

SUMMER 2018



EDSA Magazine

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How the best perform



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Editor's Word

Dear EDSA Family,

A lot of hard work has gone into this edition of the magazine. After two years as the editor and as part of the Executive Committee it is time for me to pass the torch to someone else as I take on my final year as a dental student.

Thank you to those who have contributed with articles and thank you to Ivana, the co-editor who has helped create this issue.

Happy reading,
Linnea Borglin
Vice President of Public Relations
pr@edsaweb.org



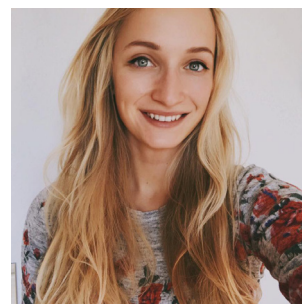
Co-editor's Word

Dear EDSA students,

One of my friends asked me how I keep myself motivated. One of the answers that came to my mind was going to EDSA meetings. Why? You meet so many productive people that make you realize your own potential. During the EDSA meetings I have met dental students that speak 4 languages, volunteer, travel, play sports and still manage to be good at dentistry - an inspiration to me.

The EDSA family motivated me and I decided to take up a new activity; helping with the EDSA magazine. I hope you enjoy the new edition.

Have a nice time in Oslo!
Ivana Ligusová
Slovakia



Cover photo by Dag Endre

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HOW I FOLLOWED MY DREAMS IN THE SCI-FI FIELD OF DENTISTRY

Interviewer: Ivana Ligusová, Slovakia

Responder: MUDr. Maroš Čížmár

Doctor Čížmár, please, tell us some basics about yourself, where did you study, which year did you graduate, and what was the issue you focused on during your studies?

Hello, I'm a doctor of dental medicine. I graduated only two years ago and I studied dental medicine in the Comenius University in Bratislava, Slovakia. I've always been interested in technology and digitalization and while still being a student, I became interested in 3D printing. It was partly because the dental education didn't happen as I imagined, and therefore I needed to "react" in some area, to feel that I was doing something modern and more beneficial for the future of my profession and desired career path.

Why did you choose to study dental medicine?

I liked many science and technology areas. Besides technical sciences, I also liked biology, chemistry and humanitarian departments, so I focused on medicine. In dentistry, these themes are ideally connected - I've realised dentistry offers dealing with my favourite themes all in one "package". I like how dentistry is technologically developed, still linked to medicine while helping people.

A good salary for dentists was certainly also a reason, which I naturally think of as a young person - I want to do something that I enjoy but also something promising and well paid. I think there are many interesting areas where young people do not work because they are poorly paid and it harms the whole society. A typical example for us in Slovakia is the profession of a teacher or a scientist.

Many medical students aren't very interested in technical science, have you enjoyed it since you were young?

Yes, I was a bit of a "geek" as a boy, and I've always enjoyed computers and technology. I don't think I was much different from the other boys.

Didn't you think about studying in the field of technical science? What does medicine have in addition?

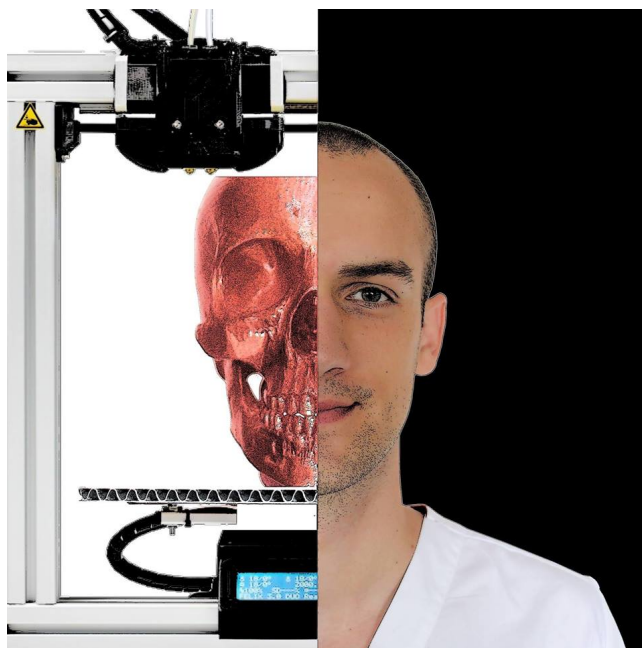
As I was interested in computers, I thought about studying IT. After a few informative seminars, I decided I'd rather choose something else. I did not like the idea of sitting on the computer, solving only programming tasks. As I said, I also liked other disciplines. It felt like medicine was the right mix, and I'm looking forward to see what technology in medicine will bring in the near future. I think there will be great changes and it will transform the way we treat patients. Direct use of technology in my practice is something that fulfils me.

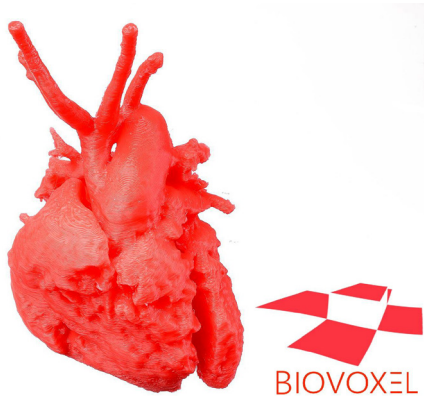
In which year of study were you when you started working with 3D printing? What inspired you?

It was at the beginning of my fourth year, when it was time to choose the subject of my master thesis. There was a topic that focused on 3D printing and 3D technology that I captured my attention. After meeting with the supervisor - Dr. Thurzo, a technical enthusiast just like me, I decided to write my thesis on the subject. I have been working with 3D printing ever since.

How did you make it from the "idea" to the first steps of "action"?

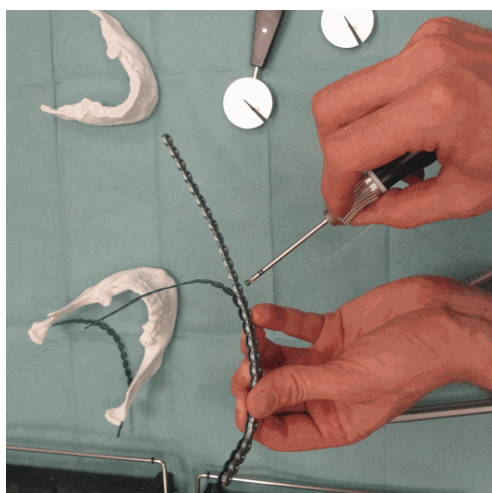
We started small. We made the first printer by ourselves - it was a relatively simple FDM / FFF printer melting plastic fibre. Funding was done mostly by our supervisor and ourselves. I appreciate this start because we designed, built, changed and repaired the printer ourselves, giving us a good technical background that still helps me today. As time passed, we received grants. These were small and with the purpose of improving education. Unfortunately, funding was limited during my studies so it was still more of a hobby.





After constructing your first 3D printer, you have received few smaller grants. How did it help you?

Smaller grants allowed us to buy more high-quality FDM printers, one DLP printer and one bioprint, but all of them were relatively low-cost machines. Nevertheless, they allowed us to do many interesting things. This is one of the things in 3D printing which I really like - thanks to the huge community of "makers" and technology enthusiasts, the price of 3D printing is constantly pushed downwards, which is very good. Thanks to the open source segmentation and modeling softwares, that are also very useful in medicine, and thanks to the increasing performance of computers, high-tech medical care gets to the bigger amount of people.



How did you get these grants to buy additional printers?

As students we didn't have many opportunities to get large research grants, so our options were limited to smaller grants from domestic companies, that served to improve education, business or general services in the society. These donations were about 5,000 euros. There was a lot of paperwork. It took us many productive hours, but we didn't find many other options. On the other hand, we felt more grateful about getting the money afterwards.

Was the university open to your ideas?

There were many enthusiastic people at the university that were very keen on supporting us. We tried to present our activities as much as possible, showing up in the media, doing a lot of student work, investing a lot of free time and money. Nevertheless, the university didn't support us so much. It's a shame in terms of the potential hidden in it. Some 3D printing activities continue in my university to this day, and I hope people will pay more attention to them.

What types of printers have you acquired for the university?

At the beginning we got a number of FDM / FFF printers. At that time it was not yet common, but today it's one of the best available 3D printing technology. It's the technology to melt the plastic fibre that is applied in layers afterwards. Today you can find this type of printers in every city. Later we acquired a DLP photopolymer printer, which are now becoming popular, just like the FDM / FFF printer, mainly due to its affordability. This printer is also very interesting for clinical dentistry as it uses light-curing resins that are very similar to our dental composite. At the end of my study, I was able to get one biotrin printer that functioned similarly to the FDM / FFF printer but was able to print from gel-like biomaterials, usable in the research of tissue engineering.

What did you use the printer for when you started with 3D printing? What were your first achievements?

Our first mentioned FDM / FFF printer was mainly used to print organ replicas for operational planning - models of children's hearts for cardiac surgery, jaws for maxillofacial surgery and traumatology, or bones and joints for orthopaedics. These models were a big help for surgeons, and that was our greatest motivation. Later we were printing the reconstruction of skulls found in ancient and medieval graves. One student used printers for better visualization of ophthalmic tumours for ophthalmosurgery or untraditional applications in collaboration with forensic medicine. Mostly we were printing models for operation planning, and we are printing these to this day.

How did your "university printer room" look like at the end of your studies?

Thanks to the enthusiastic activity of students, we managed to create a place with six 3D printers, several computers, instruments and tools. Basically a high tech "maker space" for medical students.

How did you use the printers during your studies?

