

FEBRUARY 2013

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A rather belated Happy New Year to you all!

Another year...another frantic schedule of teaching and presenting..... starting with Phil in Nigeria, moving seamlessly from -6 degrees and deep snow to 33 degrees! Lots of teaching around the country planned for 2013 including a new intensive 1-day private course, *Periodontal Management in General Practice*, running at venues in the south of the country - details on the back page - do please pass this onto any colleagues who may be interested in attending. Sarovi is busy working on her MSc dissertation and Ian has taken on a new role as Honorary Editor & Webmaster for the British Society of Periodontology, which should keep him out of mischief... So the PerioCourses Team are getting around and keeping busy as usual. Looking forward to meeting up with lots of you in 2013.....

Ian gave a great presentation at the Dental Protection's Young Dentist Conference on Saturday 9 February at The Royal College of Physicians. It was very well received and generated a lot of interest and some great questions.

Both Phil and Ian are speaking at the Dentistry Show on Saturday 2 March at the NEC, Birmingham. There will also be a BSP PerioLounge - so lots of perio going on....

Catch Phil at the BSRD Conference in Manchester, Friday 10 May where he will be running a Masterclass on surgical techniques followed by a presentation on minimally invasive perio therapy.



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PerioCourses IN NIGERIA

The Journey from Hell!

It may have been the journey from hell - and if ever a journey deserved that description it was this one - but the welcome from the 30-40 delegates on this 3 day course could not have been warmer. They came from all over the country and included 2 Deans of dental schools and at least 3 Professors of Periodontology, as well as some hygienists, all keen to see how we manage periodontal diseases in the UK.

But it didn't start well in the early hours of an icy Sunday morning; what should have been a 12 hour trip from Heathrow to Lagos, via Frankfurt, turned into a 3 day marathon via Dubai, all the result of snow (Heathrow), ice (Frankfurt) and fog (Dubai). No suitcase, so no change of clothes, about 4 hours sleep and a night spent on an airport lounge in Dubai (although as my son texted me - 'there are worse airports to spend the night in Dad!') left me exhausted and exasperated. Added to that I wasn't responding well to my anti-malarial tablets (I'll spare readers the details) and I did not not feel in tip-top condition when I arrived at Lagos on the Tuesday evening, having at that stage missed day 1 of our course.



My host, Elizabeth Dosumu from the University of Ibadan, was there to meet me, with my security guard, Austin, and she whisked me off on a 2 hour drive from Lagos to Ibadan to a welcome dinner in the Premier Hotel in the city. No time for a shower (I insisted on changing the shirt that after 3 days I almost had to peel off) but all my troubles faded at the warmth of the welcome I received that evening. Some food and drink (no alcohol - it doesn't seem to exist in Nigeria), a slice of the 'Perio' cake they had baked for me and even a spot of dancing put me in a better frame of mind, as did the traditional Nigerian welcome where everyone throws fists in the air shouting 'Gbosa!' (the equivalent of our rather genteel, by comparison, 'hip, hip, hooray').

Thirsty for Knowledge

After a 9 hour uninterrupted sleep in my University accommodation I felt much fresher and ready to kick off the next morning. The dental school has about 50 undergraduates in each intake and the course is modeled on a typical UK dental school curriculum. They have an impressive new lecture facility behind the main school building and it was here that we spent the next 2 days sharing our knowledge and experience. It wasn't easy though, not least because it was 33 degrees outside (and inside - we had no air con!) with high humidity, so the temperature difference with Europe, at minus 6, was a bit of shock to the system. And they were so thirsty for knowledge that we almost did a 12 hour day on day 1, not packing up until about 7.30 in the evening. Day 2 wasn't much shorter in fact but I kept going and they kept listening and asking questions so on we went.



We spent the best part of day 1 discussing diagnosis and treatment planning, then covered non-surgical techniques (an amalgamation of our first 3 modules) but they wanted to cover some surgical techniques as well so on the first evening, and all the next day, out came the pigs jaws and we covered basic surgical techniques, regeneration and soft tissue grafting. Now Nigerian pigs jaws are not quite the same as our British equivalent - they are much bigger (older I suppose) and they have tusks! The surgery was a bit easier though on these giant teeth but in 33 degrees they do get a bit whiffy when they've been out all day!

