1b). Then, they should be neutralized, ultrasonically cleaned, and chemically conditioned using a silane coupling agent. Attempts are being made to find a substitute for hazardous HF. Since polycrystalline ceramics do not contain a glass phase, they cannot be etched. Such ceramics



**Figs.1a-c:** SEM images of micromechanical retentive patterns on: a, enamel after 37% phosphoric acid etching; b, lithium disilicate after 5% hydrofluoric acid etching, and c, zirconia after 30-micron silica-coated alumina particle abrasion.

- (i.e. zirconia) are best conditioned physico-chemically using silica-coated alumina particles (Fig. 1c). After roughening and chemically conditioning with a ceramic primer containing MDP monomer, they should be luted with a chemically polymerized MDP containing resin cement. The same protocol may also be used for metal ceramic resin-bonded FDPs.

As for repairs of cohesive veneer ceramic fractures, the adjacent glaze layer should be removed and then HF etching and silanisation should be performed. For veneer ceramic fractures with zirconia or metal exposure, the framework material should be air-abraded and then the veneering ceramic should be etched with HF. Both substrates should then receive one coat of universal primer. A high elasticity modulus resin composite is preferred for the repair build-up, which should be photo-polymerized from all directions, then finished and polished.

The correct protocol and careful application of surface conditioning methods for substrates is essential for the clinical longevity of minimal invasive FDPs. In case of a failure, utilizing such protocols provide economic chairside solutions for intraoral repairs, which help prolong the survival of failed FDPs.



Dr Linda Grueter

### Non-invasive and minimally-invasive restorations in vital teeth

Dental erosion is a very common phenomenon, caused by different extrinsic and intrinsic factors. The intrinsic factors include, GERD (gastro-esophageal-reflux-disease) and eating disorders, with frequent vomiting and regurgitations. On the other hand, some of the most

common extrinsic factors include, alcopops, soft drinks, isotonic beverages, nutritional habits and long-term alcohol consumption.

In severe dental erosion, the palatal surfaces of the maxillary anterior teeth and the occlusal aspects of the posterior teeth are often most affected. The simple answer to the question “when is the right moment to take action” is: “as soon as possible (Consensus Report of the Federation of Conservative Dentistry, Carvalho et al. Swiss Dental Journal, 2016; 126: p4). Thus, further destruction of the remaining tooth structure is prevented, and tooth vitality is maintained.”

Restoring heavily destroyed vital teeth in a conventional manner (i.e., with crowns) would frequently require elective root canal treatments, with major additional loss of tooth structure, and crown lengthening. For those reasons, the Department of Fixed Prosthodontics and Biomaterials at the University of Geneva has, over the last 10 years, developed a conservative, minimally invasive, largely adhesive approach to the management of severely damaged teeth. The protocol of the 3-step technique (Vailati et al 2008), which has been the topic of several papers (Vailati, Belser, Gruetter), is currently being evaluated in a randomized, controlled clinical study. The 3-step protocol, which permits relatively quick stabilization of cases involves: mock-up, posterior onlays to stabilise the occlusal vertical dimension and anterior palatal veneers.

The concept can be applied using CAD/CAM technology. Full-mouth adhesive rehabilitation, as illustrated in Figs.1,2, evolves from a digital design applied in all stages of the 3-step clinical technique in combination ingots of different metals, composites, ceramics or hybrid combinations.

Figs. 1,2: Pre- and post-operative illustrations of a case of severe erosion managed by full-mouth rehabilitation.

**Fig 1: Pretreatment**

Etiology: <20 years of Bulimia

Diagnosis: Loss of hard and soft tissue with a reduction in vertical dimension of occlusion.

Description: Severe tooth erosion and abrasion (ACE Class V) with loss of function and esthetics.





**Fig 2: Postoperative outcome.**

Rehabilitation: Restoration of function and aesthetics using CAD/CAM hybrid composite occlusal onlays (Lava Ultimate).  
Occlusion: Occlusal contacts on mandibular and maxillary cuspids with group function and delayed canine disocclusion.  
Adhesive bonding: Restorative composite materials on etched dental substrates.



The minimally invasive nature and the supra- or epi-gingival positioning of the margins of the restorations results in high quality, stable marginal integrity and tissue health compared to conventional crowns that require traditional retention and resistance form in tooth preparation. Retention is secured by a well-controlled adhesive technique, and tooth vitality is preserved (no loss of tooth vitality after 12 years). Last, but not least, the ease of management limits patient discomfort and shortens treatment time.

**Dr Tommy Rocca**

### Minimally invasive composite restorations for endodontically treated teeth

Human life expectation increased dramatically in the twentieth century. It now exceeding 80 years of age in most developed countries. Increased longevity poses a challenge to retained teeth in terms of resistance to attrition, abrasion and erosion. This challenge has

an important impact on conservative dentistry, the goal of which is 'teeth for life', notably when a permanent tooth is restored in childhood at six or seven years of age.

Unfortunately, despite using the best of available material and restorative techniques, contemporary restorations do not have a median longevity of 70 to 80 years. Thus, the repair and replacement of restorations must be undertaken using modern conservative approaches. Because every replacement and repair results in the sacrifice a certain amount of non-recoverable tooth structure, it is imperative to limit the number of retreatments to a minimum by increasing the longevity of every single restoration by applying the principles of minimum intervention and working to the highest standards, thus avoiding unnecessary loss of sound tooth structure. To date, minimal inva-

sive dentistry has tended to focus on primary restorations such as preventive resin and small adhesive composite restorations. It must be stressed that the principles of minimal invasive care span all aspects of oral healthcare, including the management of large restorations in vital and, in particular, pulpless teeth.

Minimal invasive approaches are made possible by adhesive systems and techniques, because adhesion ensures sufficient retention, avoiding the need for tooth-destructive macro-retentive and resistance form features in preparations. The adhesive restoration of endodontically treated teeth (ETT) is an excellent example of the ways in which adhesion has completely changed the restorative approach. Using conventional techniques, a post-retained core build-up is required to achieve sufficient macro-mechanical retention of a prosthetic crown. The high bonding performances achieved by modern adhesive systems have challenged this dogma. It is now time to reconsider the indications for post core crowns.

Recently, the restoration of ETT using both intraradicular and coronal adhesive techniques has been advocated to avoid the need for aggressive macro-retentive preparations and thereby conserve tooth tissue. Specifically, the use of bonded overlays, including endocrowns for the coronal restoration of an ETT is growing in preference to classical full-crown restorations. The reason for this paradigm shift is a more conservative approach, which preserves tooth tissues and permits more re-intervention options in case of failure. Furthermore, restorations such as endocrowns eliminate many technical steps, including post cementation, core placement, repeated temporary crowns and possibly crown lengthening, all of which increase treatment time and costs. Also, an increased number of intermediary stages increases the risk of bacterial infiltration which may cause endodontic re-infection.

- Different materials can be used to construct an endo-crown, including feldspathic and glass-ceramics, hybrid composites and the latest CAD/CAM ceramic and composite blocks. The literature is still not clear on which material is best indicated for such restorations. The author prefers micro-hybrid composite resins, either 'lab-made' or in the form of CAD/CAM blocks, given the stress absorbing properties and other properties of these materials, including ease of modification and repair. Lithium-disilicate reinforced glass-ceramics may be alternatives for aesthetic reasons. Several laboratory studies and some clinical trials have confirmed the validity of this adhesive approach, especially in molar teeth.

Using adhesive approaches, radicular posts are no longer necessary in the management of endodontically treated (ET) molars. At present, it is difficult to decide if posts are necessary in the management of ET premolars and anterior teeth. They may only be necessary in case of extreme tooth tissue loss and, when indicated, their length should be limited to the coronal third of the root. As a result, the future restoration of pulpless teeth, in a similar manner to the restoration of vital teeth, is anticipated to rely on easier, faster and cheaper adhesive systems and techniques.



**Professor Irena Sailer**

#### Metals, ceramics, composites, and hybrids: selection of materials for non-invasive restorations

The number of restorative materials and systems is constantly increasing, offering an ever-expanding range of alternatives for minimal invasive restorations. One of the reasons for the increase in aesthetic approaches is the increase in the use

of CAD/CAM technologies. Current CAD/CAM procedures enable the construction of restorations from blocks (ingots) of many different metals, composites and ceramics.

To date, composites and ceramics have been the standard materials for aesthetic restorations. Both materials exhibit tooth-resembling optical properties, yet totally different mechanical properties. This influences their indications, and long-term clinical behaviour. Composites are less costly and easy to use, but weaker and more prone to wear and degradation over time. Therefore, composite full veneer and implant crowns are predominantly used as long-term provisional restorations. Ceramics, in contrast, are more stable but brittle materials, which makes them delicate to use and prone to fracture. To combine the benefits of both materials and reduce the inherent risks of composites and ceramics, recently new types of hybrid aesthetic material have been introduced. These hybrid materials are delivered as manufactured ingots for chair-side or centralized CAD/CAM procedures.

A trend towards an increasing application of the minimally invasive types of restorations out of these materials can be observed.



**Professor Tomislav Jukic, Poster Session Chairman**

#### Poster presentations

1. Aesthetic team rehabilitation of adult orthodontic patients. Drohomyska M, Pidhorodetsky, R & Kukhta L, Ukraine.
2. Minimally invasive dentistry – achieving excellence in contemporary dental practice. Mamaladze M, Nizharadze N, Sanodze L, Georgia.
3. A non-invasive approach to rehabilitation of severe dental erosions in a patient who suffered from bulimia nervosa. Kopač I & Radič M, Slovenia.
4. Minimal invasive systemic restoration of eroded teeth. Radlinsky S, Ukraine.
5. Does tongue posture in anterior open bite affects speech? A three-dimensional ultrasound assessment. Kravanja, S, Marolt-Mušič M, Hočevan-Boltežar I & Ovse-nik M, Slovenia.
6. KIDS dental IQ educational and preventive dentistry program for children and their parents. Orlova N, Latvia.
7. Antimicrobial efficacy of erbium laser in the endodontics of infected root canals. Jukic T, Stubljar D & Ihan A, Slovenia ■



# An introduction to the Osteology Foundation

Oral tissue regeneration plays an increasingly important role in oral healthcare. There has been intensive research on this subject in recent times, resulting in significant advances across the spectrum of the expanding, dynamic field of oral tissue regeneration. Better understanding of the basic principles of hard and soft tissue regeneration has led to new treatment options and improved surgical procedures and therapeutic concepts.

