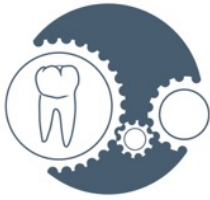


NIEUWSBRIEF

VWVT



Editoriaal

Na de vakantiedagen is het terug aan de slag. We plaatsen dit najaar endo en esthetiek op de agenda. 2 actuele topics. Endo is steeds een beetje als moeilijk en tijdrovend gezien door vele collegae, met doorverwijzen naar de endodontoloog als gevolg. Met onze cursus willen we endo uit het verdomhoekje halen en alle facetten van start tot finish behandelen. De ontwikkeling in instrumentarium en behandelmethodes zijn sterk geëvolueerd en smeken om een objectieve benadering. Single file, NiTi, reciprook om maar enkele termen te noemen. De internationale sprekers die we hebben uitgenodigd zijn autoriteiten in hun onderwerp.

Esthetiek en ethiek, wat kan je beloven, hoe het inkleden, hoever meegaan met de patiënt. Deze zijn enkele topics van ons najaarssymposium dat verplaatst werd naar 6 december. Professor Roeters is composiet kenner, Ad De Jongh is psycholoog.

Na het plotse verlies van onze voorzitter eind vorig jaar, zijn we volop terug op kruissnelheid. Er zijn veranderingen in onze inschrijfmodule op internet. Vanaf nu vragen we ook uw rijksnummer, dit om alle problemen met registratie bij het RIZIV te vermijden. Ook zal bij het aanmelden bij de activiteiten vanaf nu uw identiteitskaart gebruikt worden voor registratie (dus zeker niet vergeten!!!). Zo kunnen we de foutmarge tot nihil terugbrengen. Graag daarvoor uw medewerking.

Eric Vandenoostende



2014 NR 17

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Impact of Periodontal Therapy on General Health

Evidence from Insurance Data for Five Systemic Conditions

[Marjorie K. Jeffcoat](#), DMD, [Robert L. Jeffcoat](#), PhD, [Patricia A. Gladowski](#), RN, MSN, [James B. Bramson](#), DDS, [Jerome J. Blum](#), DDS

Published Online: June 18, 2014

Background

Treatment of periodontal (gum) disease may lessen the adverse consequences of some chronic systemic conditions.

Purpose

To estimate the effects of periodontal therapy on medical costs and hospitalizations among individuals with diagnosed type 2 diabetes (T2D); coronary artery disease (CAD); cerebral vascular disease (CVD); rheumatoid arthritis (RA); and pregnancy in a retrospective observational cohort study.

Methods

Insurance claims data from 338,891 individuals with both medical and dental insurance coverage were analyzed in 2011–2013. Inclusion criteria were (1) a diagnosis of at least one of the five specified systemic conditions and (2) evidence of periodontal disease. Subjects were categorized according to whether they had completed treatment for periodontal disease in the baseline year, 2005. Outcomes were (1) total allowed medical costs and (2) number of hospitalizations, per subscriber per year, in 2005–2009. Except in the case of pregnancy, outcomes were aggregated without regard to reported cause. Individuals who were treated and untreated for periodontal disease were compared independently for the two outcomes and five systemic conditions using ANCOVA; age, gender, and T2D status were covariates.

Results

Statistically significant reductions in both outcomes ($p < 0.05$) were found for T2D, CVD, CAD, and pregnancy, for which costs were lower by 40.2%, 40.9%, 10.7%, and 73.7%, respectively; results for hospital admissions were comparable. No treatment effect was observed in the RA cohorts.

Conclusions

These cost-based results provide new, independent, and potentially valuable evidence that simple, noninvasive periodontal therapy may improve health outcomes in pregnancy and other systemic conditions.



Periodontitis and *Porphyromonas gingivalis* in patients with rheumatoid arthritis.

Mikulis TR¹, Payne JB, Yu F, Thiele GM, Reynolds RJ, Cannon GW, Markt J, McGowan D, Kerr GS, Redman RS, Reimold A, Griffiths G, Beatty M, Gonzalez SM, Bergman DA, Hamilton BC 3rd, Erickson AR, Sokolove J, Robinson WH, Walker C, Chandad F, O'Dell JR.

Abstract

OBJECTIVE:

To examine the degree to which shared risk factors explain the relationship of periodontitis (PD) to rheumatoid arthritis (RA) and to determine the associations of PD and *Porphyromonas gingivalis* with pathologic and clinical features of RA.

METHODS:

Patients with RA (n = 287) and patients with osteoarthritis as disease controls (n = 330) underwent a standardized periodontal examination. The HLA-DRB1 status of all participants was imputed using single-nucleotide polymorphisms from the extended major histocompatibility complex. Circulating anti-P *gingivalis* antibodies were measured using an enzyme-linked immunosorbent assay, and subgingival plaque was assessed for the presence of P *gingivalis* using polymerase chain reaction (PCR). Associations of PD with RA were examined using multivariable regression.