I was particularly impressed with their clinical skills, especially as they didn't have a full set of the usual surgical instruments that we normally use, they made the best use of what they had and did a great job. Chatting to the delegates it was apparent that this is in their nature - most of the time they are working in less than ideal circumstances and not necessarily with all the tools and materials that we take for granted here in the UK, but they get on with it, they don't complain and they get the job done. Impressive. I suspect that their undergraduate teaching is very clinically based, not unlike the typical UK UG course of 30 years ago in fact, so that when they qualify they have well developed clinical skills. Their knowledge base is very traditional though so it was interesting to share some new ideas with them about disease management. I tried to adapt my style of teaching as I went along - there are many languages in Nigeria and the common language is English, but it is a different style of English, almost a form of 'patois', and to begin with I didn't think I was being fully understood. But by day 2 I got the feeling that our ears and brains were being attuned to one another and communication was getting much better. That said, the language difficulties meant that I had terrible trouble ordering food from the canteen in my accommodation and ended up with 4 slices of Mothers Pride (or the Nigerian equivalent) and nothing else on day 1 for breakfast; that evening I asked Austin if he would be kind enough to order dinner for me, and breakfast the next morning, so he picked up the phone in reception, rang the canteen and said: "Hey, what you got for dinner for a white man!". Let's do some plain talking then!



A Spot of Sight-Seeing

Having arrived so late and missing the first planned day of teaching, we had to extend the course an extra day so there was little time to do any sight-seeing, just on the final day in fact as I made my way back to Lagos for the overnight flights home. Before I left Ibadan I had a quick tour of the university grounds (enormous!) and a meeting with the university Vice Chancellor, Prof Adewole, who was delightful. He is a UK-trained gynaecologist by profession and is responsible for over 12,000 students. Our short discussion was filmed by a TV cameraman and photographer which was an experience in itself!



With the VC (centre, in white), Elizabeth and university staff

We travelled back via Abeokuta, an interesting city surrounded by mud walls and at the centre of which is a large rocky outcrop that we were able to climb to get a spectacular view of the city. It was the first city to be visited by British missionaries in the 19th century so a lot of the buildings are of British colonial design. With me at all times for this and the whole trip was Austin and Andrew, our driver. There are major problems with insurgency in some parts of Nigeria and there are specific security concerns

for westerners in the country. I had insisted on having some protection, which the University were happy to provide. The only time I felt slightly vulnerable was going through Lagos airport for the flight home - I had left my protection behind, it was very hot, very noisy, there was lots of weaponry on display, multiple security checks and a slightly intimidating immigration control process. But once I got to the departure gates it was like any other airport. Phew!

Gbosa!!

A fascinating country then, but one with significant problems - the most populous country in Africa with high levels of poverty and an average life expectancy of 47. But the people I met could not have been more welcoming, and I look forward to going back one day. We have several Nigerian members of the BSP and maybe after this visit we'll get a few more. Thanks for the invitation Elizabeth!



One final 'Gbosa!' for the group photo

Phil Ower

Statins in Periodontal Treatment?

As we've mentioned before on our courses, there is some interesting research coming out of India these days; there have been several studies published in the Journal of Periodontology on the use of a 1% topical bisphosphonate gel, syringed into pockets, and now there are 2 studies published in the latest JP on the relationship between periodontal status and statin use. One study has looked at the perio status of patients with hyperlipidaemia, half of whom were on statins and half were not. This was a cross sectional study so not of a high level of evidence, but the results showed that patients with hyperlipidaemia (ie patients with high cholesterol) tended to have more periodontal disease. This is not surprising given that this condition is pro-inflammatory (upregulated cytokines) and it is maybe also unsurprising that statins were found to have a positive impact on periodontal health, after adjusting for confounders. The second study looked at the effect of local (intra-pocket) delivery of simvastatin, which in other studies has been shown to promote bone formation. This was a double blind RCT using 1.2% simvastatin gel (test) vs placebo (control), adjunctive to NS treatment in 38 diabetes patients. Pocket depths, attachment levels and bone infill were considerably better in the test group at 9 months. Mean bone infill, for instance, was 33% in the test group compared to 4% in the test group. Impressive, but bigger studies will be needed.

Periodontal status and hyperlipidaemia: statin users vs non-users.