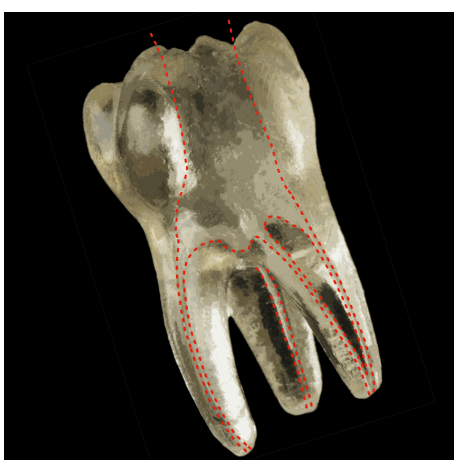
In addition to operational planning models, we did research on a bioluminescent printing, where we used scaffolds for tissue engineering to be used in regenerative medicine. Bioprinting and regenerative medicine is something that fascinates me. I hope to have the opportunity to do more of it in the future. At the university we didn't work with the DLP printer so much as we were faced with constant technical problems. Since then, I've been more cautious with buying kick-start projects (from public crowdfunding platforms). I'm still working with DLP technology, but quite extensively.

How did you manage to continue in this area after school?

It's still my biggest area of interest. Now that I am practicing clinically, there are many other things I have to learn. I am still drawn to 3D printing and I always think about how my treatment can be improved and simplified by using 3D printing and 3D technology. At home I have 3D printers on which I constantly print something, and finally at the private clinic where I work we bought a CAD/CAM system and a 3D printer.

How do you use 3D printing in your current practice?

I'm currently using 3D printing for rather unusual applications - 3D printed replicas for autotransplantation procedures. The CT creates a model of the tooth that we want to autotransplant and is used as a "dummy" for shaping the neo-alveolus for the transplanted tooth. The whole process speeds up the transplantation, and with these replicas, there is less complications in the healing period. This is mainly due to the fact that the most important tissue for the success of autotransplantation - periodontal ligaments, are much less damaged with this procedure. In addition, I still print models for operational planning, especially for maxillofacial surgery. My biggest focus right now is printing dental models that serve for endodontic training in dental faculties and for the training of doctors or students. In the long run, I would like to have a whole spectrum of not only teeth for endodontic training, but also for other procedures in the dentoalveolar and maxillofacial area, with a series of online videos so dentists can practice these procedures anywhere and whenever they want. Something like decentralized online practical workshops.



I really think I'll be using 3D printing for a lot more clinical applications soon. For example, DLP technology (or SLA, or LED UV and related tech.) will have a privileged place in dental clinics and dental laboratories as they can now be used for dental models, surgical templates, temporary prostheses, waxups and a range of other options. It's only a matter of time before we'll all be printing definitive work as well.

How did your activity while being a student affect your professional life? Do you think it would be much different if you started later?

It would be significantly different; I would probably spend a lot of time doing clinical work behind the chair. I'm not saying it's bad or good, I would invest a lot more time in a slightly different direction.

What would you recommend to the students who have ideas, but struggle to make them happen because they don't know how to implement them?

Having an idea is great, but it's not enough for itself. I don't have a universal "how-to" guide, but I think it's important to be determined, to not give up and to find the right people around. Today we have amazing opportunities for networking, especially thanks to the Internet. Start to pay attention to the topic that interests you, read about it, ask about it, and don't be discouraged when it seems to be useless or sci-fi. Find other people who can help you. Whether they are colleagues, students, trainers, you have to stick with the people who surround you, who are smart, who motivate you. Meet, discuss, and give yourself specific goals. Be grateful if you have good conditions for your project, and reward your institution or supervisor with your good work. And if you don't have the ideal conditions, try to make them, it's possible, just don't give up and don't let go "with a stream" that it's not going well or that it's an unnecessary work. And even though I'm pretty sure things won't go completely according to your expectations, you will learn a lot and get a valuable experience in the process of working on your project.

Thank you very much for the interview!

H_GENERATION LIGA SEPA: from students to professionals **with heart**

The H_Generation Liga SEPA Program is a brand new program developed by Hu-Friedy and the Spanish Society of Periodontology and Osseointegration for young dental professionals at the beginning of their career.

Inspired by their enthusiasm, Hu-Friedy and SEPA created H_Generation to encourage excellence in both studies and work. Starting early, we will work alongside dental students to support them while they advance their vocational skills and develop innovative ideas. They are young, dedicated, and passionate: they are the future, they are Hu-Friedy SEPA generation.

From University to H_Generation Liga SEPA: Students, get ready to join the Community!

"The H_Generation achieves and inspires excellence in dental. The Community's behavior and mindset represent what a student should aspire to be." - says Riccardo Lepre, EMEA Institutional Manager at Hu-Friedy. Riccardo has been a key player in the development of the H_Generation Program since its inception. Riccardo continues, "From student to practitioner, Hu-Friedy is proud to be an important part of their professional careers through educational programs worldwide, inspiring performance and quality in dental care."

H_Generation was launched by Hu-Friedy and SEPA in April 2018, during the SEPA Congress (Spanish Society of Periodontology and Osseointegration) in Seville. During this time the EDSA (European Dental Students Association) was provided with an opportunity to learn more about the Liga SEPA. Tin Crnic, EDSA EVP Officer, met with the Scientific Board of SEPA to discuss new ways to include the European Students community in the Liga contest.

Giana Spasic, Manager Key Opinion Leaders Strategy Europe at Hu-Friedy, is very proud of the success this program has generated, *"Thanks to the collaboration with SEPA, this project allows Hu-Friedy to encourage young professionals to present their first cases and to further develop their presentation skills at work."*

Hu-Friedy remains committed to supporting young professionals with several specialized services and programs.



Inspired by Key Opinion Leaders

"We hope that the upcoming generation of dentists will be inspired by Key Opinion Leaders who have already made a huge impact in the dental community and on their patients' health through their work", adds Giana. "Speaking of which, Dr. Rino Burkhardt, who organised the Swiss Perio Education Week in Zurich, will host the winner of the first edition of Liga SEPA H_Generation". ■

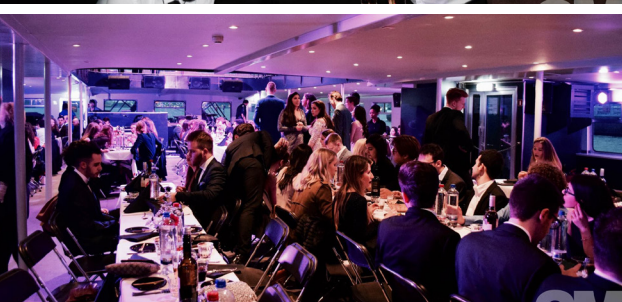


From left to right:
Riccardo Lepre - Hu-Friedy EMEA Institutional Manager, **Tin Crnic** - EDSA EVP Officer
and **Giana Spasic** - Hu-Friedy Manager Key Opinion Leaders Strategy Europe.

Visit the New Hu-Friedy University Program Website



universityprogram.hu-friedy.eu





61st EDSA meeting, *Amsterdam*

There are two great things that you can speak of when remembering the European Dental Students' Association Amsterdam meeting in April 2018 - EDSA and Amsterdam. By merging these two we got one of the most amazing events EDSA has seen in the last years.

They always say that lowering your expectations is the key to not being disappointed and having a good time. However, there was no chance any of the participants, EDSA ExCo and Officers could diminish their enthusiasm and excitement, when arriving in this daring city. The Local Organizing Committee was aware of this so they did their best to organize a high quality meeting, putting a lot of effort in their work in order to provide an unforgettable week. And they succeeded brilliantly! The charismatic team of qualified and passionate people delivered an amazing congress, lots of scientific and entertaining activities and an incredible amount of fun, all suited to the city atmosphere.

In their endeavor to satisfy all of our needs, the Amsterdam team brought us colorful days and beckoning nights. Starting from the funky hotel and the amazing ACTA surprises (who else can brag about having a beer night every week at their University?) to the diversity of the evening themes and places, we had everything we needed and even more.

Throughout the week there were opportunities to take part at workshops on different subjects, from EDSA related (*introduction to EDSA, constitution update, organizing an EVP*), to scientific (*how to create a poster and scientific presentation, master your presentation*) and dentistry topics (*eHealth, competences in dental education, Make Sense campaign*). The various lectures and roundtables brought the scientific quality of the meeting to a new level. Discussing important subjects e.g. sustainable dentistry, partial access and proportionality test, eHealth, spiced with an Italian styled lecture on restorative dentistry were highly appreciated by the students.

One of the main goals of the EDSA team was to have a meeting that would introduce the new students to the Association's values and objectives and that would be appealing to the EDSA veterans at the same time. By organizing various workshops, trainings, working groups, we got to know each other better, to establish common aspirations and visualize the evolution of the Association, which are of paramount importance to the EDSA meetings. Sharing the EDSA spirit in all its forms: science, motivation, perspectives, fun was *la pièce de résistance* that ensured the success of the fantastic meeting in the capital of opportunities.

We arrived to taste every bit of Amsterdam and we left with the amazing aftertaste of verve, friendship, nostalgia, and the eagerness for the next EDSA meeting in Oslo.

"I left my heart in Amsterdam, where I could dream and nights were long..."

Written by Daniela Timus
EDSA Research Officer



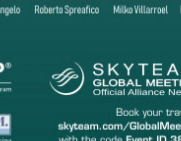
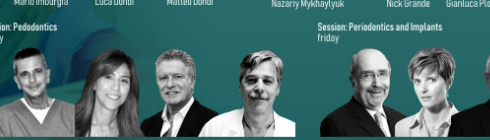
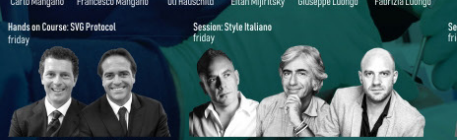
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Dr. Michèle Reners about EuroPerio9, periodontology and research



Interviewer: Daniela Timus, EDSA Research officer

*Responder: Dr. Michèle Reners
Europerio9 Chair*

- Thank you for accepting our invitation for this interview. Getting to know the vision and perspectives of the people we admire is both motivating and inspirational for students all around Europe. Following this idea, what would you say are the elements that inspire you in your work, by what things is your career's evolution driven?