**Heike Fania, Senior Education Manager, The Osteology Foundation Lucerne, Switzerland**



The Osteology Foundation, dedicated to linking science with practice in oral tissue regeneration, is a non-profit organisation receiving its financial sources from the corporate partner Geistlich Pharma. The Foundation is steered by an independent Foundation Board, which consists of twelve international experts. The Board defines the strategy, sets the short and mid-term objectives for development and distributes financial resources to its committees: Science, Education and Communication. The Foundation Board is supported in all its projects by the Osteology Expert Council and the Osteology Office. The Osteology Foundation's core activities include funding research projects and organising national and international symposia across the world. It also offers courses and textbooks specifically for researchers and students, as well as its online platform THE BOX, which connects practitioners and scientists in the field of oral tissue regeneration worldwide and provides them with tools and information.

## Supporting research and researchers

The Osteology Foundation has supported research and researchers for more than 15 years, since it was established in 2003. The Foundation promotes research in the field of oral tissue regeneration by providing funding for scientific studies, and by training researchers in the Osteology Research Academy. Furthermore, Osteology Research Scholarships are awarded to young and talented scientists, allowing them to work and learn at one of the renowned Osteology Research Scholarship Centres around the world.

Tried and tested study protocols, together with general aspects of preclinical and clinical research in oral tissue regeneration are presented by leading experts in the Foundation's Osteology Research Guidelines for Oral and Maxillofacial Regeneration and related publications on pre-clinical and clinical research.

## Bridging the gap to practice

The more research conducted, the greater the challenge to bridge the gap between science and practice, especially the link between academic knowledge and understanding and everyday practice to provide the best possible treatment for the patient.

The Osteology Foundation has therefore made "linking science with practice in oral tissue regeneration" its motto. Knowledge and insights from research on oral tissue regeneration find their way to the practitioner through educational events such as the Foundation's National and International Osteology Symposia and National Osteology Groups meetings, supported and complemented by different online educational formats and educational collaborations with national and international organisations and associations. All these events provide high-quality education, delivered by independent experts in the field, covering all aspects of regenerative therapies.

Also, the Osteology Foundation has not forgot the next generation of dentists. It has published a book entitled 'Oral Regeneration in a Nutshell', which provides an informative introduction to oral tissue regeneration for students and dentists that are new to the field.

## Global networking

All the educational and research activities of the Osteology Foundation are supported by its online platform, THE BOX. This platform aims to connect researchers, practitioners, and educators in oral tissue regeneration by providing tools and resources, as well as a forum for discussions and sharing of information. Further online activities and tools are planned. These activities will facilitate knowledge transfer and provide education for many more dental healthcare professionals worldwide.

## Further information

Further information on the Osteology Foundation can be found online at [www.osteology.org](http://www.osteology.org), or may be requested from: Osteology Foundation, Landenbergstrasse 35, CH-6002 Lucerne, Switzerland, [info@osteology.org](mailto:info@osteology.org), phone: +41 41 368 44 44. ■

*The Pope is a person with great spiritual energy*





# ICD audience with the Pope



Mauro Labanca hugging His Holiness the Pope.

## Mauro Labanca, Registrar European Section and International Councillor ICD

At the time of the 2018 meeting of the Italian District of the College, a large number of ICD Fellows, including many of the officers of the Board of the European Section had the honour of an audience with His Holiness Pope Francis. This memorable, special event in the history of the College took place in the Vatican on 26th September 2018.

The official reason for the audience was to present Pope Francis with a specially prepared book on the one-hundred-year history of the College, including details of its many, different humanitarian activities. In addition, His Holiness was presented with a symbolic gift of a donation to support a humanitarian initiative in Kifangondo, Angola on the recommendation of Professor Gil Alcoforado, Chair of the European Section Projects and Funding Committee.

The 75 strong ICD group assembled for the audience was atypically large for such an event, the organisers normally preferring smaller groups for Papal audiences. Despite the size of the group the audience was intimate, with everyone being within twenty metres of His Holiness.

Dov Sydney, Editor and Director of Communications of the College, and I, as Registrar of the European Section and Regent of the Italian Section, were further privileged to participate in the Baciamento Ceremony, with opportunity to talk to the Pope for a few minutes and to receive His hands His Rosary.

As shown in the accompanying picture, I had the special privilege of not just talking to His Holiness, but opportunity to look into his eyes and to hug him.

I have been asked many times what the moment felt like. First, I had the sensation of being in the presence of a person with great spiritual energy. A person who listens with an open heart. A person with infinite serenity and sincerity. I felt, for that moment, His Holiness was focussed on me alone and what I had to say. That said, I sensed a person carrying an immense weight on his shoulders -the weight of mankind, with humility and endless sufferance. A once in a lifetime experience, I shall never forget.

Despite the large group and the day being hot and sunny, His Holiness appeared relaxed and calm throughout the audience and Baciamento Ceremony. ■

# The Council of European Dentists

The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dentists across Europe. It was formerly called the EU Dental Liaison Committee (EU DLC), which was established in 1961 to advise the European Commission on matters relating to the dental profession. The name of the organisation was changed in May 2006. The Council is now composed of 33 national dental associations from 31 European countries.

**Marco Landi, President of the Council of European Dentists**

## Introduction

The objective of the Council of European Dentists (CED) is to develop and execute policy and strategy to: promote high standards of oral health, dentistry and dental care, contribute to safeguarding the protection of public health and promote the interests of the dental profession in the European Union (EU).

The CED board consists of eight dentists, who each have a mandate of three years and can be re-elected once. Their role is to carry out political leadership and secure proper and efficient administration of the CED. The working bodies of the CED are the Working Groups and Task Forces where CED members shape the policy of the organisation on topics as diverse as education and professional qualifications, dental materials and medical devices, the EU's internal market, antimicrobial resistance (AMR), eHealth, infection control and patient safety, and oral health. The CED has a permanent Brussels Office that coordinates everything related to the administration of the organisation, the policy work and representing the CED in Brussels.

## Our work

Over the years the CED has worked intensely on improving EU legislation and putting issues that concern dentists on the political agenda. One of the most important European legislative frameworks for dentists is the Profes-







***The CED is in constant dialogue with its members to learn about their national developments and to facilitate information exchange between the members.***

whitening or bleaching products. The CED also continues its work on trying to reverse the ban on tooth whitening products for patients younger than 18 years of age. More recently, the EU Mercury Regulation (2017/852) kept the CED and its members busy with the European Parliament which argued for an immediate phase-out of dental amalgam. Fortunately, together with its members, the CED ensured that this was not the case and that dental amalgam continues to be one of the dental materials available to dentists and patients.

Throughout the years the CED has also organised public events in the European Parliament that were attended by policymakers, academics, healthcare professionals and patients to raise awareness about issues including oral cancer, oral health inequalities and integrated care.<sup>1</sup>

Of course, the EU Member States have the main responsibility for the definition of health policies and financing of healthcare and this, coupled with different national traditions, health systems and epidemiological trends, means that differences in dental care between countries will continue to persist. The CED is therefore in constant dialogue with its members to learn about their national developments and to facilitate information exchange between the members.

sional Qualifications Directive (2005/36/EC) which defines the minimum training conditions for mutual recognition of qualifications across the EU. The CED was heavily engaged during the legislative process and ensured that the 2013 revision included the cumulative requirement for the minimum duration of training for dental practitioners of at least five years and 5,000 hours of full-time theoretical and practical study.

On another issue, tooth whitening, the CED managed to persuade the European Commission and Member States to make tooth whitening products containing 0.1% to 6% hydrogen peroxide, legally available on the EU market. To achieve this, the CED signed an agreement with the European Commission in 2010 and collected, over three consecutive years, data on the undesirable side effects of tooth

***The future of oral care and dentistry***

The guiding principle of the CED regarding the future of dentistry is that every European should have access to high-quality oral healthcare, which must be provided by well-trained, skilled and fully competent dentists, using the latest and most appropriate technology in an evidence-based approach. Considering new threats to oral health and the challenges Europe is facing (antimicrobial resistance, ageing populations, healthcare inequalities, corporatisation, digitalisation, etc.), the CED will continue promoting high standards of oral healthcare and dentistry with effective patient-safety centred professional practice. This is essential for safeguarding public health in Europe. In addition, the CED strives to ensure that the dental profession is properly regulated, and that today's dental teams can face the new challenges mentioned above. This means that the CED will continue focusing on topics such as continuous professional education, patient safety and

<sup>1</sup> All the CED position papers and publications can also be found on our website ([www.cedentist.eu](http://www.cedentist.eu)).

professional qualifications: only by doing so will we be able to ensure that the oral health needs of the European population are properly met, both now and in the future. The CED will also continue to support dentists as a liberal profession and act against attempts at both deregulation and over regulation that would negatively impact the quality of dentistry and the autonomy of dentists. In this context, the CED initiated the European charter for liberal professions that was signed jointly with the European associations representing doctors, pharmacists, veterinarians and engineers in 2013. We continue to work with other professions also on the Proportionality Test Directive that requires Member States to carry out a so-called proportionality test before they introduce or amend professional regulation to assess whether these provisions are justified, non-discriminatory and proportionate, to ensure that its implementation will not have a negative impact on dentists.