Sangwan et al, J Periodontol 2013; 84: 3-12

Efficacy of subgingivally delivered simvastatin in the treatment of patients with type 2 diabetes and chronic periodontitis: a randomized double-masked controlled clinical trial.

Pradeep et al, J Periodontol 2013; 84: 24-31

Chlorhexidine as an Adjunct to Full-Mouth Periodontal Treatment

The original studies into full-mouth disinfection (FMD) from the late 90s included the use of large amounts of chlorhexidine (CHX) both during and after treatment. The Quirynen group who did the original studies then repeated the approach and compared FMD with the same treatment without CHX and found that the CHX made no difference. In other words the benefits of FMD over a quadrant approach were due to the full mouth approach rather than the use of CHX. However later the same researchers repeated this study design in a more controlled way and concluded that there were benefits to using CHX in FMD. By then though the picture had been confused: should we use CHX or not during full-mouth treatment? This study from Brazil may provide some answers. They looked at 38 patients who all got FMSRP, the test group getting CHX gel during treatment and mouthwash for 60 days after treatment and the control group getting a placebo. All patients were type 2 diabetics, they looked at 12 month results and it

was a double-blind RCT. There were NO DIFFERENCES between test and control groups, suggesting that CHX use is unnecessary.

Full-mouth disinfection as a therapeutic protocol for type 2 diabetic subjects with chronic periodontitis: 12 month clinical outcomes. A randomized controlled clinical trial.

Santosltas et al, J Clin Periodontol 2013; 40: 155-162

Hard Evidence of Erectile Dysfunction in Perio Patients?

Over the last 2 years there have been a number of studies which have shown a strong correlation between erectile dysfunction (ED) and chronic periodontitis (CP). One study from the US found an OR of 3.35 for ED in CP patients compared to non-CP controls. Apart from giving us the opportunity to insert some non-PC cartoons into our presentations, this could be another means of persuading (male) patients to take their gum disease seriously. This latest study from Turkey looked at 120 patients with severe to moderate ED and CP, half of whom had perio treatment and half of whom did not. The treatment group were found to have reduced ED scores, suggesting that perio treatment can improve ED, even though the mechanisms for this relationship are unclear.

The effect of periodontal treatment in improving erectile dysfunction: a randomized controlled trial.

Eltas et al, J Clin Periodontol 2013; 40: 148-154

PERIODONTAL MANAGEMENT IN GENERAL PRACTICE

for Dentists and Hygienists/Therapists

Dr Philip Ower MSc BDS MGDSRCS(Eng & Ed)

This intensive course will cover: Diagnosis, Risk assessment, Treatment planning, Treatment options, Non-surgical disease management

Aims:

- To understand the principal aetiological and risk factors involved in the development of periodontal diseases.
- To understand the importance of screening and assessment for periodontal disease in general dental practice.
- To appreciate the range of treatment options available for periodontal diseases.
- To understand the objectives of non-surgical therapy and how this relates to current practice.
- To understand the indications for, and limitations of, antimicrobial therapy.

Objectives:

The course should enable participants to:

- Diagnose periodontal diseases accurately and effectively.
- Use BPE as a fast and effective screening tool.
- Use periodontal probing more effectively.
- Assess patients' level of risk for periodontitis accurately.
- Deliver oral hygiene effectively.
- Treatment plan periodontal care logically.
- Choose an appropriate treatment approach for individual patients.
- Use antimicrobials in a rational and evidence-based way

Cost, including refreshments & lunch:

Dentist - £150 Hygienist/Therapist - £90 Book Now!

Bring your dentist/hygienist with you!

Please complete one booking form per applicant and return with payment to:

PerioCourses, Green Hayes, Malvern Road, Liss GU33 7PZ

Cheque payable to *PerioCourses Ltd*



	Thursday 4 July 2013	The Manor House, Huxley Close, Godalming, Nr Guildford GU7 2AS
	Saturday 14 September 2013	Alexandra House, Whittingham Drive, Wroughton, Nr Swindon SN4 0QJ
	Thursday 19 September 2013	Holiday Inn , Reading-South, M4 Jct.11, Basingstoke Road 500, Reading RG2 0SL
	Saturday 5 October 2013	Hilton Southampton , Bracken Place, Chilworth, Southampton SO16 3NG

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