I was first attracted by periodontology because it was “mysterious”. When I was a student at the University of Liège, I heard about gingival grafting but didn’t see any, and I saw people losing teeth without knowing what the risk factors were, so I was curious to know more about it. Then I went to the ADF congress in Paris and I met university professors, assistants, and students who explained to me what I needed to do to receive education in periodontology. After my training at Paris 7, I had answers to those questions and I started to work in my private practice. After some years of working, I realized that what I like about periodontal treatments is the need for the patient’s collaboration.

It is really motivating for us as practitioners to see the evolution of how patients are taking more

care of their mouths. But the way we communicate with them is crucial, and the words we use to motivate different patients and make them understand periodontal disease are not always the same. A great satisfaction also comes from these patients still having their teeth present after many years of periodontal maintenance – because periodontal treatments work!

My career was not really planned. When I started as a general practitioner, I had so many desperate patients telling me, “My dentist said there is nothing to do about periodontal disease – just wait until the teeth fall out!” I wanted to spread the idea that patients with periodontal problems should be treated properly and should be able to keep their teeth.

I was so motivated to improve periodontology that I decided to dedicate time to this. So, I was involved in the Belgian Society of Periodontology, then I became president of this society, and after that I was EFP president, and now I am serving as president of the EuroPerio9 organising committee. And while I am very pleased to see the evolution of periodontology over the last 20 years, there is still work to be done – so I am counting on the new generations to continue this task. I just received the news that from, 28 March 2018, Belgium is recognising the job of dental hygienists. It has taken a very long time to achieve this.

„A great satisfaction comes from these patients still having their teeth present after many years of periodontal maintenance – because periodontal treatments work!”



I also want to emphasise that I have always worked in my own private practice, so it is possible to do things even if you are not an academic.

- Being the chair of an event such as EuroPerio is at the same time an honour and a responsibility. How did you manage to combine these two and organize the biggest periodontology congress in Europe? Where there any challenges or obstacles you have encountered during the preparations? On the other hand, what are the advantages of this experience?

Yes, it is tough work! We expect about 10,000 participants and it is the biggest congress of periodontology and implant dentistry in the world! But it is so exciting, and I am working with so many talented people, that it is a really great adventure.

The first challenge is to make EuroPerio9 in Amsterdam as big as EuroPerio8 in London (in 2015). My personal challenge is to attract young dentists and dental students because periodontology is the basis of dentistry! And it seems to be working because, as of today, 40% of the registrants are under 35.

The EuroPerio9 organizing committee is very efficient and constructive, and it is a pleasure to work with scientific chair Søren Jepsen, treasurer Gernot Wimmer, the Dutch representatives Monique Danser and Bruno Loos, and with Spyros Vassilopoulos, the junior member responsible for the “ambassadors”.

We work in a very friendly atmosphere together with a congress organizer group from Austria, Mondial Congress & Events GmbH. They are really good professionals with the experience of previous EuroPerio congresses in Vienna (2012) and London (2015). They arrange everything, they are very efficient, and we have full confidence in them, which means we can focus on our work and let our imagination come up with new ideas for EP9.

I didn't encounter any special obstacles after being elected by all the EFP societies at the General Assembly in 2015. We must keep in mind

that it is a global event attracting more than 115 different nationalities, and that is more a challenge than an obstacle.

Being chair of this EuroPerio 9 was an enormous privilege, an unforgettable and exciting adventure, but most of all a rewarding human experience. For me, the concrete advantages are the incredible network created that provides unexpected opportunities – such as meeting your association and collaborating with you.

For the EFP, EuroPerio9 has the advantage of providing a platform to explain and promote its achievements and the activities it has planned for the future.

- Given the fact that many medical environments, including periodontology, are considered to be masculine, what are the actions or changes that could be done to achieve women's parity and to emphasize their leadership power? Have you faced this aspect in your role as the chair of EuroPerio9?

If you look at the figures, you will see that everywhere in Europe, the majority of dental students are female. But if you look at the scientific programmes, most speakers are men. Perhaps it is too much of a cliché, but I suppose that women are more focused on their private lives at the beginning and it is still difficult to manage a professional career and family life.

So, at the last EuroPerio 8 in London, I held a meeting with women from each EFP national society. The idea was to create a list of potential women speakers and their field of interest. Monique Danser from Holland and Virginie Monnet-Corti from France took it over this year, and in Amsterdam we will all meet again. We will give women the opportunity to speak and to gain more confidence in their work. They deserve it! Søren Jepsen agreed completely with the fact that more women should be included in the scientific programme and he has improved the percentage, compared to EuroPerio8 in London.

- What are the main objectives that you followed during the preparations for EuroPerio9? What should be expected from this important event?

We want to make a memorable EuroPerio, so we had several meetings and we decided to be very innovative. We introduced sessions like Perio Talks, where we have selected eight speakers from the EFP Alumni, who have received speaker training from a TEDx coach. We are all waiting for the new classification of periodontal and peri-implant diseases, which will be presented and discussed with the European and American experts involved in this project. For the first time at a EuroPerio congress, a live-surgery will be presented by an expert in mucogingival surgery. But, for me, a very innovative session will be The Nightmare Session, where the speakers will show how to treat cases we hope to never encounter. Of course, all the other traditional sessions, including the 3D session, will still be present, and there will be six sessions in parallel each day! I believe every delegate will find what he or she is looking for.



- Do you think that participation in congresses is important for dental students and their future career? Is it an environment suited for their development, even if most of the information is on an advanced level?

It is a good opportunity for dental students to know more about this speciality, of course. Looking at the programme, it is so diverse that there is a session for dental students or young dentists wanting to improve their knowledge in periodontology or peri-implant dentistry as well for the researchers – it is what makes this congress so attractive. But a congress is not only a place to hear speakers and to improve knowledge, it is also the best place to meet interesting people who can inspire you. It is the place to create new contacts and where networking is facilitated. And the new EuroPerio9 app will facilitate connections between people on site!

We also will give the floor to Philip Preshaw, who is chairman of the EFP undergraduate education committee, and to Moshe Goldstein, chairman of the postgraduate education committee. They will explain the different ways to get trained in periodontology and the different programmes that are accredited by the EFP.

There is a special new contest for dental students, writing an essay on “why should I consider a career in periodontology?” and the winner will have a free registration.

- Research activity comes as a third priority for dentistry students, after theoretical study and hands-on clinical activity. Most of them are not familiar with the application process or the opportunities that a research project provides. How do you appreciate

the importance of getting involved in research during student years? Should research be seen as a potential career or just an extracurricular activity?

Dental students have a really concrete idea of their future job where manual ability, good contact with people, and precision work are required, but they don't imagine all the possible research options. Some will prefer to be a good general practitioner, while others will prefer to specialize and develop a research career or create their own practice. But it would be good to have a platform to inform them about the different specialities, because not all universities offer the possibility of carrying out research.

We received 1,752 abstracts from all over the world for the free communications and posters sessions. Visiting the e-posters area at EuroPerio9 and meeting the authors during the poster presentations could be a good experience for a dental student.

- What importance would you give to the collaboration of scientific societies, like the European Federation of Periodontology with students' organization, like ours? Do you think that the students' voice should be heard more in scientific organisms' activities? It is important to give the opportunity to dental students to meet the best experts in each field.

We have an undergraduate education committee within the European Federation of Periodontology. Until now, this committee has been busy with “equalising” the level of education in perio for undergraduate education in all the European universities. Recently we had contact with your organization, and we hope for a constructive collaboration and we will discuss how we can improve the relationship. It will start at EuroPerio 9, where a special session for dental students will take place at the EFP Village. You will be informed via the app. So, let's meet in Amsterdam !

W&H Press Information

13/06/2018



W&H launches own Instagram account as the platform's popularity soars

Instagram is all about capturing and sharing authentic, relevant and cutting-edge content. Today, the video and photo platform has more than 800 million users worldwide, including many dentists and dental assistants, which accounts for the surprising levels of interest in images from the dental industry. At W&H, we have therefore decided that now is the time open up this communication channel with our professional dental customers, by launching our very own innovative and modern Instagram account.

Young and mobile target audience

More and more dentists and dental practices are using social media to help attract new customers and build trust in their services. In fact, there are now more than three million posts online with the hashtag #dentist. As a specialist in dental solutions, W&H is now looking to get involved in this conversation and reach out to dentists and dental practices with its Instagram account @whdentalwerk. The primary aim is to improve awareness of the brand among younger target groups. The new Instagram account therefore forms part of a cross-media campaign, which also incorporates the company's existing social media activities on Facebook, YouTube, LinkedIn and W&H's very own Video Channel. Hashtags such as #whdentalwerk, #whdental and #patient2fan will be used to increase interaction and get users involved in W&H campaigns.

User-generated content

"Our Instagram account will promote the unique corporate culture of our modern family company through our slogan 'People have priority'. As well as sharing our own messages, we also want to encourage our customers to produce their own user-generated content," explains Anita Thallinger, W&H Marketing Director. "Examples could include before-and-after photos or snapshots from their everyday work, which showcase close and trusting relationship between dentist and patient."

Popularity of social media among dental community

Social media influencers have a key role to play in shaping users opinions. As with any industry, there are numerous experts and advisers from the dental community whose online contributions are very highly regarded. It is not rare to find dental practices and even dentists with more than 200,000 followers. "Collaboration with these key opinion leaders is a key component of W&H's digital strategy. This is the only way to develop a reputation as a genuine contributor, and ultimately generate popularity and trust among users," explains Anita Thallinger.