RESULTS:

Presence of PD was more common in patients with RA and patients with anti-citrullinated protein antibody (ACPA)-positive RA (n = 240; determined using the anti-cyclic citrullinated peptide 2 [anti-CCP-2] test) than in controls (35% and 37%, respectively, versus 26%; P = 0.022 and P = 0.006, respectively). There were no differences between RA patients and controls in the levels of anti-P *gingivalis* or the frequency of P *gingivalis* positivity by PCR. The anti-P *gingivalis* findings showed a weak, but statistically significant, association with the findings for both anti-CCP-2 (r = 0.14, P = 0.022) and rheumatoid factor (RF) (r = 0.19, P = 0.001). Presence of PD was associated with increased swollen joint counts (P = 0.004), greater disease activity according to the 28-joint Disease Activity Score using C-reactive protein level (P = 0.045), and higher total Sharp scores of radiographic damage (P = 0.015), as well as with the presence and levels of anti-CCP-2 (P = 0.011) and RF (P < 0.001). The expression levels of select ACPAs (including antibodies to citrullinated filaggrin) were higher in patients with subgingival P *gingivalis* and in those with higher levels of anti-P *gingivalis* antibodies, irrespective of smoking status. Associations of PD with established seropositive RA were independent of all covariates examined, including evidence of P *gingivalis* infection.

CONCLUSION:

Both PD and P *gingivalis* appear to shape the autoreactivity of RA. In addition, these results demonstrate an independent relationship between PD and established seropositive RA.

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NAJAARSCURSUS

3 en 4 oktober 2014

ENDO 2014 : guidelines for the general practitioner



The complete procedure for an endodontic treatment shall be treated considering scientific proven techniques

PROGRAM:

Friday 3 october

9:00-9:30h: Entering the root canal system: keys for success (anatomy, access cavity, pitfalls) (Prof. R. De Moor)

9:30-10:30h: Shaping: alloys used, design of the instrument, use of the different types, handheld versus rotary etc. (Prof. E. Schafer)

11:00-12:30h: Irrigation: different solutions, frequently, activation... (Dr. M. Zehnder)

14:00-15:30h: Single File techniek: Is it possible to shape rootcanals with only one instrument? (Prof. E. Schafer)

16:00-17:30h: "What do you mean by single visit treatment", interactive session (Dr. J. Whitworth)



Saturday 4 october

9:00-10:00h: Growing old with Endodontics: how to deal with the elderly patient? (Dr. J. Whitworth)

10:00-10:30h: Filling the root canal system – part 1 (Prof. R. De Moor)

11:00-11:30h: Filling the root canal system – part 2 (Prof. R. De Moor)

11:30-12:30h: Restoring endodontically treated teeth (Prof. R. De Moor)



ALM Antwerpen

PROGRAMMA 2015

Voorjaarssymposium 2015

28 februari 2015

CPR: de tandarts reanimeert

Prof. Luc Herregods (UGent)

Dr. Isabel Deblaere (UGent) Dr. Marc Coppens (UGent)

Flanders Expo Gent

*

Voorjaarscursus 2015

17 en 18 april 2015

Implantaten: wat erna?

Prof. Daniel Wismeijer (ACTA)

Dr. Ali Tahmaseb (ACTA) Joyce van der Horst (ACTA)

La Reserve Knokke

*

Najaarscursus 2015

2 en 3 oktober 2015

Orthodontics: the biologic principles.

What the general dentist must know.

Prof. Roberto Justus (President World Federation of Orthodontists, Intercontinental University Mexico)

Bouwcentrum Antwerpen

*

Najaarssymposium 2015

28 november 2015

Aangeboren en verworven tandafwijkingen:

Diagnostiek en opties voor herstel

Prof. Dr. Peter De Coster (UGent)

La Reserve Knokke

Najaarssymposium

6 december 2014

Een mooi gebit een waardevol bezit?

Joost Roeters en Ad de Jongh



In de huidige samenleving speelt de esthetiek een steeds belangrijkere rol hetgeen ook duidelijke consequenties heeft voor de tandheelkunde. Dacht men vroeger bij functie van het gebit vooral aan de kauwfunctie tegenwoordig spelen esthetische aspecten eveneens een belangrijke rol. De hedendaagse patiënt is mondig en krijgt via internet en televisie al snel het idee dat alles maakbaar is. In deze samenspraak komen allerlei aspecten van de tandheelkundige esthetiek aan bod en wordt belicht hoe daar als tandarts deontologisch correct mee om te gaan.

PROGRAMMA

Lezing 1 Wat is mooi?

Lezing 2 Hoe om te gaan met een esthetische hulpvraag?

Lezing 3 wat is het verschil tussen compromisloze en pragmatische esthetiek en in hoeverre speelt het dynamisch behandelconcept hierin een rol?

ALM
Berchem Antwerpen

Direct Pulp Capping after a Carious Exposure Versus Root Canal Treatment: A Cost-effectiveness Analysis.

Schwendicke F1, Stolpe M2.

Author information

Abstract

INTRODUCTION:

Excavation of deep caries often leads to pulpal exposure even in teeth with sensible, nonsymptomatic pulps. Although direct pulp capping (DPC) aims to maintain pulpal health, it frequently requires follow-up treatments like root canal treatment (RCT), which could have been performed immediately after the exposure, with possibly improved outcomes. We quantified and compared the long-term cost-effectiveness of both strategies.