In the last decades, we have witnessed an immense progress in the prevention of caries in children, but damaged, missing or filled teeth are still the norm in Europe. Oral diseases remain amongst the most prevalent health burdens: nearly half of the world population suffers from untreated dental caries, severe chronic periodontitis and tooth loss. The burden on societies and economies in terms of financial cost of dental caries alone is tremendous. Globally, the WHO estimates that \$298 billion were spent on direct costs related to caries and 5%-10% of healthcare budgets in industrialised countries is consumed in the treatment of dental caries.<sup>2</sup>

Nevertheless, policy makers still fail to realise that oral health is an integral part of general health, and this impacts not only on quality of life, but also society and health systems through the associated economic costs. Therefore, recognition of oral health as a fundamental component of health and physical and mental well-being and integration of oral health into national health systems, resulting in more resources for prevention and treatment, remain long term goals of the CED.

With a growing and ageing population and changing demographics, it is the responsibility of the national authorities to ensure sufficient resources to meet this challenge, especially with strained healthcare budgets across Europe. In addition, the high quality of educational curricula should reflect the needs of the ageing population. A minimum duration and specific evolving competences in training of dental practitioners can secure the optimal quality of care. Special attention must be paid to these challenges in Europe, as we are facing a paradigm shift from treatment to prevention.

Ultimately, healthcare remains a Member State competence. However, the EU has a crucial role to play in issues related to streamlining cross-border healthcare (e.g. electronic health records). It is also important to remember that oral diseases are among the most contentious health problems faced by our society: they affect our ability to speak, smile, taste, touch, chew, and are closely related to general health. Neglecting oral health problems has

## European dentists call on EU decision makers to:

1

### Improve Oral Health of All Europeans

- Ensure universal access to oral and dental care and reduce inequities across and within Member States
- Recognise that oral health is an integral part of general health and well being
- Integrate oral health in general prevention and health promotion by focusing on common risk factors

2

### Ensure Patient Safety and Protect Patients' Rights

- Defend patients' right to receive personalised and high quality treatment
- Oppose development of European standards for delivery of healthcare that would compromise the quality of healthcare in the long run

3

### Support a Strong and Independent European Dentist Workforce

- Safeguard expertise and high educational standards of dentists by implementing the provisions on basic training of the Professional Qualifications Directive and updating its annex to reflect scientific and technological progress
- Help us maintain the current effective self-regulation of dentists and avoid excessive de-regulation in the context of the transparency exercise for regulated professions

serious economic implications, and in already strained EU healthcare systems, addressing such problems must become top priority.

## The 2019 Elections

In advance of the upcoming 2019 European Parliament elections and the appointment of the new European Commission, the CED has put together a short list of basic requests that are part of our 2019 Manifesto, mirroring our commitment to the future of oral care and dentistry.

As President of the CED, supported by 33 national dental associations, I stand ready to seize the opportunities and face the challenges that the future holds for dentistry and oral care. I am proud to represent 340,000 practising dentists across Europe. ■

<sup>2</sup> Marcenes W., Kassebaum N.J., Bernabé E., Flaxman A., Naghavi M., Lopez A., and Murray C.J.L. (2013). *Journal of Dental Research* 92(7):592-597. *Global Burden of Oral Conditions 1990-2010: A Systematic Analysis*.



# International Council Meeting 2018

The ICD International Council met in New York City USA, 24th-27th November 2018. The meeting was hosted by the Greater New York Dental Meeting (GNYDM), at the Javits Congress Center, as part of the GNYDM 2018 international conference. This created opportunity for International Council members to attend some of the educational programme and visit the associate industry show. The Council meeting was strongly supported by the presence, collaboration and cooperation of Henry Schein Inc.

**Frans Kroon MFICD,  
Former International Councilor, Section V**



On the afternoon of 24<sup>th</sup> November, a Section XX convocation ceremony kicked-off the events in New York. Seventeen new Fellows were inducted into the College, hailing from several of the Caribbean Islands and the USA. In attendance were the International Officers, many of the International Councilors, the leadership of Section XX, Region 32 – the English-speaking Caribbean Islands and guests of the inductees. The inductees participated

in a vibrant Fellowship Orientation Program, listened to College leaders' wisdom and guidance on what it means to be an ICD Fellow, and received their Fellowship Key and Certificate. Following the ceremony, all attendees and guests enjoyed a reception.

## Myanmar Section

The first business of the Council meeting was to review and vote on the Executive Committee's recommendation to re-activate the Myanmar Section. Myanmar lost Section status and became a Region of Section XX at the end of 2015. Over the past three years, the Myanmar Region consistently submitted required membership data and dues payments to the College Office, while maintaining numerous ICD humanitarian activities. After reviewing the documentation from Myanmar and in accordance with the recommendation of the Executive Committee, the Council voted to re-activate Myanmar as Section XIV with probationary status.

## Main topics

As the annual work of the Council determines the operations and the direction of the College worldwide, the Executive Committee of the Council had organised a well-prepared programme of topics to be discussed by groups of Council members for further consideration in the general sessions of the Council Meeting.

The most important topics were:

- Strategic planning: how to make it a useful tool for the College
- Improvements to committees given future priorities
- Centennial planning and implementation of events

## ► Centennial planning

In June 2018, ICD and Henry Schein signed an agreement identifying Henry Schein Inc. as the College's exclusive Centennial Partner to support and promote the global celebration of ICD's 100-year anniversary. The official launch of this partnership took place at the welcome reception for ICD Councilors, ICD Fellows, Henry Schein delegates and guests. Dove Sydney, Chair ICD Centennial Committee and Steve Kess, Henry Schein Vice-President for Global Professional Relations spoke about the partnership and Henry Schein's role in the Centennial Anniversary of the College.

The College Centennial was showcased in New York through various events, activities and discussions. During the Council meeting, the Centennial was considered in detail at a committee break-out session led by Centennial Chair, Dov Sydney. Section plans, and preparations were shared amongst Councilors, and the countdown of events leading up to the grand finale in Nagoya were discussed, including the plans of the European Section Board of Regents to hold a meeting at this event. Reports were presented on 2018 Centennial activity, including the blessing by the Pope, the ICD-WUDAA Scholarship Program announcement, and progress in preparing the Centennial Book and video.

The Centennial Brochure was introduced as a tool to "Honor the Past and Secure the Future". The brochure, produced thanks to the altruism of Fellows and sponsorship by companies demonstrating corporate social responsibility, aims to boost the College's centennial legacy, helping to secure the success of the College over the next 100 years. The Centennial Brochure provides information on opportunities for individuals, companies and other organisations to support the College. All Fellows who have connections with potential sponsors are encouraged to reach out to the Chair of Centennial Funding and Sponsorship, Dr. Phillip Dowell.

## Task force

The first task force report, providing a very interesting overview and evaluation of membership growth, was presented by Membership Committee Chair, Jacky Robinson, Councilor of New Zealand. It is evident that in most Sections there is limited growth, except in Asia and South Africa. There are even signs in some Sections of numbers not being maintained. Cultural variations in the perception of the 'honour' and meaning of Fellowship of the ICD, make it difficult to compare growth and attitudes across all Sections.

Recommendations were made to the Councilors to simplify future reports and clarify definitions to facilitate future comparisons of membership.

The second taskforce report was from the Constitution and Bylaws Committee, which in 2018 had worked on the meticulous task to 'transfer' the existing Constitution and Bylaws into Bylaws and Standing Rules. The purpose was to modernise and simplify the Bylaws and 'transfer' administrative



The ICD International Council 2018

nistrative and operational policies into 'Standing Rules', thereby facilitating any necessary future changes. The Council decided that a final version of the Bylaws, Standing Rules and related documents should be prepared for acceptance at the 2019 Council Meeting in Milan.

## Announcements, awards and officer installation

Many other, diverse topics were considered at the 2018 International Council meeting, including Section and



Part of the International Council in 'function': from Left to Right: David Thomson, Speaker; Clive Ross, President; Betty McKaigh, President Elect; Akira Sendi, Vice President; Rajesh Chandna, IP-President; Richard Smith, Treasurer; Phillip Dowell, IIP-President.





Committee reports, financial planning, membership development and communications.

The 2019 Council meeting will be held in Milan, Italy on 28th and 29th October. Preparations for this meeting are already underway. The Council agreed that the 2021 International Council meeting be held in Las Vegas, Nevada during the annual meeting of Section I USA.

New to the meeting this year was the first-ever Officer Installation and Awards Ceremony, which allowed a more formal presentation of awards and installation of the incoming, elected Officers and the exchange of the gavel. President Ross presented Meritorious Awards to the following retiring Councilors: Wayne Del Carlo (USA), Paul Stubbs (USA), Frans Kroon (Europe) and John McLister (Canada) and to former Councilor Christine Benoit for her dedication and leadership of the College Dental Safety and Antibiotics Awareness programs.

Further Meritorious Awards were presented to the following retiring Officers: Rajesh Chandna (India), Richard Smith (USA) and David Thomson (Australia).

The Distinguished Service Award was presented to Councilor Frans Kroon for his longtime services to the College and Section V Europe.

Other awards presented at the meeting included: Meritorious Award to USA Fellow Bob Boyle, for his leadership in initiating the ICD-WUDAA Scholarship; Meritorious Awards to the GNYDM Chair, Lauro Medrano-Saldana, and GNYDM Advisory Chair, Marc Gainor, for their support of the International Council's events during the Greater New York Dental Meeting; and Meritorious Awards for Regent Luis

Grisolia and Vice Regent Estuardo Mata for their leadership in reactivating Region 21 Central America, Guatemala. Finally, Dr. Ross presented his wife, Wendy, with the Certificate of Gratitude.