W&H Press Information



In short:

- W&H Dentalwerk launches Instagram account
- www.instagram.com/whdentalwerk/
- Top 10 hashtags:
#dentalwerk, #whdental, #whdentalwerk, #dentist, #dental, #instadentist, #dentistry, #dentalassistant, #dentallab, #dentalcare



Image 1: WH_Thallinger Anita

"The new W&H Instagram account is designed to open up direct communication with customers and key opinion leaders from dental industry," explains Anita Thallinger, W&H Marketing Director.

Photo: © W&H



Image 2: WH_Instagram_Phone

W&H is seeking to join the professional players on Instagram

Photo: © Shutterstock

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About W&H:

W&H is one of the world's leading providers of modern dental technology for more than 125 years. The company sets high standards in the development of user-oriented solutions and is a valuable partner for dental practices, clinics and laboratories, as well as modern maxillofacial surgery. W&H currently has over 1,100 employees around the world and an export rate of 95%.

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Partial Access

What is Partial Access?

In general partial access means access to part of the activities reserved to a particular profession. Concerning dentistry this could mean that professions, that up to now were only in an assisting role in dentistry (like dental technicians, dental hygienists) could get autonomous access to patients.

What could be the possible consequences throughout Europe?

There could be various consequences. In cases where partial access is possible in one European Union Country and is not possible in a different one, free movement of healthcare providers could lead to a (European) court case with the possible outcome that all European countries could be forced to open their regulated professions for partial access.



Who are the members of the dental team in Austria ? Can the dental auxiliaries practice independently ?

In Austria there are beside the dentist only 2 types of members of the dental team recognized: Dental chairside assistants and prophylaxis assistants, which is a specialisation which could be reached after absolving the training of chairside assistant. Both of them can work only under the surveillance of a dentist and are not allowed to practice independently.

Can you please inform us on the Austrian situation regarding PA ? Did your organization lobby for that result ? In other words, why is the outcome in Austria different from the one in France where PA has been implemented even for health professions ?

When translating Professional Qualification Directive (PQD) into Austrian law, parliament decided that partial access in dentistry is exclusively granted in only one case: When dental hygienists from other European countries move into Austria they can get partial access only to the specialisation of the profession of chairside assistance, namely to prophylaxis assistance. This means no partial access to dentistry, but instead to dental auxiliary!

Austrian Dental Chamber had of course some discussions about this point with our Health Ministry, which was preparing the translation of PQD and we were able to make clear that partial access in dentistry would in the long run mean the introduction of "light dentists" and could so be a serious threat to patient safety.

I am not in a situation to evaluate the political situation in France, but I think that the text of PQD could be read in two ways. Austrian Parliament decided (following our arguments) that partial access is not possible, when regulated health professions are concerned, and the French decided (possibly under the influence of other stake holders?) to follow a different interpretation.

Interviewer: Tanguy Pinedo Tora

Responder: Dr. Jörg Krainhöfner, Austria

Director of the Austrian Dental Chamber

The Italian Association of Dental Students (AISO) and the Catholic University of the Sacred Heart in Rome, Italy had the pleasure to host the first European Visiting Programme (EVP) in Rome.

In the beginning, it was not easy to create a programme to give the EVP participants the opportunity to spend a week with us. A week not only full of lectures and workshops but also enriched by all the shades of our beautiful host city, Rome. We gathered ideas in the months leading up to the first day of this wonderful experience.

We chose five students from different countries; Poland, Croatia, Serbia and Bosnia and Herzegovina. Our purpose was to let them discover a different culture, make new friends and improve cooperation and flow of information among dental universities. In this way, they get the chance to broaden their views and to develop the ability to adapt to a different environment.

From the first day, we let them visit our dental clinic, observing and helping us in various dentistry specialties: periodontology, endodontics, conservative, prosthodontics, oral surgery and oral pathology. The EVP included some lectures with our professors and international speakers, in particular about the surgical anatomy of the stomatognathic system, the biological width (Periodontology) and the irrigation protocol in endodontics. The Local Organizing Committee (LOC) also managed a suture workshop on pig jaws, which also included a simulation of a sinus lift membrane elevation on eggs.

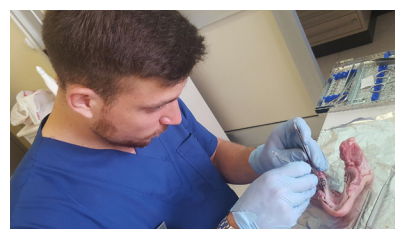
Since we live in Rome, one of our main objectives was involving the exchange students in our way of living. The scientific programme was very rich, so the LOC decided to interchange dental activities and city tours to let the students embrace our culture completely. Even if we had only one week, there was enough time to show them some of the most important monuments and areas in our capital city: Vatican City (St. Peter's Dome and Vatican Museums), Castel Sant'Angelo, Piazza Venezia, Imperial Fora, Colosseum, Palatine Hill, Orange Garden, Tiber Island, Trastevere, Rione Monti, Via del Corso, Pincio, Piazza di Spagna, Pantheon, Piazza Navona. We had to concentrate lots of places, curiosities, and kilometers in a few days, but it was worth it. During the evening, we planned many social activities where the students got a taste of our nightlife and typical food.

EVP

Rome

The Catholic University of the Sacred Heart

7th - 13th May 2018



A special thanks go to the LOC for the help and the strength they put in this new project and also to the incoming students (Michal, Katarzyna, Maja, Irina, Altea) for their positivity and open-mindedness. In some moments, before the start of this week, I felt a bit apprehensive for the organization, because even if you plan something to the point, problems can always arise. But we also know that if you really want to do something you'll find a way to solve everything, otherwise you'll simply find excuses.

In a strange mixture of bittersweet emotions, we ended this EVP, having the certainty we have found five new fantastic friends and hoping our paths will cross again. I'm very grateful for the time spent together, for the funny moments we shared and even for the bad ones because all gave us the possibility to grow up. Grow up together, simply, with a smile.

Written by Veronica Cameli
Local Exchange Officer AISO Roma Cattolica



EVP

Naples

University of Naples "Federico II"
11th - 18th March 2018

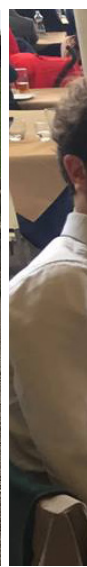
I'm Matteo Cafasso, the one who organized the EVP in my city, Naples, with the help of members of our dental students' association "AISO." The five participants were chosen in order to make a multicultural group: Antonija Teskera from Croatia, Alžběta Chrástková and Monika Dostálová from the Czech Republic, Alexandra Done from Romania and Natalia Kopycińska from Poland. The exchange students stayed at an apartment in Rione Alto, close to the clinics of the "A.O.U. Federico II" where they met and assisted the professors. In particular, they shadowed the professors Zarone, Ramaglia and Mignogna respectively in the Prosthodontics, Oral Surgery, and Oral Medicine wards. The scientific activities included three workshops: "Soft tissue and Inflammation, Prevention

Luckily the students got along very well and we are very satisfied with how we managed the events and how the whole program went. The participants were very nice and they enjoyed their stay so much they even gave me a signed framed picture of us as a gift.

Even if organizing such a complex event could seem stressful, and it is sometimes, the good things it brings make it completely worth it.

EVP Naples through the eyes of Alexandra Elena Done,
UMF Carol Davila Bucharest, Romania.

EVP Napoli was a great experience. I met very nice people who took care of us putting their effort in order to make everything fine. This allowed us to spend a great time together. The organizers showed us plenty of beautiful places: Pompeii, Amalfi Coast, the city center and during the week we had so much fun with the Italian team. We had parties and appetizers and we experienced delicious Neapolitan cuisine as well. At the university, we attended several workshops and shadowed the professors of Prosthodontics, Oral Pathology and Oral Surgery in the clinic. The doctors explained to us the problems that their patients were having and the treatments they were performing. It felt like home and I would definitely come to visit Napoli again! Grazie.



as a business opportunity for the dental practice and Toothpastes and their characteristics" (lecturer Gaia Anastasi of Colgate) on the 12th of March, "Refresher course on removable prosthodontics, actuality and innovation of retentive systems" (lecturers Dr. Marco Montanari and cdt. Ciro Simonetti of Rhein83) on the 13th of March and the "Periodontal Suturing Course with the usage of Hu-Friedy's kits" (lecturer Dr. Giuseppe Pantaleo) on the 16th of March; all of those without giving up the social activities like parties, appetizers and sightseeing. Some of the places visited were Vomero with the Sant'Elmo Castle, the Historical Centre where the participants tasted Sorbillo's pizza, considered one of the best pizzas of Naples, the seafront with the Egg Castle and also Pompeii and the Amalfi Coast.

EVP Naples through the eyes of Antonija Teskera
School of Dental Medicine, University of Zagreb, Croatia

EVP Naples. These two words bring back so many beautiful memories; the people and friends I've met and the many picturesque views of the city of Naples. It is not easy to describe this memorable experience in just a few words or sentences, but I hope that this short report will peak your interest to apply to this programme in Naples or any other city.

My choice of Naples was based on my love for Italian culture, language, and cuisine and I can tell you I made the right choice! From the moment I stepped out of the bus at the Garibaldi Station, the fear of the unknown had

melted away! The first day was the day when all of the exchange students were supposed to arrive. All of us had different times of arrival, but our host, Matteo Cafasso, was there to meet us all and took us to explore the city of Naples. In the evening, a small gathering was organized for us together with other dental students from the University of Naples Federico II, the university that we visited during the exchange. It was a really nice evening filled with good food, a lot of talk and exchanges about life in our different countries. We were a fruitful mixture of students!