METHODS:

A Markov model was constructed following a molar with an occlusally located exposure of a sensible, nonsymptomatic pulp in a 20-year-old male patient over his lifetime. Transition probabilities or hazard functions were estimated based on systematically and nonsystematically assessed literature. Costs were estimated based on German health care, and cost-effectiveness was analyzed using Monte Carlo microsimulations.

RESULTS:

Despite requiring follow-up treatments significantly earlier, teeth treated by DPC were retained for long periods of time (52 years) at significantly reduced lifetime costs (545 vs 701 Euro) compared with teeth treated by RCT. For teeth with proximal instead of occlusal exposures or teeth in patients >50 years of age, this cost-effectiveness ranking was reversed. Although sensitivity analyses found substantial uncertainty regarding the effectiveness of both strategies, DPC was usually found to be less costly than RCT.

CONCLUSIONS:

We found both DPC and RCT suitable to treat exposed vital, nonsymptomatic pulps. DPC was more cost-effective in younger patients and for occlusal exposure sites, whereas RCT was more effective in older patients or teeth with proximal exposures. These findings might change depending on the health care system and underlying literature-based probabilities.

Guarding the precious smile: incidence and prevention of injury in sports: a review.

Dhillon BS1, Sood N2, Sood N2, Sah N3, Arora D1, Mahendra A4.

Author information

Abstract

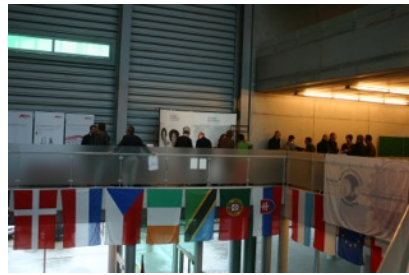
The paper provides a review about the orofacial injuries sustained during sports and the options available to the athletes for their prevention. It was done with a purpose to determine three different aspects incidence of dental injury during sporting activities, role of mouthguards in preventing sports injury, types of mouthguards and their properties. From this review, it is clear that sports carry a considerable risk of injury, this is not only true for the contact sports such as rugby or kickboxing, but also for seemingly less dangerous sports such as football. Amongst the different types of mouthguards, the most acceptable and safe ones are the custom-fabricated mouthguards, in particular the pressure-laminated ones. In general, mouthguard usage is less than the dental profession would recommend. As much of progress has been made in this area, need for the use of mouthguard needs to be emphasized and promoted by the dental profession.

BTW en de VZW

Zoals jullie konden zien bij de aankondigingen van de ICT en het symposium is een nieuwe regeling van kracht.

Er is ons gewezen op de BTW-plicht in Europese context. Ook een vereniging zonder winstgevend doel moet hieraan voldoen. Maar België zou België niet zijn, moesten er geen uitzonderingen bestaan. Deze wordt gemaakt als een vereniging zonder winstgevend doel enkel voor de leden werkt en de gelden die deze ter beschikking stellen enkel voor de werking worden gebruikt.

De keuze is in deze snel gemaakt. Ik denk dat niemand staat te springen om 21% extra te betalen?



PEER REVIEW

Vergaderingen 2e semester 2014

West-Vlaanderen:

Sessie 5/6:

donderdag 4 december om 10.00u

Locatie: "Di Coylde" Beernem

Coördinator: Kris Lenoir

E-Mail: ict@vwwt.be

Telefoon: 050712657

Oost-Vlaanderen

Sessie 11/12:

donderdag 16 oktober om 10.00u

Locatie: "Patyntje" Gordunakaai, Gent

Coördinator: Vandenoostende Eric

E-mail: ict@vwwt.be

Telefoon: 09 230.10.93

Vlaams Brabant

Sessie 13/14

dinsdag 16 september om 16.30u

Locatie: Bistro "Ouddorp"

Huizingen

Coördinator: Quisthoudt Marc

E-mail: ict@vwwt.be

telefoon.: 025205279

Antwerpen

Sessie 17/18:

vrijdag 10 oktober om 10u30

Locatie: Royal Beerschot Tennis & Hockey club, Antwerpen

Coördinator: Luc De Maesschalck

E-mail: ict@vwwt.be

Telefoon: 051304017

Alle peer-reviews zijn dubbele sessies van anderhalf uur, dus drie uur in totaal.

OPROEP

Om onze administratie zoveel mogelijk te beperken vragen we om inschrijvingen voor ICT (peer-review), symposia of cursussen via de website te doen. Gewoon inloggen met je inlognaam en wachtwoord.

Het is ook belangrijk dat ieder de correctheid van het RIZIV-nummer nakijkt. Nog steeds komen bij opladen van aanwezigheden foutieve nummers boven.

Wij vragen ook de einddatum voor inschrijving te respecteren. Het bijwerken van databestanden voor de accreditering met de handtekeningen dient vlot te verlopen. Het eigenhandig bijschrijven van de naam met handtekening is administratief niet correct te verwerken.