The outgoing President Ross then exchanged the presidential gavel and chain with incoming President Bettie McKaig, and the new Officers were installed. The 2018-2019 International Officers are as follows:

- President, Bettie McKaig (USA)
- President-Elect, Akira Senda (Japan)
- Vice President Treasurer, Richard Smith (USA)
- Past-President, Clive Ross (New Zealand)
- Treasurer, Keith Suchy (USA)
- Editor, Dov Sydney (Israel)
- Secretary General, John Hinterman (USA)

### Reflection

It can be concluded that the 2018 International Council meeting was very productive. The Staff of Central Office should be praised for their fine work in organising the meeting and supporting the Council and its members, and the Committees, including the Executive Committee. Dr. Clive Ross, Past-President should be thanked for his excellent leadership of the College.

### Acknowledgement

In preparing this report free use was made of the New York Council meeting summary. ■



# Is MI-nimata a threat or an opportunity?

**Michael Thomas**

Specialist Practitioner and Senior Specialist Clinical Teacher, Faculty of Dentistry,  
Oral & Craniofacial Sciences, King's College London



## Dental amalgam

Dental amalgam has been a widely used direct restorative material throughout the world for many years (Fig.1). Indeed, in 1826, French dentist Auguste Taveau developed his own dental amalgam from silver coins and mercury. In 1833, the Crawcours brothers introduced to America their "Royal Mineral Succedaneum", which consisted of shaved French silver coins and mercury. Many harmful effects were soon reported however, and the American Society of Dental Surgeons denounced the use of dental amalgam given concerns about mercury poisoning. Members of the society were required to pledge not to use mercury amalgam fillings. But many dentists continued using amalgam since it was cheaper, faster and easier to place than gold and formed their own dental society, first called the National Dental Association and then the American Dental Association (ADA). Greater acceptance of amalgam as a restorative material then resulted from the investigations of Flagg and G.V. Black. By combining the principles of cavity design, extension of the cavity and the development of an alloy with the composition of 68.5% silver, 25.5% tin, 5% gold, 1% zinc, Black advanced amalgam fillings into modern times.

Concerns over the use of mercury in dental amalgam have continued and much has been written about possible adverse effects on systemic health from the use of this material in the oral cavity. Concerns regarding the environmental impact, as well as the effects on human health of mercury and mercury-containing compounds resulted in the signing of the Minamata Convention on mercury by 140 countries in 2013. This convention requires that participating countries discontinue the use of elemental mercury and phase down the use of dental amalgam. The European Commission Regulation (EU) 2017/852 on mercury was adopted by member states on 17th May 2017 with the intent of reducing the amount of mercury in the environment.



**Fig.1** An example of a newly placed amalgam filling

Although the Minamata Convention has not resulted in a ban on the use of mercury containing dental amalgam at this time, member countries of the European Union are required, by July 2019, to have national strategies for the phasing down in the use of this material. This has led to concerns regarding the use of alternative direct restorative dental materials in terms of the longevity of these materials and the skills and experience within the existing dental workforce in their placement. In many dental schools in Europe, teaching on the use of dental amalgam has reduced significantly or been removed from the curriculum, but a challenge remains in meeting the necessary training requirements for the existing workforce.

## MI oral healthcare

Minimum (or minimal) intervention (MI) oral healthcare, in particular the MI management of dental caries, has gained increased and now widespread acceptance globally. MI care describes the holistic, patient-centred, team-care approach to maintaining long-term oral health. This includes preventive, behaviour-related care plans consisting of the phases of effective early detection and risk-based diagnosis, disease control and prevention, minimally invasive operative management and customised recall. The "golden triangle" of minimally invasive operative caries management, consisting of improved knowledge of tissue histology, dental biomaterials and the clinical handling of contemporary materials, has resulted in minimally invasive dentistry now being considered the standard approach for direct restorations. Therefore, the adoption of the Minamata Convention can be considered to provide an opportuni-

ty for the advancement of MI care, rather than presenting a threat to the sufficiency of patient care, dental practice, the oral healthcare team and dental community.

### Detection and diagnosis

It is recognised that caries can arrest and remineralise, reversing the disease process. Caries detection and diagnosis is, therefore, a dynamic decision-making process that considers the presence or absence of caries and whether the lesion is active, arrested and, if active, how the lesion might be arrested. Caries risk factors and indicators have been incorporated into various risk assessment models to assist the oral healthcare team adopt a logical systematic approach to establishing an individual customised care plan. Risk factors include anatomical variations in the teeth, such as the presence of deep pits and fissures, inadequate saliva flow, saliva reducing factors, the presence and age of plaque (Figs.2, 3) on teeth and the frequency of intake of sugary snacks and drinks. The identification of causative and risk factors allows the oral healthcare team to advise on appropriate behaviour change to arrest and reverse the disease process. Many of the tasks required to identify these factors can be carried out by members of the oral healthcare team other than dentists, resulting in opportunities for the development of new team structures and training opportunities.

The utilisation of the wider oral healthcare team can therefore facilitate the delivery of MI healthcare. This can also assist in reducing the reliance of the patient on the dentist to deliver dental care and encourage and educate on the need for appropriate behaviour change to manage and control disease. As well as breaking down some of the traditional barriers to the access of healthcare, increased exposure to a wider oral healthcare team, all providing and reinforcing the healthcare message, can play a critically important role in lifelong care planning. An expanded workforce, able to deliver the varying aspects of healthcare throughout the community, can also have financial benefits to individuals and government-based healthcare organisations in delivering MI healthcare.

### Disease control and prevention

The effects of community-based water fluoridation programmes on the prevention of dental caries have been known for many years to be an effective disease control and prevention measure, even though this does not fit in with the patient-centred approach to MI care planning. However, the use of topical fluoride applications, in the form of toothpastes, gels, foams or varnishes have also been recognised as having an important role in the prevention of caries, especially in high risk individuals. Remineralisation of initial caries is also an essential part of an MI strategy to oral healthcare. Various therapeutic agents, such as topical fluoride, silver diamine fluoride, acidulated fluoride products, arginine-containing toothpastes, fluoridated bioactive glass products, self-assembling peptides and casein phosphopeptide amorphous calcium phosphate (CPP-ACP) are available as effective products to



Fig. 2: Identification of plaque with indication of plaque pH and age using GC Tri Plaque ID Gel.

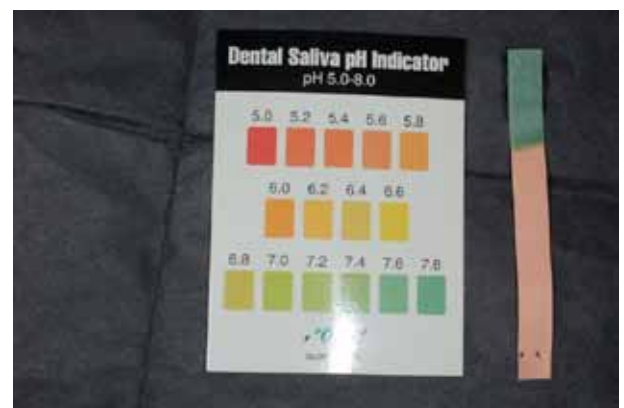
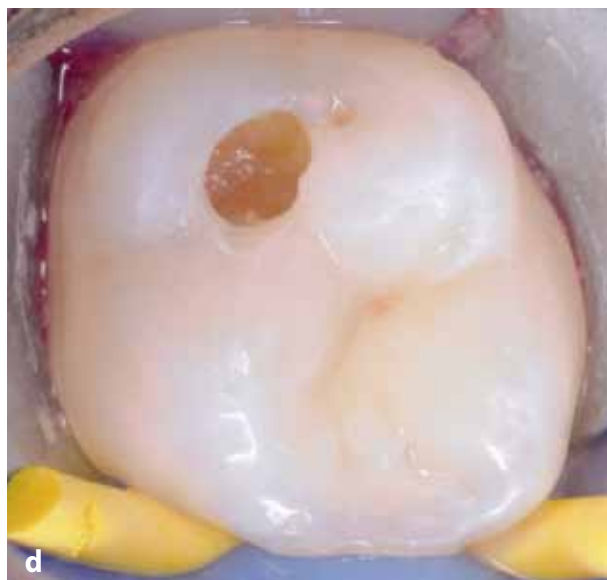
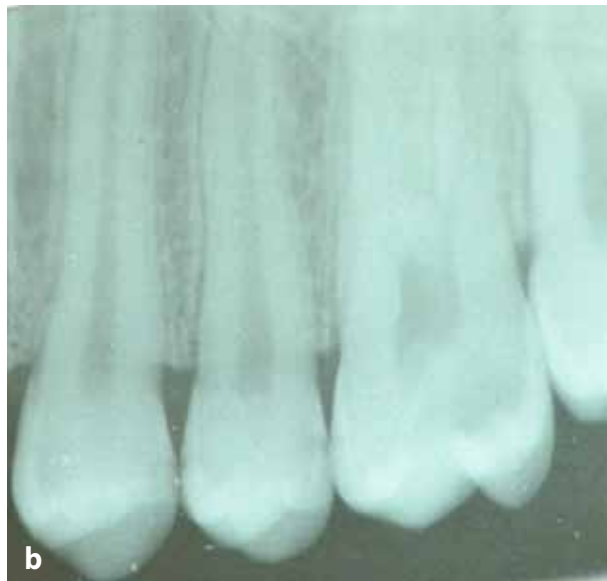


Fig.3: Risk factor analysis-identification of the pH of unstimulated saliva



Fig.4: A selection of products that might be considered to assist in disease control and prevention



Figs. 5a –5f: MI operative management of an upper left first molar tooth; (a), presentation clinically and (b) radiographically; (c), access and (d) completion of cavity preparation; (e), following restoration; (f), following removal of rubber dam.