The second day was reserved for our first visit to the university and the clinic, precisely the oral surgery ward. After lunch, we had a Colgate workshop about hygiene and prophylaxis with focus on gingival inflammation. It was a very useful workshop. The afternoon was reserved for social activities and a walk through the neighborhood of Vomero. On the third day, we had a demonstration on digital impressions from professor Zarone, one of the lead experts in the field of prosthodontics. Since many universities don't have devices for taking digital impressions, it was great to have an opportunity to see how the device works in the hands of an expert. After that, we had another workshop, this time by the company Rhein83 about implant-supported restorations and removable dentures. We heard a lot of new and

the Toledo metro station and after talking a long walk, sat down to have a traditional Italian meal, gnocchi a la sorrentina and not so traditional Italian coffee, espresso with lots of milk! The next day we attended a suturing course at the university with the Hu-Friedy instruments. The workshop was very useful because as a student you don't have many opportunities to practice suturing so this came as a good training. In the evening our hosts took us to one of Naples's disco clubs and we had a lot of fun. On our last day before departure day, we visited the city of Pompeii. It was really magnificent to see the ruins and to hear interesting facts about this ancient Roman town and the Vesuvio.

After such a great week it was really hard to say goodbye to my EVP adventure. Our hosts, Matteo and his colleagues from AISO Federico II were so hospitable and went out of their way to make this experience memorable for us and to make sure we have a good time. I strongly recommend this programme to everybody because it not only gives you a chance to see and experience the differences between dental schools and clinics but it also gives you a chance to enjoy the life in the city you are in and make friends with dental students from other countries. I promise you, you will remember this adventure for the rest of your life!



useful information and the whole workshop was really interesting. In the afternoon our hosts from AISO Federico II took us on a trip to the Amalfi coast and the cities of Ravello and Minori. Although the weather wasn't doing us any favors, we still had a lot of fun, took many pictures and ate lots of delicious Italian food and desserts. The fourth day was reserved for clinical observation in the oral medicine ward and it was a really interesting clinical day because we saw lots of different diseases of the oral mucosa. After we had finished with the clinic, Matteo, our host, took us sightseeing. From Piazza Dante to Centro Storico, Piazza del Plebiscito and Castell dell'Ovo, we've seen many cultural landmarks which represent the city of Naples. On the fifth day, we had the whole day to explore Naples on our own. We took the subway to



EVP

Bucharest

Carol Davila Univeristy of
Medicine and Pharmacy
26th March - 1st April 2018



On the 26th of March the local dental students' association, LSMDB along with the organizing committee of the EVP Bucharest welcomed a total of 12 dental students from France, Croatia, Bosnia and Herzegovina, Spain, Poland, Slovakia, Czech Republic and the USA to spend a week discovering the enthralling capital and heart of Romania.

Our participants enjoyed an academic programme composed of various workshops and lectures, both having valuable clinical applicability. The practical courses included Dental Adhesive Systems, Implantology, Surgical Knots and Sutures and Basic Life Support; however, the highlight was the visit to Dr. Fischer's Dental Lab, one of Europe's largest. Students were taken on a journey of manufacturing different dental prosthesis by using standard methods and modern, CAD/CAM systems. They also had the opportunity to do a wax mock-up on models which reproduced real clinical cases.

The Dean of the Dental Faculty, Prof. Paula Perlea had the pleasure of meeting the EVP participants and introduced them to the history of Carol Davila University of Medicine and Pharmacy and to the faculty's higher education system. Dr. Mihnea Ioan Nicolescu's lecture focused on the available pathways students can choose after graduation, while Stefan Toma, member of LSMDB, showed us the world through a different lens in a presentation on "Dental Photography".

We all went sightseeing through the streets of the capital, getting a glimpse of the unique Romanian architecture, admiring the grandiose Palace of the Parliament (the second largest administrative building in the world), the Athenaeum, our own Arc de Triomphe, and the historic core of the city, The Old Town. Packed with narrow streets and a variety of interwar buildings this offered a totally different experience at night. The fancy rooftop bars, clubs, and pubs buzzing with energy became the tangible amalgam of colour, music, and ambiance.

On Wednesday we took the evening off and headed for a well-deserved treat to Therme, a luxurious relaxation and entertainment centre with thermal water pools, indoor palm trees, cocktail bars and... even waterslides - a piece of paradise for everyone!

During the last evening, everyone brought out their fancy outfits and big smiles for the Gala Dinner at Tapo Restaurant and Lounge, famous for its food, music and exquisite vibes! It was the bonds formed between these awesome people which made the last night and the overall week so special and we deeply hope that those memories are there to last a lifetime!

Written by Stefano Glisci and Madalina Casapu
Organisers of the EVP in Bucharest

Knowing-doing gap in dentistry

by Ana Stevanović

According to a recently published study, 38 million adults in USA will be in need for one or two complete dentures by the year 2020. Yet, what are we doing to fix this shocking prognosis?

There are over 14 million implant placements per year worldwide. The investments to prevent implant complications have hence risen significantly. But are we doing enough to reduce the need for implants in the first place?

Knowing that the cause of 99 percent of dental diseases is no other than biofilm, how are our predictions still so pessimistic on the future of oral health?

Despite being aware of all these facts and prediction in today's dentistry, results indicate that we are not doing much – not enough. There is a huge difference between knowing and doing. A gap between intention to make a change and the action of change. This gap we, as dental professionals, experience daily. So, the question is simple: How to bridge knowledge with action?

As a dentist, communication with my patients was never an easy part of my job. For example, telling them to brush better. What does 'brushing better' even mean? If I simply said to apply a Bass technique, I would see 100 different forms of a technique.

A changing world without change

My colleague once said that patients are responsible for their own health. I couldn't agree more. But as medical experts, don't we first have to empower and teach them how to do exactly that? Only then, they

can be fully responsible for it. We first have to give them the ability/knowledge and skills to take care of their oral health themselves. Truth is, most patients have received their oral care instruction from their parents. This contradicts the modern approach of individual prophylaxis we have been learning about in school. This is the gap we need to link.

In today's dentistry, there seems not enough time for proper training and instruction. Patients either aren't willing pay for this service or you do not have the time during your appointment.

Most countries do not have the luxury of a one hour appointments with a dental hygiene specialist which allows for enough time for cleaning and instruction. Switzerland or Canada are blessed to have regular dental hygiene appointments that are covered by basic insurance. A factor that makes instruction more welcome and accepted. But, some other countries allow less time for dental hygiene. Such countries will and have to follow the examples in order to implement an effective knowledge-transfer during dental appointment.

Unacceptable status quo

One thing, we will always have to deal with is the paradigms of our patients. "I get caries no matter what I am doing or how much I brush." "My parents too had bad teeth." Or "a tooth can be easily replaced today."

Firstly, patients are quick to put the blame on their parents or point the finger at us dental professionals. Further, dentistry is still associated with a lot of discomfort. And lastly, patients know about the services and fixes available.

Charles Winslow, the founder of Yale Department of Public Health, once said: "It is a duty of each generation to redefine **unacceptable**." It is a duty of every generation to redefine that having 38 million people in one country without teeth is unacceptable. Aren't 38 million US Americans with at least one denture absolutely unacceptable? We live in such a changing, fast-tracking world, we have lost connection to our mission – and sometimes to our patients, too. It's time to change the status quo.



Change must be accepted

How do we achieve this change? The answer seems too simple to be true. Through the service of coaching. In today's world, there's hardly any product sold without added service. No treatment without maintenance. No dental practice without dental hygiene. In-depth instructions have become crucial for the success of a product. Isn't a dental office an accumulation of service efforts? Why, since we as dental professionals have the competence, don't we include coaching as a service in a dental practice?

Successful coaching in dentistry depends on three crucial factors: Make connections. Develop trust. Grow relationships. Patients should not be treated once in the dental practice, but becoming part of a long-term relationship with your office. It is not about regularly bringing in new patients but cultivating the ones you already have. The most modern practice and the friendliest team are of no avail, if your patients don't stay with you.

Personalized connection through individual coaching is key to building a long-term relationship. No technology can replace a durable connection between a dental professional and a patient. Digitalisation can not replace trust.

A programme designed for change

This is why we brought iTOP to life. Individually trained oral prophylaxis (iTOP) is a programme introduced 20 years ago by Dr. Jiri Sedelmayer, a dentist who worked at the University of Hamburg. During his work at the faculty, he realised that dental students studied every detail about restoration, but knew nothing about keeping their own mouth healthy. Dental students never practically learned any techniques to maintain their own oral health. This is why he established iTOP – to train his future dental professionals.

What started in 2006 with one two-day course, has since been attended by more than 14.000 dental professionals worldwide. iTOP runs with the support of over 200 instructors in 44 countries. In our seminars, we do not differentiate between a dental hygienist, nurse, dentist or oral surgeon. All of their daily work contributes likewise to the cause of shifting the paradigm from restoration to lifelong oral health. Each of their endeavours aspires the best for their own health, health of their family members, friends and patients. All of them share one common understanding: „Clean teeth cannot get sick“ A clean tooth cannot get sick.

The iTOP programme is based on three simple criteria: Acceptable, affective, non-traumatic. These pillars are the foundation for all oral health care products we from Curaden produce today.

Knowing is good, action is better

In order to achieve clean teeth, we have a unique practical trainings-concept called Touch to Teach (T2T). It's based on the idea of experiencing the iTOP know-how on yourself first, before teaching it to others. No phantom course or model will ever replace the feeling of a toothbrush, interdental brush and solo brush on your own teeth and gums. Oral health needs to be taught individually and practically. Going back to the basics is what's sometimes necessary to achieve change in the future.

There continues to be a huge gap between knowing and doing. But let me be clear: What we know, we need to be repeatedly doing. Every single day. It is our job to repair the teeth. But it is our **mission** to keep our patients healthy. We should not confuse our job with our mission. Only by doing this, in twenty years, we will have achieved that those 38 million people live smiling with their own healthy teeth.