- achieve remineralisation, arrest and reversal of the disease process (Fig.4). However, to be fully effective, these agents should be used in combination with active prevention methods of appropriate behaviour modification to remove, or reduce the impact of identified risk factors.

Fissure sealants can also be used to arrest early caries in pits and fissures prior to cavitation. They have also been proven to be an effective preventive approach when anatomical variations in the tooth surface may result in an increased risk of caries. Resin-based composites and glass-ionomer cements have both been advocated as effective materials for this technique, but the long-term effectiveness of fissure sealants relies on the appropriate modification of behaviour to reduce, if not remove other risk factors.

### MI management

The MI philosophy, as outlined above, does not solely consist of cutting smaller cavities in teeth. Operative intervention is only a small part of the MI management of dental caries. The MI approach seeks to preserve as much natural tooth structures for as long as possible through remineralisation and not removing enamel and dentine unnecessarily. Operative procedures alone without the successful implementation of prevention and disease control techniques will almost invariably lead to repeated restorative failure - the "repeat restorative cycle".

The International Caries Consensus Collaboration (ICCC) agreed in 2015 on the following guidelines for the removal of carious tooth tissue:

- Preserve non-demineralised and remineralisable tissue.
- Achieve an adequate seal by placing the peripheral restoration on sound tooth structure.
- Avoid discomfort/pain and dental anxiety as both impact significantly on treatment outcomes.
- Maintain pulp health by preserving residual dentine.
- Maximise longevity of the restoration by placing a material to sufficient bulk and resilience.

The use of adhesive restorative systems and techniques is a fundamental tenet of the MI operative management strategy. Primarily, the aim is to avoid the relatively destructive preparations necessary for the retention of materials with no capacity of bond to remaining tooth tissue (Fig.5). In the case of dental amalgam, the material properties require the cavity to be prepared to accommodate sufficient bulk of the material to allow it to perform adequately in clinical service, as well as incorporating retention and resistance form to overcome the non-adhesive properties of the material. The adoption of the Minimata Convention and phasing down the use of dental amalgam therefore provides opportunity to adopt alternate forms of cavity preparation that allow a biological - rather than a mechanistic surgical approach to restorative treatment.

A range of innovative technology and techniques is available to assist MI cavity preparation. This includes, but is not limited to polymer hand and rotary instruments, chemo-mechanical agents, air-abrasion products, sonic-

abrasion systems in addition to conventional hand and rotary instruments. It is, however, the ability of materials to adhere to enamel and dentine that allows an effective MI approach to management. Adhesive properties of materials provide opportunity to form a durable marginal seal. This enables the arrest of caries deeper within the cavity which, in turn, promotes repair and remineralisation.

The concept of a "permanent" restoration carries the risk of patient dissatisfaction when further operative intervention is required. It has been considered that at least half of the average general dental practitioner's time is spent repairing and replacing existing restorations. However, minimally invasive renovation techniques can be used to increase the functional longevity of a restoration with little or no long-term biological cost. A key component of the MI life-long patient-centred care plan is the concept of the long-term management of restorations. Restorations need to be reviewed regularly and occasionally refurbished, resealed, repaired or replaced. With this in mind, the survival of the tooth becomes the key outcome to oral healthcare rather than the survival of a restoration.

### MI customised recall

Appropriate, periodic recall is an essential part of the MI approach to achieving and maintaining oral health. The recommended interval between recalls should be customised according to the needs of the individual. The review itself should also be tailored to the individual needs, based on disease status, risk assessment and monitoring requirements. At review, the overall status of the individual's oral and dental health should be considered along with a review of any risk factors identified during the previous assessment. The adherence to any preventive advice or treatment provided is assessed and the status and quality of any restorations present is monitored. Previously identified risk assessment can then be validated or modified as necessary. This can then be used to customise the ongoing life-long care plan. Perhaps, however, the key concept in planning the recall interval with the needs of the individual in mind is to reinforce the concept of the need for and an ongoing focus and emphasis on continued promotion of long-term oral healthcare. This shifts the emphasis away from the surgical approach of excising the disease and providing a "cure" to the biological MI approach of preventing and controlling disease, placing the emphasis of care in the hands of the individual.

### Conclusion

The adoption of the Minimata Convention is one aspect only of the many, different, rapidly occurring changes in the delivery of oral healthcare. It is a catalyst for the adoption of the MI concept, engaging all members of the oral healthcare team in delivering life-long patient-centred care.

### References

On request from Michael Thomas:  
michael.thomas@kcl.ac.uk ■



# Interview with the President – Argirios Pissiotis

Interviewed by the Editor – Nairn Wilson

### What attracted you into dentistry and how did you get to where you are today in the profession?

I was exposed to Dentistry very early in my life. My father was a dentist, with his dental practice in the same building as our home. During my childhood years, I played outdoors in the neighborhood, typically unattended, since it was safe. On rainy days, when confined indoors, I played in my father's practice, mixing plaster and alginate and molding denture base wax. My father, quite a strict person, never got upset with the mess I made. Obviously, he wished that I follow him into dentistry when I grow up, and this was his way of indoctrinating me.

As an adolescent I was attracted by design and architecture. When 16 to 17 years of age, I was preparing for entrance examinations for the University School of Architecture. I reconsidered during my final year in high school, decided that I wanted to do dental-rather civil engineering bridgework, and took the entrance examinations for dental school, much to my father's satisfaction.

As a dental student I worked earning pocket money to my uncle's orthodontic practice trimming models and making acrylic retainers.

After graduation from dental school in Thessaloniki, I was accepted for postgraduate studies in Prosthodontics at Tufts University in Boston, USA, where I gained a Certificate in Prosthodontics and a Master of Science degree.

Returning to Thessaloniki Greece I was appointed clinical instructor in the Department of Removable Prosthodontics of Aristotle University School of Dentistry, earned my PhD and followed an academic career, commencing as lecturer and eventually becoming Professor and then Chairman of the Department of Removable Prosthodontics in 2008 and 2009 respectively. Following the merger of the two Prosthodontic Departments in the School in 2017, I am now a Professor in the Department of Prosthodontics and Director of the Postgraduate Program of the School of Dentistry.

### Who introduced you to the International College of Dentistry, what appeal did the College hold for you, and what part does the College now play in your professional life?

I was invited to become a Fellow of the International College of Dentists in 1992 by Professor Andreas Tsoutsos, who was the Regent of Greece at that time and a good friend from my time in the USA. Two years earlier my uncle, Dr. Argyrios Koumas, was inducted as a Fellow of the ICD in London. I found out what the College was all about from Andreas and my uncle.

The first thoughts about the College was that I had been invited to join the elite of dentists in Greece. I was extremely proud and honoured. Learning more about the

educational and humanitarian projects supported by ICD, made me even more proud. Although I was not actively involved in these projects, I felt, being a Fellow and paying membership dues, I was at least contributing to these excellent activities.

### Over the years my involvement in ICD became more active.

Over the years my involvement in ICD became more active. I was invited to be Vice Regent of District 7, Greece and Cyprus, by the Regent Dr. Aris Petros Tripodakis, who I eventually succeeded as Regent of the District. As Regent I sought to identify and invite deserving colleagues in Greece and Cyprus to become Fellows of the College. Concurrently, I became very close to other members of the Board of Regents of the European Section, making many good friends, who helped me to understand more about the mission and core values of the College. Thereafter, I was honoured to be invited to be Registrar of the European Section by my good friend and mentor Dr. Frans Kroon. Then I was heavily involved in the leadership of the Section. This experience, together with the experience gained in attending International Council Meetings, as International Councilor representing the European Section, made my involvement with the College at large not just much more active and significant, but more rewarding, especially when one considers the impact of the College and the many, different benefits it brings to disadvantaged people.

### How would you like colleagues to look back on your year as President of the European Section of the College?

I would like to promote membership during my year as President of the Section – a goal I set for the European Section during my tenure as Registrar. I believe the European Section can do so much better in the recruitment of new members. But this is a team effort; it cannot be done by one person alone. I will continue to seek to inspire the Regents to develop their Districts and, in the process, recruit new Fellows. If Districts could hold high-level scientific or humanitarian meetings, or some form of gathering that will be noticed by other dentists and the dental community, it should encourage more colleagues to want to belong to the College. Of course, as every President wishes, I want to successfully host the Fellows of the Section in my home town – Thessaloniki and give them a taste of my country's (Greek) hospitality.



► **Are there ways in which you would wish to see the European Section develop in years to come?**

The European Section of the ICD is renowned for certain qualities among the Fellows of the College worldwide. It has provided individuals who have made a difference to the leadership of the College and is continuing to do so today. Without wanting to underestimate the potential of any other Section, I believe the European Section has huge, yet, undiscovered qualities. I would like to see much more growth and much more active involvement of the Fellows in the activities the College. Everyone who has been inducted as a Fellow of the College should feel proud and special. With this mindset, it is easier for any Fellow to recruit others to the College. The European Section should grow during the years to come. This growth, however, should start with growth within the Districts and, for that to happen, there must be ICD activities within the Districts. My message to the Regents is to organize more ICD events in their Districts. Make the ICD better known in the dental community of the Districts. Growth will occur when more dentists know about the ICD and its work to promote oral health and oral healthcare provision globally.