Something about the author: Ana Stevanović, DMD, MSc is Head of Professional Education for the company Curaden AG. She speaks in numerous events on importance of paradigm shift in dentistry. Her background as dentist, manager and a development coach helps to bring the best in her work with both dental professionals and patients, shaping the mind of individual in order to change the future of oral care.

CURAPROX

PREVIEW



2019



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Proportionality - what is it, and how can it affect dentists?

What is the proportionality concept in EU law? How does the EU currently use it?

Proportionality is a general principle of EU law, which follows from the European Court of Justice's case law since the 1950s. It requires Member States to strike the right balance between preserving the fundamental freedoms guaranteed by the Treaty (such as the freedom to provide services) and Member States' margin of discretion to decide on how to protect a public interest objective (such as public health). How to strike the right balance was summarised as follows: "National measures liable to hinder or make less attractive the exercise of fundamental freedoms guaranteed by the Treaty must fulfil four conditions:

- they must be applied in a non-discriminatory manner;
- they must be justified by imperative requirements in the general interest;
- they must be suitable for securing the attainment of the objective which they pursue;
- and they must not go beyond what is necessary in order to attain it".

This principle applies to all legislation that is initiated and passed at the European level.

Can you explain what is the proportionality test? Who does it apply for?

Member States carry out national proportionality tests to consider whether – in our case – professional regulation is justified, necessary and proportionate. Member States justify the regulation at stake with respect to protecting any public interest concerned, such as in the case of health professions, public health and the organisation of national health systems. This exercise allows them to consider national and regional specificities in each legislative process. Each country designs its own procedure of how to carry out this test. In general, the proportionality test applies to any legislative, regulatory or administrative provisions restricting access to or pursuit of regulated professions, which are new or under revision.

The proportionality test applies to regulated professions falling within the scope of the Directive on the recognition of professional qualifications 2005/36/EC ("PQD") such as cooks, hairdressers, tourist guides, real estate agents, engineers and health professions (i.e. doctors, nurses, midwives, pharmacists and dentists).

What is the goal of the PT?

The Proposal forms part of the Services Package which was adopted in January 2017. The package aims to improve the functioning of the Single Market and to boost the services sector, by increasing professionals' mobility, while generating economic growth and job creation in Europe.

According to the European Commission, the objective of the proportionality test is to improve the quality of the proportionality assessments undertaken at Member State level. It introduces an EU level test harmonising and streamlining the proportionality assessments at Member State level building on Article 59(3) of the PQD and case law of the European Court of Justice on proportionality of professional regulation.

What leeway does the national governments and parliaments have when implementing and using the PT?

The CED wanted to make sure that there is as much leeway as possible for Member States to prioritise healthcare and healthcare professional considerations above economic considerations.

After much discussion with all the different stakeholders from the European Commission, the European Parliament and the Council of Ministers, the Directive now clearly states that “Where provisions referred to in this Article (*editor’s note: Article 7*) concern the regulation of healthcare professions and have patient safety implications, Member States shall take account of the objective of ensuring a high level of human health protection.”

The introduction of this article (in combination with Recital 29) will provide Member States with a broader margin of discretion when it comes to taking decisions. The law will only become applicable two years from now, so it remains to be seen how Member States will interpret this.

How will the PT function if adopted? How can it affect dentists throughout Europe?

Member States already have to comply with the principle of proportionality when amending or introducing rules for professional regulation. With the new Directive, Member States are now bound to follow the catalogue of criteria established by the European Commission, including the combined effect of restrictions when introducing requirements such as reserved activities, continuous professional development, chamber membership, quantitative and territorial restrictions, legal form, incompatibility rules, insurance cover, and language knowledge requirements.

The test and the results have to be submitted to the Commission before the adoption of the rules and will be consulted in the case of a complaint.

The CED and other healthcare organisations fear that this test anticipates results by viewing the above mentioned criteria as ‘obstacles’ from the start. For many countries, there will be a likely increase in costs due to the higher administrative burden and the reversal of the burden of proof, which could mean that administrations are less likely to agree to changing professional regulation.

One concrete example could be if a country wants to introduce compulsory continuous professional development as part of their professional regulation. It is still unclear what kind of qualitative and if possible quantitative elements are needed to provide sufficient proof that such an obligation is proportionate and does not restrict cross-border mobility.

How does the CED advocate the interests of european dentists on this matter?

The CED has been very active on this topic. CED organised meetings with key Members of the European Parliament, Member State Representatives and officials from the Council. We closely collaborated with other health professions on this matter, especially with CPME and PGEU, with whom we organised an event in the European Parliament that was attended by more than 100 people. In addition, we created a Q&A document and published an article in the [World Medical Journal](#) on the issue. For our members we prepared lobbying toolkits with template emails and explanatory documents at different stages of the process.

Interviewer: Tanguy Pinedo Tora

Responder: Lea Pfefferle, Senior Policy Officer, Council of European Dentists



IADS at WHA: Report of IADS Delegation to the World Health Assembly 2018

This year the 72nd WHA took place in Geneva, May 21-26. For the first time ever IADS was represented there as part of the IFMSA delegation consisting of 50 medical students from 33 different countries. This week was truly lifechanging and motivational for me as a young oral health professional and hereby I would like to share my experience with all of you and get you motivated as well.

The World Health Assembly is an amazing event held once a year in the United Nations office and several other institutions all over Geneva. It is the highest assembly of international health leaders and country representatives where the newest global health plans are discussed. This year's WHA focused on Universal Health Coverage (UHC). It basically means that in the future, every single person in the world should have access to healthcare. Here is the official wording as well:

"UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care." (WHO)

Our delegation's WHA started off 5 days before the actual event with a training on global health organized by the IFMSA. This was the sixth preWHA and I must admit that it was an extremely educational and active intro to the big assembly. Those five days featured multiple global health specialists speaking in thematic sessions. The sessions were divided into 4 streams: Universal Health Coverage (UHC), Non-Communicable Diseases (NCDs), Antimicrobial Resistance (AMR), and Ending Discrimination in Healthcare. Most certainly our delegation didn't just dive in, but had already been working for several months before the event within these streams writing policy briefs and statements to be presented at the WHA.



The World Health Assembly committee sessions are held at the Palais des Nations and are where the before mentioned statements were read out. Hundreds of side events and meetings even occurred all over town. As representatives of the future generation of healthcare professionals, our delegation was also actively present during all kinds of events at the WHA. The aim was to contribute to different discussions with a youth's perspective and also actively state that we, the future of global health, are knowledgeable and motivated enough to be taken as equal partners. Thanks to the new Director General of the WHO, Dr. Tedros Adhanom Ghebreyesus, this organization has become more open and welcoming for youth to join in and give their input. As a great example, a new WHO entity, the Youth Hub, was initiated at the end of last

year of which IADS is also a member of together with several student and young professional organizations in healthcare.

As you all can imagine, these kinds of big global events gather important people and have meetings to advocate for what you care about most. In my case that is oral health. Listening to various panel discussions and presentations I never saw a single oral health specialist being included among the speakers nor oral health problems even being mentioned among all the others. At first this made me very sad but eventually I understood that this should be taken as motivational material and an open opportunity to actually do something for oral health globally. So I went through the agenda and managed to schedule some meetings for the week. The first meeting was after the gerodontology conference organized by the Taiwanese Dental Association. There were very interesting presentations and it was literally the only oral health event at WHA. But there was present also Dr Corrado Paganelli, the past president of ADEE and current president of IFDEA with whom we chatted quite a lot about the future of dental education and dentistry. During the week I also visited the FDI Office to discuss about further plans for cooperation and

advocacy work. Our mutual aim is to become more open and incorporate our members also into the everyday work and advocacy work done about oral health. All these big organizations are just the voices of their members and in order to make meaningful decisions it is of uttermost importance not to leave anyone out. Last but not least, I also met the Director of the Oral Health department of the WHO- Dr Benoit Varenne. As mentioned previously, the WHO is becoming more and more welcoming towards young people and during this meeting those were also the take home messages.

It is important for us as dental students to understand that the dentistry of tomorrow stands for global health and collaborates tightly within and outside the healthcare system. In order to be knowledgeable about the future a new generation of dentists will be needed to pave the road. This means that starting from this year IADS will be focusing more on bringing global health issues to the everyday work of the association. We are planning trainings, webinars and maybe some cool internships for our members, so most certainly- stay tuned! Now is the time for change and IADS is proud to start training a new generation of global oral health leaders.



Written by Ave Põld,
IADS External
Relations Committee
Chairperson
Estonia

The International Congress of Dental Medicine for Students and Young Dentists

DENTis 2018



Looking for a place where science meets fun? How about the heart of Transylvania?

The DENTis Congress is one of the best opportunities to establish beneficial relationships on scientific, social and professional levels by debating important aspects of the Dental Medicine field. It provides dental students and young doctors with the opportunity to present the results of their research in a suitable setting, facilitates the meeting of dental students from Romania and abroad and creates the necessary framework for presenting the latest news. In addition, participants have the chance to meet important personalities within the Dental Medicine field and get to know the culture of the area.

The 19th edition of the DENTis Congress took place in a beautiful Romanian city, Cluj-Napoca (the second largest city in Romania), situated in the heart of Transylvania. Between the 15th and the 18th of March, the DENTis congress gathered almost 550 participants (both students and doctors) from all over Romania and abroad.

The schedule consisted of conferences that approached different topics such as Occlusion, Implantology, Endodontics, Orthodontics, and Esthetics. The international and national speakers of this edition were: Dr. Peri Colino Gallardo (Spain), Dr. Henriette Lerner (Germany), Dr. Raj Ahlowalia (U.K.), Conf. Dr. Horațiu Rotaru (Cluj-Napoca) and Dr. Sebastian Lupu (Iași).

As we know, one of the most important parts of our future profession is the practical one, we organized 11 hands-on workshops where participants had the chance to learn new techniques, try the latest materials and learn how technology can simplify procedures in the future. For the students who were keen on research, we prepared 2 Scientific Communication Sessions. There they had the chance to present their research studies in front of the participants and also learn from their colleagues' experiences.