***Growth will occur when more dentists know about the ICD and its work to promote oral health and oral healthcare provision globally.***

**Why should Fellows of the College make a special effort to attend the 2019 annual meeting of the Section in Thessaloniki?**

Thessaloniki is a beautiful city by the sea, with a history going back more than 2300 years since its founding in 315 BC. Starting from the time of Alexander the Great – Thessaloniki having been named after Alexander's half-sister, the city has played an important historical role through the Roman, Byzantine and Ottoman era and up to the present time, because of its position between Rome and Konstantinoupolis (now Istanbul). The city offers visitors so many things to see and admire. I am sure that the Fellows of the European Section of the ICD, together with the new inductees and their families and guests will enjoy Thessaloniki and its cultural heritage. We have organised a scientific programme addressing risk management in

most of the dental disciplines. I believe this will be interesting and of educational value to the participants. The lecturers are well known Greek academicians and clinicians, most of whom are Fellows of the ICD. In the afternoon the Humanitarian Forum will reveal noble works of Fellows of the ICD in their pursuit to bring oral health to people with little, if any access to oral healthcare -projects supported by the ICD and other NGOs. The lecture programme, along with the social events have been organised by my Organizing Committee. The Induction Ceremony and Gala Dinner, the day following the lecture programme, will give Fellows and their accompanying persons opportunity to enjoy their fellowship and camaraderie in the unique surroundings of historic Thessaloniki.

**What is the most important message for existing Fellows to give to colleagues they wish to encourage to make application for Fellowship of the College?**

I think that the most important message that Fellows should give to deserving candidates for Fellowship is that the ICD offers peer recognition and professional fulfillment. Recognition by your peers of your academic or professional achievements and your concerns, if not activities to serve the community through the promotion or provision of oral health is very rewarding. This together with the professional fulfilment which comes from simply helping to fund or actively participating in the oral health projects supported by ICD globally adds to the honour and pride of being a Fellow of the College. Fellows of the European Section of the College may give also to the Philip Dear Foundation (the Charitable Organization of the European Section of the College) or the Global Visionary Fund of the International College to further support humanitarian projects.

Argirios, very many thanks for this insightful interview. On behalf of the European Section of ICD, may I wish you a most successful Annual Meeting in Thessaloniki and a memorable year as President of the Section. It is to be hoped that Fellows of the Section will individually and collectively help you realise your goal of growth of the Section both during your year as President and thereafter. ■

# Homelessness and oral health

Rates of homelessness are rising in almost all EU countries. For many, homelessness is often exacerbated by poor physical and mental health and alcohol or drug dependencies. Mortality rates are shockingly high. The impact of homelessness on health is substantial. It is therefore increasingly important to address the health inequalities homeless people face and to put in place strategies that prevent and reduce homelessness.

**Dalma Fabian, Policy Officer**

**FEANTSA - the European Federation of National Organisations Working with the Homeless**



In France, the number of homeless people increased by 50% between 2001 and 2012. In Ireland, the total number of people who are homeless increased by 129% in 32 months between 2014 and 2017, family homelessness having made a major contribution to this rise. For many, homelessness is often exacerbated by poor physical

and mental health and alcohol or drug dependencies. In England, the average age of death for homeless men is 47 years and for homeless women it is even lower at just 43 years, compared to 77 years for the general population.

## What is homelessness?

A person experiences homelessness when he or she does not have somewhere to live in security, peace and dignity. Homelessness and housing exclusion can be used to describe a wide range of living situations: people sleeping rough and living in public spaces, people using homeless day or night shelters, or staying in temporary accommodation, as well as people currently living in state care, hospitals, in prison without adequate housing to return to, together with people living in insecure or inadequate accommodation that may be unfit for habitation, overcrowded or that may not legally be theirs. The homeless population is not, therefore, a homogenous group, which is increasingly comprises more women and young people.

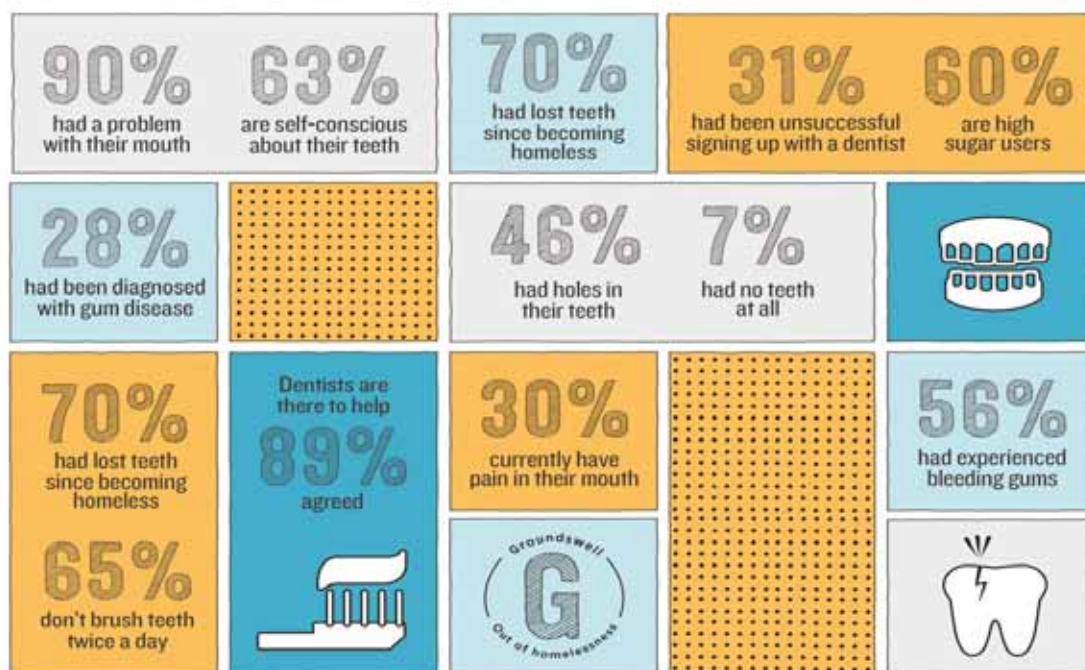
## Causes of homelessness

Homelessness is caused by a number of interrelated problems, including a lack of affordable housing, system failures, such as a lack of support in transition from state child care, inadequate discharge from prisons and mental health facilities, and individual factors such as domestic violence, addiction etc.

## Homelessness and health

There are clear causal and consequential links between homelessness and poor health outcomes. Ill-health can cause, contribute to and exacerbate homelessness and homelessness can cause, contribute to and exacerbate ill health. There is no easy answer to the cause and consequence debate, but what we do know is that once a person becomes homeless the impact on both their physical and mental health is significant. Some people who are homeless, notably rough sleepers and long-term users of homeless shelters and hostels are particularly affected by multiple morbidity including problematic alcohol or drug dependence, mental health issues and physical health problems and high rates of premature mortality. Despite this substantial burden of illness, people who are homeless lack access to quality health care. This relationship between the need for health and its actual utilisation has been termed as inverse care law. In other words, those who most need it are the least likely to receive it. Good health services for people who are homeless offer low threshold, high quality, flexible, tolerant and individually tailored responses to meet their health needs. They gene- ►

Groundswell spoke to over 260 people experiencing homelessness about their health. We found:



### Taking Care of Your Mouth

|  |   |
|--|---|
| Brush your teeth twice a day. Brushing last thing at night is really important.                              | Do not rinse your mouth with water after you brush your teeth. Rinsing your mouth with water washes away the toothpaste.        |
| Toothpaste must have fluoride in it. Only use the one meant for adults.                                      | Visit the dentist regularly to check that both your teeth and mouth are healthy, even if you don't have any natural teeth left. |
| Clean between your teeth every day using floss or small brushes.   | If you smoke or drink alcohol going to the dentist is even more important.  |
| If you use methadone, brush your teeth before and rinse your mouth with water after you take your methadone. | Cut down on sugary food and drinks and try to have them only with meals.  |
| If your gums bleed brush again.  |   |

## Barrie Greenan

"Until the opportunity of dental treatment came my way I was resigned to a life of constant pain. When I was homeless, I would sleep rough in bridges suspended over the river Clyde. There was no possibility of dental care; to get access to treatment you need an address or photo ID - a sleeping bag in a girder didn't qualify. Back then I was a drug user and alcoholic. To get relief from the pain, I would inject heroin into my gums - methadone only worsened the decay. We (the homeless) would resort to pulling our own teeth or self-medicating with more alcohol and drugs - a vicious cycle. In the past I would watch people smile and their smile would be returned, but not for me. I was embarrassed to laugh in public and ashamed to smile in front of my daughters. Toothlessness only lowered my self-esteem, which never lifted from rock bottom - until now. The social stigma that excluded me from mainstream society has been removed and I can now move forward with confidence. Everyone in society, especially the homeless and vulnerable, should have the opportunity to access dental care - the effects are transformative." (Source: Smile4Life)



- rally work on a drop-in rather than appointment basis and can be fixed-site services (e.g. medical centre at a day centre or hostel) or outreach services (visiting different sites including people sleeping rough).

### Homelessness and oral health

There has been plenty of research about the health needs of homeless people, but relatively little attention has been paid in both research and policy to the oral health needs of people who are homeless. Yet oral health is an important issue for homeless people and available data point to significant unmet need. According to a Groundswell study, around 70% of London's homeless population has lost teeth since becoming homeless. Fifteen percent of people experiencing homelessness have attempted to extract their own teeth because of dental pain, and almost a third have accessed emergency care services for their dental problems. Another study concluded that the oral health of homeless people is poor and would seem to reflect a pattern of irregular dental attendance associated with pain and discomfort.

### Access

Access to regular dental care is just as crucial for homeless people as for anyone else. Very often people experiencing homelessness cannot access mainstream dental services given several access barriers, including no stable address, lack of knowledge about their health care entitlement and the difficulty to arrange and attend fixed appointments. Distrust of the health care system is a particularly significant access barrier for people who are homeless. It is often rooted in previous negative experience with health care providers and results in feeling unwelcome in health care settings. Dental appointments have the highest rates of drop-outs. People who are homeless have increased experience of dental anxiety, impacts of embarrassment and self-consciousness as well as depression. These psychosocial factors are additional barriers to accessing dental care and they must be taken into consideration when planning oral health services for homeless populations. For these services to be effective, it is indispensable that professionals across the sectors are collaborating to understand and meet the dental care and the related psychosocial needs of homeless people.