The social activities of a congress are just as important as the scientific part. As students, we need some time off to enjoy some good parties with our friends. We organized two Gala Dinners (in 2 of the most beautiful locations in Cluj-Napoca, with the best views over Cluj at sunset) and a party in Cluj Arena. We believe that the best friendships start when you meet people from other cities that have the same vision and passions.



You might think that organizing a three-day long event is easy, but as a member of the organizing team, I can say that a Congress like this can become a reality only with great love, passion and an amazing team. For almost half a year we tried to organize one of the best editions of the DENTis Congress. And the feedback we received from the participants was the most rewarding so far. For us, DENTis meant hundreds of hours of work, speaking with over 50 sponsors and speakers, planning all day and night while still going to university, looking for the best locations and having fun. The secret is to fully enjoy the process while spending every second working hard for your dream. DENTis 2018 was about bringing together people and was truly a life-changing event, even as a member of the Local Organizing Committee. Those days truly represented something that we will not forget.

Every edition of DENTis needs to have a unique aspect. This year we tried to focus more on delegate experiences and branding. We had an Official Gift Shop where people could buy T-shirts, cups, and agendas among others. We think our mission here on Earth is to help those in need around us, we held a charity Raffle where we collected money for people in need in some cities and hospitals around Cluj.

If you think reading about this event is not enough for you and you want to experience it for yourself, make sure you tell all your friends and book your flight because #DENTis2019iscoming and it will take place between the 21st and 24th of March 2019! Hope to see you there, promise not to bite, but you'd better bring a garlic clove with you!



Written by Andreea Radelescu
Romania

ABSTRACTS

of the winning articles in the DENTis 2018 Scientific Competition

EVALUATION OF SALIVARY ALPHA-AMYLASE AS AN INDICATOR FOR THE RISK OF DENTAL CARIES DEVELOPMENT IN YOUNG PERMANENT TEETH

Authors: Anca Diana MĂNĂRĂZAN, Diana Florina KULCSÁR

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University: University of Medicine and Pharmacy Târgu-Mureş

Background: Dental caries still represents a major health problem with a very high prevalence in children. The human saliva contains biological components that can be used for the assessment of dental caries risk. This could identify patients in need for improved therapy and preventive methods. This study was conducted in order to address the interrelation between the salivary level of alpha-amylase and the incidence of caries in a group of children with young permanent teeth.

Materials and methods: 138 participants were included in 4 study groups according to presence or absence of dental caries based on specific inclusion/exclusion criteria and a scoring system between 0-5. From each patient, 10ml of saliva was collected and examined with a spectrophotometer in order to determine the level of salivary alpha-amylase. The collected data were analyzed with the Graph Pad Prism 7.03 and Mann-Whitney test, a value of $p < 0.05$ being considered statistically significant.

Results: Our results showed that caries active children had higher levels of salivary enzyme compared to caries free groups ($p = 0.001$). There were no significant differences between the salivary levels of the enzyme in caries active and caries free groups according to gender ($p > 0.05$), but children with caries had a higher amount of alpha-amylase in the un-stimulated whole saliva.

Conclusions: According to our results, the salivary alpha-amylase can be considered a biomarker for the prognosis of dental caries development, offering new perspectives for preventive dentistry. Future studies on risk management and the use of systematic methods for early caries detection might contribute to the reduction of the incidence.

Keywords: salivary biomarkers, alpha-amylase, dental plaque, dental caries.

Table 1. The levels of alpha-amylase in the study groups as mean and standard deviation

Group	Number	Description	alpha-amylase level
A	24	Caries free girls	150.53 +/- 2.45U/ml
B	41	Caries active girls	156.83 +/- 1.59U/ml
C	21	Caries free boys	147.28 +/- 2.10U/ml
D	56	Caries active boys	158.18 +/- 2.41U/ml

Table 2. Comparison between the salivary levels of alpha-amylase among study groups

Variable	Caries free	Caries active	p-value
Boys	147.28 +/- 2.10U/ml	158.18 +/- 2.41U/ml	0.001*
Girls	150.53 +/- 2.45U/ml	156.83 +/- 1.59U/ml	0.001*
p-value	0.63	0.26	

*statistically significant difference ($p < 0.05$)

THE MARGINAL SEALING CAPACITY OF TWO OCCLUSAL TECHNIQUES, WITH COMPOSITE RESTORATION MATERIAL

Author: Diana CIUBOTARIU

Coauthor: Sonia SALOMIE

Coordinator: Asist. Univ. Dr. Adriana OBJELEAN

University: Faculty of Dentistry and Pharmacy "Iuliu Hațieganu", Cluj Napoca

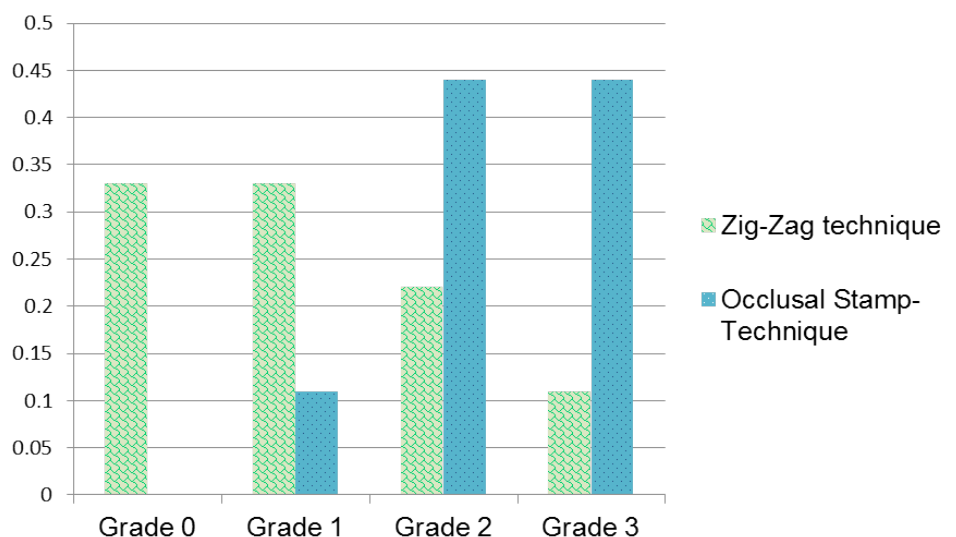
Introduction: The restorations made of composite material, at the posterior teeth level, can be challenging for the clinician, especially from the point of view of the difficulty of reproducing morphology. New closing techniques, such as the "occlusal stamp" technique, can help the dentist to have less time for modeling and occlusal adjustment. The aim of the study was to compare the classic (Zig-zag) technique with a relatively new technique ("Occlusal stamp-technique") using anOrmocer-based composite.

Materials and methods: The study used 18 human molar teeth, extracted for orthodontic purposes, without dental caries or other structural defects. The teeth were randomly divided into 2 groups, as follows: Group I: Class I standardized dental cavities, filled according to "Zig-zag technique", have been prepared; Group II: "occlusal stamps" of the initial dental morphology, have been previously achieved with the the rubber dam liquid,then standardized Class I cavities have been prepared, filled according to the "occlusal Stamp" technique. All the teeth were restored with Ormocer composite material. Then, all the samples have been subsequently subject to aging treatments: immersion in artificial saliva, carbonated beverages, wine and citrus juice. To assess the marginal sealing capacity, restorations were immersed in 2% basic fuchsin solution 24h, and then 1 mm slices have been made, for each tooth. The analysis of the sections has been performed by the inverted light microscope, using a system based on degrees of impairment. The results obtained were analyzed using the Mann-Whitney and Kruskal-Wallis statistical tests, at a statistical value of $p < 0.05$.

Results: The statistical tests showed a statistically significant lower sealing capacity for the "Occlusal Stamp" technique, compared to the "Zig-zag technique" ($p < 0.05$).

Conclusions: Marginal sealing can be influenced, both by the adhesive system used and by the techniques of applying the restoration material

Keywords: Stamp-technique, Ormocer, microinfiltration, Zig-zag technique.



FACTORS THAT INFLUENCE ATTRACTIVENESS IN YOUNG PEOPLE. A CLINICAL-STATISTICAL STUDY

National and Kapodistrian University of Athens, Athens 2018

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Abstract

A smile's attractiveness influences both appearance and self-esteem. ⁽¹⁾ The aim of this study is to investigate the relationship between smile's factors and attractiveness. This clinical-statistical study took place in Athens in 2015 where 90 people, aged 18-35, without orthodontic treatment were selected and photographed. From the analysis of the photographs, the number of the disclosed teeth was estimated to be between 6-12. In 86.7% of the sample the incisal edge of the upper central incisors did not reach the lower lip. In 54.4% shows the alignment of upper central incisor and facial midline and in 48.9% the parallelism between the interpupillary line and the incisal ridge of maxilla's central incisors was confirmed. The smile line occurred at low (11.1%), average (55.6%) and high (33.3%). The data was correlated with gender and smile's acceptance and were statistically analyzed with χ^2 test at a significance level of 0.05. Conclusively, statistically significant correlations were observed in the following combinations between the factors of: number of teeth - smile range ($p = 0,02$), distance between the incisal ridge of upper central incisors and the lower lip - smile height ($p = 0,01$), smile line - smile height ($p = 0,0003$), smile range - gender ($p = 0,0006$), distance between the neck of upper central incisors with the upper lip - gender ($p = 0,002$).