### What needs to be done?

Homeless people are very often excluded and stigmatised and are blamed for their situation. People can feel embarrassed when they have poor dental care to the extent that it can prevent them from accessing services and hinder

their recovery. It is therefore important for oral health services to be integrated into general health and homelessness strategies. There is a need for appropriate training across all sectors to increase the understanding of homelessness and oral health to make sure all those who work with homeless people are aware of what it is required to support their oral health needs. Oral health promotion should be part of measures to improve general health and should be delivered by peers in homelessness settings. There is a growing recognition that to tackle homelessness and social exclusion we need to use the knowledge and expertise of people who have been affected by these issues. A peer is in a unique position to offer support by virtue of relevant experience: he or she has "been there, done that" and can relate to others who are now in a similar situation. Because of their personal experience, peer workers can engage with their peers in a way that professionals, including healthcare professionals cannot. There are several good examples of health initiatives that show the positive impact of peer support, with benefits to service users and health services. To improve the oral health of homeless people, it is critical to ensure that there are peer oral health mentoring programmes in homeless environments.

Addressing the damaging oral health inequalities homeless people face and improving their oral health can make a significant difference to their quality of life and can help them move on from homelessness.

For more information please visit [www.feantsa.org](http://www.feantsa.org) ■

## FEANTSA

FEANTSA is the European Federation of National Organisations Working with the Homeless. It is the only European NGO focusing exclusively on the fight against homelessness. Our goal is an end to homelessness in Europe.

Established in 1989, FEANTSA brings together non-profit services that support homeless people in Europe. We have over 130-member organisations from 30 countries, including 28 Member States. Most are national or regional federations.

# International College of Dentists

## European Section

### 64<sup>th</sup> Annual Meeting of the European Section Thessaloniki, Greece, 5<sup>th</sup>-8<sup>th</sup> June 2019



Dear Colleagues and Friends,  
It is a distinct privilege and honour for me to serve as President of the ICD-European Section for the year 2018-2019 and to have the pleasure to host the 64th Annual Meeting of the European Section in my hometown, Thessaloniki, Greece.

Thessaloniki, which is also called the “nymph of Thermaic Gulf”, is the second largest city and port in Greece, with about one million inhabitants in its metropolitan area. The city is located in central Northern Greece at the northwestern corner of the Aegean Sea and in the vicinity of the beautiful resort area of Chalkidiki. Thessaloniki is also Greece’s second major economic, industrial, commercial and political centre; it is a major transportation hub for Greece and South East Europe, notably through its port.

Thessaloniki was founded in 315 BC by Cassander (Kassandros) and was named after his wife, a half-sister of Alexander the Great, Thessalonike. The city is proud of its 2,333 years of history. It was an important metropolis during the Roman Empire period and the second largest and wealthiest city of the Byzantine Empire after Constantinople. It was conquered by the Ottomans in 1430 and passed from the Ottoman Empire to Greece on November 8, 1912.

The city is renowned for its festivals, events, good food and vibrancy as cultural capital of Greece. International events including the “Thessaloniki International Trade Fair” and the “Thessaloniki International Film Festival” are annual events. Thessaloniki is also home to numerous notable Byzantine monuments, a UNESCO World Heritage Site, as well as several Roman, Ottoman and Sephardic Jewish structures. The main university of the city, Aristotle University, is the largest university in Greece and the Balkans, where more than 70,000 students study in its 11 faculties and 40 schools.

I am delighted to invite you all to come in Thessaloniki and spend several days attending the 64th Meeting of the European Section of the ICD, with opportunity to stroll on the waterfront of the Thermaic Gulf, visit the monuments of the city, enjoy the spectacular sunsets and stare at Mount Olympus, the mountain-home of the ancient gods, just across the sea.

Visit the ICD European Section 64th Annual Meeting site either through the ICD European Section website at [www.icd-europe.com](http://www.icd-europe.com) or at [www.icd2019.gr](http://www.icd2019.gr) and register for the meeting.

As occurs every year, there will be a golf tournament on Wednesday June 5th 2019. For those interested in registering for the tournament, which will be held at the Porto Carras Resort in Chalkidiki, please note that you will be picked from the airport on Tuesday June 4th and transferred to the Porto Carras Resort (about 130 kilometers) where you will stay overnight to be ready to play golf on Wednesday morning. On Wednesday evening you will be transferred to Thessaloniki to the Congress hotel - Makedonia Palace.

On Thursday evening, the Opening Reception will be held at the Macedonian Museum of Contemporary Art, which is in the grounds of the International Fair of Thessaloniki, about two kilometers from the Makedonia Palace.

On Friday morning, the Scientific Day will be held at the Congress hotel. In the morning there will be two sessions addressing the main theme of the programme: “Risk Management in Dentistry”. The first session will be on biologic risks, followed by a panel discussion. The second session will be on restorative risks, again, concluding with a panel discussion. After lunch an Open/Humanitarian Forum will include presentations on some of the projects that the European Section supports. Meanwhile the accompanying persons will take a tour of the city of Thessaloniki, visit museums and other sites of interest including byzantine churches.

In the evening delegates and accompanying persons will enjoy dinner at the “Kitchen Bar” restaurant located in the Port of Thessaloniki. This restaurant has a beautiful view of the city.

On Saturday morning, delegates and accompanying persons are invited to join a guided tour of the Polycentric Museum of Aigai in Vergina (about one-hour bus drive from Thessaloniki) to see the tomb of King Phillip II, father of Alexander the Great and Alexander IV, son of Alexander the Great and Roxane. The visit is included in the registration package, but please sign up for it to facilitate planning. Those not wishing to join the tour are free to sightsee the city of Thessaloniki.

On Saturday afternoon, the Induction Ceremony will be held in the Makedonia Palace, and will be followed by drinks and the Gala Dinner.

On Sunday the post-Congress tour will be to Meteora. This is a unique site with tall vertical rocks rising from the flat valley of Kalambaka in Thessaly. On top of the rocks, monks have built six monasteries. The area is about three and a half hours bus drive from Thessaloniki, but the Meteora experience is well worth the journey. The tour programme includes visits to the monasteries and lunch at a local tavern in Kalambaka.

I am very excited to have the opportunity to host the 64th Annual Meeting of the European Section of the ICD in Thessaloniki. I very much hope that everyone will enjoy coming to Greece. For those wishing to extend their stay to vacation in Greece the Congress Organisers, MK-Premium Congress & Social Events Solutions will be happy to help with any bookings.

Looking forward to welcoming you to Thessaloniki,

*Argirios Pissiotis*  
President ICD European Section



## PROGRAMME

### Wednesday 5<sup>th</sup> June

- Golf tournament, Porto Carras Resort, Chalkidiki

### Thursday 6<sup>th</sup> June

- Opening Reception, Macedonian Museum of Contemporary Art

### Friday 7<sup>th</sup> June

- Morning: Scientific Session – Risk Management in Dentistry
- Afternoon: Humanitarian Forum
- Dinner: Kitchen Bar, Port of Thessaloniki

### Saturday 8<sup>th</sup> June

- Morning: Visit to the Polycentric Museum of Aigia, Vergina
- Afternoon: 2019 Induction Ceremony
- Gala Dinner, Makedonia Palace

### Sunday 9<sup>th</sup> June

- Post-conference tour, Meteora

## ICD European Section 2019

Complete overview of the programme on [www.icd-europe.com](http://www.icd-europe.com)



# Countdown begins on the ICD centennial

The International College of Dentists is about to celebrate its exciting centennial, with the most ambitious and challenging project ever undertaken by the College.



**Dov Sydney MICD**  
International Editor, Director Global Communications  
and General Chair, College Centennial Committee

The amazing success story of the ICD that started with two visionary leaders from the USA and Japan, Louis Ottofy and Tsurukichi Okumura, and remains the premier international honour society of dentists will be relived and honored throughout the world starting on January 1, 2020.

The centennial celebrations will be a remarkable global effort by the leadership of the College and its Fellows, working together to realise a memorable year of events, camaraderie and fellowship.

## Worldwide celebrations

With the theme "Celebrating the first 100 years", every Section, District and Region will be planning events. Global Events Sub Committee Chair and Past World President Garry Lunn noted, "Each jurisdiction has assigned at least one or more local Fellows to provide oversight and ensure events planning are proceeding according to plan. The global celebrations of our 100-year anniversary will be representative of the diversity of culture and unique national character of each of the ICD Sections and Regions." All worldwide events will be published on the new ICD centennial website, [www.icd100.org](http://www.icd100.org), which is now on line, with all the latest information on centennial planning and updates and a global photo-gallery.

## Grand finale in Nagoya

Nagoya, Japan's third largest city, will be the venue for the 2020 International Council meeting and the concluding events of the Centennial. In addition to conducting the business of College during two days of Council meetings, special events are planned to honour this seminal moment for the College and a truly remarkable milestone in the history of dentistry. There will be a major symposium on College Humanitarian and Educational Programs, allowing participants to discuss and learn from the experience

gained in running hundreds of ICD projects worldwide.

There will be a colorful International Induction Ceremony at which it is hoped that inductees will be present from every ICD Section. A picture-perfect moment, when participants from around the world enter the assembly hall waving the flag of their country in an Olympic style event. Our Gala Subcommittee Chair and Section V Registrar, Mauro Labanca, announced, "We are planning a spectacular Centennial Gala Banquet, which will be a never-to-be-forgotten, grand conclusion to the centennial year. We invite all Fellows from around the world to celebrate this truly memorable moment in College history in Nagoya". Also, generously donated by Registrar Labanca is the original soundtrack for the Centennial video, composed specifically for the College by a well-known Milanese composer. This music will serve as the official Centennial theme and be incorporated in all music-accompanied events. I encourage you to go to [www.icd100.org](http://www.icd100.org) to hear this stirring and inspiring soundtrack, while viewing the updated centennial video.

Phillip Dowell, Past College and European President, is the Chair of the Subcommittee on Sponsorship and Funding with the responsibility for guiding the campaign to raise funds for the Centennial and future initiatives of the College - a major necessity and challenge. There has been significant activity on this front, including the production of a six-page full colour Centennial Campaign Brochure, available in print and online at [icd100.org/media](http://icd100.org/media). Also, ICD will be present at dental meetings around the world to engage and confirm support from interested companies. Henry Schein Inc. was awarded the top-tier position as Centennial Partner to collaborate with the College to promote and market the Centennial, while facilitating corporate support. In addition to the corporate programme, there is a parallel campaign to encourage both existing- and possible future Fellows to contribute to the success of the Centennial.



***“This will be a remarkable global effort by the leadership of the College and its Fellows, working together to realise an amazing year of celebration, camaraderie and fellowship.”***

was instrumental in helping to establish the project and providing material for the book. The meeting with the Pope further reinforced the position the College as a truly global institution, with recognition of its activities and accomplishments at the highest levels.

#### **European Section engaged in Centennial planning**

As you read through the description of the Centennial in this article, I am sure you noticed that the European Section is well represented on the various committees. In addition, a special Centennial Book, reviewing the history of the College and its interrelationships with world events is being prepared under the direction of our Section's Vice President Walter van Driel. A copy of this commemorative book will be gifted to all those attending the Gala in Nagoya, as a recognition for their attendance at this exceptional event. The book will also be made available for purchase by Fellows, libraries, dental and health related -, media- and others organisations worldwide.

And there is more. Our European Section Board of Regents has voted to have its 2020 winter Board Meeting in Nagoya to help to celebrate the Centennial. What a wonderful gesture on the part of our Section. When the flags of nations are marched in for the induction, our Fellows will have the opportunity to carry over 35 individual country flags (far more than any other Autonomous Section). And once again, Section V is represented in the Centennial leadership by our President Argirios Pissiotis, who is coordinator for the exciting ceremony. With many years of experience in overseeing our own perfectly-run inductions, Argirios is the ideal person to ensure that it will be an event to remember. It is hoped to have as many European Section Fellows as possible join the celebrations in Nagoya. You could very well be honored by being selected to be the flag bearer for your country in the procession!

So, it's certainly not too early to begin making your travel plans to be in Nagoya, Japan November 11-13, 2020, where you will be able to bear witness to, and participate in a unique, historic moment in time, when the College celebrates its first illustrious 100 years, and adopts policies and strategies to ensure that the College enjoys even greater success and recognition in its second century. ■

#### **Tours**

Extensive planning has been undertaken, with the cooperation of ICD Fellows in Japan and commercial providers, to ensure a unique and memorable Centennial experience in 2020. We will be offering tours especially arranged for ICD Fellows, their families and guests, both during the time of the Council meeting and pre-and post-conference. More information on registration, accommodation, tour selection and related advice will be posted on the Nagoya tab of the Centennial website as it becomes available.

#### **Publicity and promotion**

Publicity and promotion are essential for the worldwide success of the committees' efforts. Without going into detail about all the activities organised to date, it's clear that the "promotional coup of the century" was the College being granted a personal audience with Pope Francis in Rome in September 2018. The time reserved for ICD to have direct access to the Pontiff provided opportunity to capture excellent images in the photos taken by the official Vatican photographer and to receive the Pope's sincere support for ICD humanitarian programmes and the Centennial. The audience, together with explanation of the College Core Values was covered by many press outlets and in multiple languages around the world. The Pope was presented with a unique book, designed and produced specifically for the meeting, featuring the European Section's program in Angola. President-Elect Gil Alcoforado

# Induction Ceremony 2018

The ICD European Section 2018 Induction Ceremony was held in the impressive Maison de la Paix in Geneva, with Christian Robin, President of the European Section, presiding. The Section was privileged and delighted to have Dr Clive Ross, International President in attendance.

Frans Kroon

## Platform party and Regents

**From left to right:** Gil Alcoforado, Regent Portugal and Section V incoming President-Elect; Mark Wright, Regent United Kingdom; Gilles Demolon, Regent France; Claude Salitini, Vice-Regent Switzerland; Mies Buisman, Regent Benelux; Richard Graham, Regent Ireland; Matthias Bimler, Regent Germany; Clive Ross, International President ICD; Maren de Wit, Section V Treasurer; Christian Robin, Section V President and Regent Switzerland; Tomi Jukic, Regent Central and Eastern Europe.

Argirios Pissiotis, Section V Registrar and Incoming President; Mauro Labanca, Section V Deputy Registrar and Regent Italy; Vincente Lozano-de Luaces, Vice-Regent Spain. Werner Lill, Regent Austria, Pessia Friedman-Rubin, Vice Regent Israel; Ilia Roussou, Regent Greece; Frans Kroon, Master of Ceremony.

**Not in picture:** Ivar Hoff, Regent Scandinavia; Dov Sydney, ICD International Editor; Nairn Wilson, Section V Editor; Walter van Driel, Section V Deputy-Editor and incoming Vice President.







The Induction Ceremony in session

### Presidential address

The inductees were addressed by International President Clive Ross. Having reminded all present of the virtues and sporting prowess of New Zealanders, specifically New Zealand international rugby players -The All Blacks, President Ross, becoming more serious and praised the many different, high quality contributions members of the European Section have made and continue to contribute to the business of the International Council of the College and, in turn, the global success of ICD.

Dr Ross then congratulated the inductees on having been nominated by their professional colleagues for Fellowship of ICD, the world's oldest and most prestigious honour society in dentistry. Dr Ross further congratulated the inductees in being inducted as Fellows into one of the College's most active and best organised autonomous Sections of the College. The inductees were encouraged to honour the College Pledge, emphasising that they were being honoured for their exceptional professional and related activities to date and in anticipation of more, if not greater things to follow, furthering the achievements and aims of the College at District, Section and international levels. Dr Ross expressed the hope that all new inductees would fully appreciate the great honour bestowed on them and, in the years to come, embrace the social and humanitarian activities of the College. The College Centennial celebrations, culminating in Nagoya in Japan in 2020, will provide special opportunity for Fellows, new and established to experience the full extent and benefits of the international fellowship of ICD.

### Master Fellowship

Following the induction of the new Fellows (see picture gallery pages 42-43), Dr Ross presented Dr Phillip Dowell with the prestigious honour of Master Fellow. Dr Dowell was presented for the award of Master Fellow by Dr Dov Sydney, who gave an eloquent overview of Dr Dowell's many, different previous and ongoing contributions to the College, during his many years of unswerving, exemplary service and commitment to ICD. Having accepted his award, Dr Dowell received a standing ovation from all those present.

### New President

The Induction Ceremony concluded with the induction of the new President of the European Section of the College – Dr Argirios Pissiotis, including the presentation of the presidential medal and the Section gavel. The Immediate-



Dr Phillip Dowell receiving the Master Award from International President Dr Clive Ross.

Past President - Christian Robin, who was applauded for his year in office, received the Past-President's Pin and wished Dr Pissiotis every success during his presidency, including the hosting of the 64th Annual Meeting of the Section in Thessaloniki, Greece.

### Reception

The induction ceremony was followed by a champagne reception, prior to the Gala Dinner which concluded the Annual Meeting in Geneva. ■

*"Becoming a Fellow of ICD is one of my greatest achievements. ... This is a wish come true."*

**Valeriu Fala, Republic of Moldova**

*"ICD is an opportunity to be a part of something larger than self.... Besides the doors that can be opened ...ICD Fellowship gives great personal satisfaction and joy ..."*

**Natalia Orlova, Latvia**

*"...being a Fellow of ICD is being part of an organisation uniting professional colleagues with a focus on excellence and humanitarianism...ICD brings together colleagues willing to make the world a better place..."*

**Stanislav Blum, Russia**

*"I am honoured that I have become a Fellow of ICD, giving me opportunity to meet and spend time with fellow dentists with whom I share the same philosophy and approach to life."*

**Matic Osovnikar, Slovenia**

# The European Sectio



Georg D Strbac



Everard Boehmer



Elizabeth Dijkstra



Desiree Hekkens



Hanne Lollike



Harald Gjengedal



Susan (Susie) Sanderson



Robert Stone



Michael Thomas



Devin Vaghela



Delphine Carayon



Bruno Lauzat



Akleh Kareem



Athanasios Pouloupoulos



Andrew Bolas



Andrew Linton



Roslyn McMullan



Anne Twomey



Pedro Mesquita



Pedro Santos Silva



Isabel Maura Solivellas



Beatriz Rodriguez-Vilaboa



Deborah Rodriguez-Vilaboa



Emilie Betrissey



Mireille Frehner



Linda Grütter



Pierre Guex



Stefan Paul Hicklin



Iris Kraljevic



Raphaël Moëne



Myroslava Drohomyska



Valeriu Fala



Natalia Orlova



Matic Osovnikar



# n 2018 Inductees



Anthony (Tony) McGee



Sam Parsno



Martin Butz



Julia Tiefengraber



Luigi Rubino



Nimet Guiga



Norbert Cionca



Chanaz Damardji Dhif



Malin Strasing



Stanislav Blum



# Future Annual Meetings of the European Section International College of Dentists



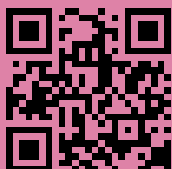
**2019 Thessaloniki, Greece • 5-9 June 2019**



**2020 Porto, Portugal • 10-14 June 2020**



**2021 Amsterdam, The Netherlands • 24-27 June 2021**



See [www.icd-europe.com](http://www.icd-europe.com) for further information on the Annual Meetings of the Section.