Introduction

Every smile represents the spontaneous appearance while expressing feelings of joy, acceptance, liking or kindness. ⁽³⁾ At the same time, smile is considered to be one of the most important characteristics of peoples' charm. At everyday social interaction, people appear to focus mostly on the mouth and the eyes of a speaker, which express both the speaker's feelings and predisposition. Given that the mouth represents the face's center for communication, its esthetical appearance during a smile is an inseparable element of its attractiveness. Additionally, it is an irreplaceable mean of personal expression, which shows off a person's exterior and interior features. Undoubtedly, the widely accepted esthetics of an attractive smile is guided by subjective perspectives. However, the constantly increased requirements of the identification and specification of these elements, which make a smile desirable, have already triggered the International Dental Society's interest, as numerous studies refer to the parameters that characterize it. The purpose of this research was the collection and analysis of

factors which influence a smile, with ultimate goal of a possible verification of objective criteria for its evaluation and improvement.

Method and Materials

This clinical and statistical study took place at the Dental school of National and Kapodistrian University of Athens during the middle of 2015. For its purpose, 90 people, aged between 18-35 years old, with a middle age of 20,7 years were selected. The volunteers were mainly dental students and acquaintances who met the essential criteria. All the participants were of Greek origin and met the conditions of the absence of deformities and orthodontical therapy, in order for the results to reflect the natural appearance of a smile without any human influence.

The layout of this research consisted of taking two photographs of every candidate, one full face (Fig1) and one full mouth (Fig2) with a maximum

natural smile and the completion of a questionnaire with personal information (first name, last name, age, gender, nationality) and their personal statement of whether or not they like their own smile. The volunteers were informed about this study and consented to participate.

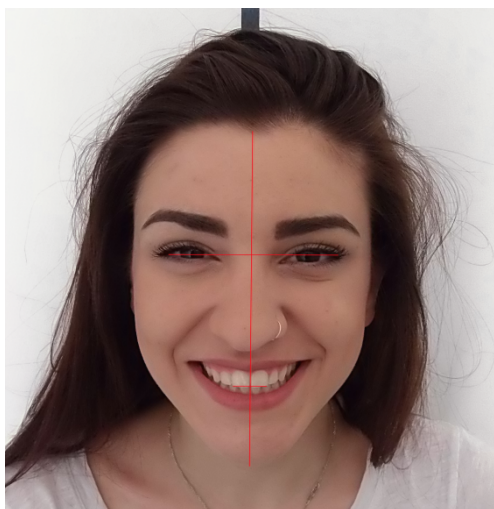


Figure 1

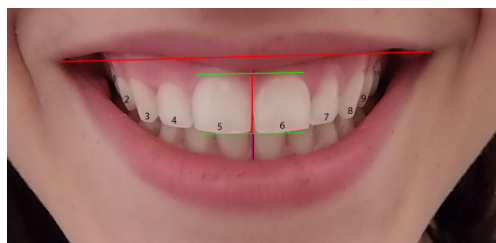


Figure 2

They first completed the questionnaire and then posed for the essential photos. At this stage the participants were asked to sit on a preselected chair. Guidelines relative to the position of the body and the head were given and the need of relaxing was suggested in order to collect the required photos as fast as possible. Subsequently, a special pair of glasses with a paper ruler on top was placed on the face to facilitate measurements so that every smile would be captured with the same magnification. By using jokes or the presence of friendly faces, efforts were made for capturing the most natural smiles. Throughout the photoshoot a digital OLYMPUS camera was used. Additionally, a tripod, a professional flash, white background and photoshooting angle approximately 15 degrees were needed, in order to ensure the ideal conditions. During the second phase of the research, the Adobe Photoshop CS5 software was used to adjust the zoom and study the following smile parameters: the number of disclosed teeth, the smile's width and height, the smile line, the distance of the cutting edge of the upper central incisors with the lip of the mandible and the identification of the facial midline with that

of the teeth and the interpupillary distance. Regarding the number of disclosed teeth, this number included every tooth that could be seen while smiling in the corresponding pictures. The width and height were estimated by measuring the distance between the mouth's edges in pixels and then transmitting them in millimeters by using the pictures' numbered ruler. Using the same measurements, the ratio width to smile height was calculated. Every smile was categorized as a 'high', 'middle' or 'low' smile line. Then the distance between the upper lip and the top point of upper central incisors' cervical part was measured. Furthermore, followed the distance of the cutting edge of the upper central incisors with the lip of the mandible, which subdivided in teeth's overlap, touch and abstention from the lip. The measurements between the teeth and the lip were made with the same method that was described before (Fig2). A red straight line passing through the middle of the distance between the two pupils and the middle of the chin and a straight line passing through the upper central incisors' interdental space were designed and the possibility of their match was studied. Within the study of the interpupillary distance, besides the calculation of the distance between the two pupils, the parallelism or declination of a red straight line passing through the pupils of both eyes and of one passing through the distal cutting edges of both two upper incisors was also investigated (Fig1). Subsequently, the results were statistically analyzed regarding sex and participants' personal opinion over their smile, using χ^2 test and a level of statistical significance $p=0,05\%$.

Results

The results of all the factors that have been studied are displayed in Index 1.

The number of disclosed teeth

All the participants were photographed with an effortless smile. The number of teeth disclosed ranges from 6 (Fig.8) to 12 (Fig.7). The average number of disclosed teeth is 9.48, consequently between 8 and 10. The majority of the sample (54 people) had 10 teeth disclosed. The correlation between sex did not show any remarkable differences. On the other hand, the correlation with the width of the smile was statistically significant ($p=0,02$).

Smile width

The values derived from the measurement of each smile in millimeters varied from 47.8 mm to 78.9 mm. They were classified into three major categories (47.8 mm - 55 mm), (55 mm - 65 mm) and (65 mm - 78.9 mm). The largest percentage (58 persons) represented the middle class. When correlated with sex, a statistically significant correlation was found ($p = 0.0006$). In our sample, men had a wider smile than women.

Smile height

The height of the smile measured in millimeters ranged from 4.9mm to 18.5 mm. In this parameter, the sample was divided into 3 categories (4.9 mm - 8 mm), (8 mm - 12 mm) and (12 mm - 18.5 mm). According to the normal distribution, the majority of the sample (51 persons) was again concentrated in the middle category (8 mm - 12 mm). During the statistical analysis, when sex stratification was applied, the result was not statistically significant. There was also a correlation between the height of the smile and the distance of the cutting edge of the upper central incisors with the lower lip. The latter was statistically significant ($p = 0.01$).

Ratio smile width to smile height

The ratio of the smile width to smile height was analyzed and gave a variety of results from 3.67 to 11.96. There was no statistically significant relationship between these factors and sex ($p = 0.3$).

Smile line

By examining the smile line in our sample, the following results were obtained, low (9 persons) (Fig. 3), middle (56 persons) (Fig. 5) and high (25 persons) (Fig. 7). There was no correlation between the smile line and sex, but there was one between the height of the smile and the smile line ($p = 0.0003$). People with a high smile line tend to have a higher smile height, but this is not always the case, as there were 7 people with a high smile line who had less than 10 mm of smile height. It is worth mentioning that within this parameter, the millimeters of the smile consisted of teeth and gums were measured separately in the cases of high smile lines. Maximum value found: 3.6 mm of gum.

Distance of the cutting edge of the upper central incisors with the lip of the mandible

This factor could be widely analyzed in several subcategories from its results. At first, there were cases where the lower lip overlaps the cutting edge of the upper central incisors, even the entire cervical third (8 individuals) (Fig. 4), whereas in others a contact was observed (13 persons) (Figure 10). In the cases where a distance was detected, smaller subcategories were formed according to the distance measured in millimeters, 35 persons from 0 mm to 2 mm, 19 persons from 2 mm to 4 mm and finally 15 people with a distance of more than 4 mm (Fig 6). There was no statistically significant relationship between the factor and sex. As mentioned already, in the results regarding the height of the smile, there is a relationship between the two factors.

The alignment of the facial and upper central incisor midlines

In this factor the sample was roughly divided in the middle, since in the 41 participants there was

no coincidence of the facial midline with the line passing through the middle of the distance of the two upper central incisors (in most cases the point or contact surface) while the remaining 49 existed. In addition, there was no statistically significant correlation with sex.

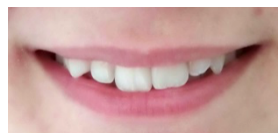


Figure 3



Figure 4

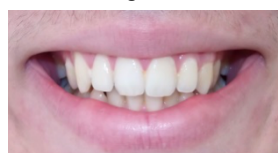


Figure 5



Figure 6

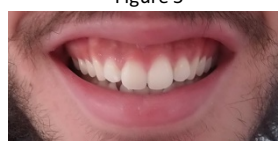


Figure 7

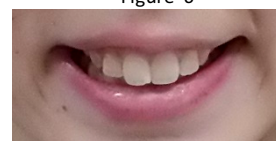


Figure 8

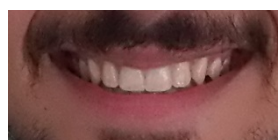


Figure 9

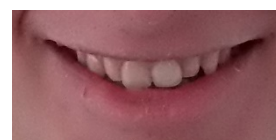


Figure 10

Interpupillary distance.

Interpupillary distance is a factor outside the region of the oral cavity that can affect the expression of the smile. Both the distance from the center of one pupil to the other was measured, as well as the parallelism of the line joining these two centers with the line joining the distal cutting corners of the upper central incisors. As far as parallelism is concerned, the sample was shared again with 44 individuals paralleling and 46 not. The smallest value was 5.47 millimeters and as high as 7.6 millimeters. With an average of 6.07 millimeters. Although the parallelism of these two lines was not statistically related to any other factor, the distance measured in millimeters seems to differ statistically ($p = 0.0008$) between the two sexes, with men having larger measurements than women. This particular factor is more related to the physiognomic characteristics of the face, not the smile.

Finally, all the factors studied were also compared with the corresponding percentages in the response given by the participants to the question "whether they like their smile or not". However, none of the combinations provided any statistically significant results. The results of the question were: yes (75 people) and no (15 people).

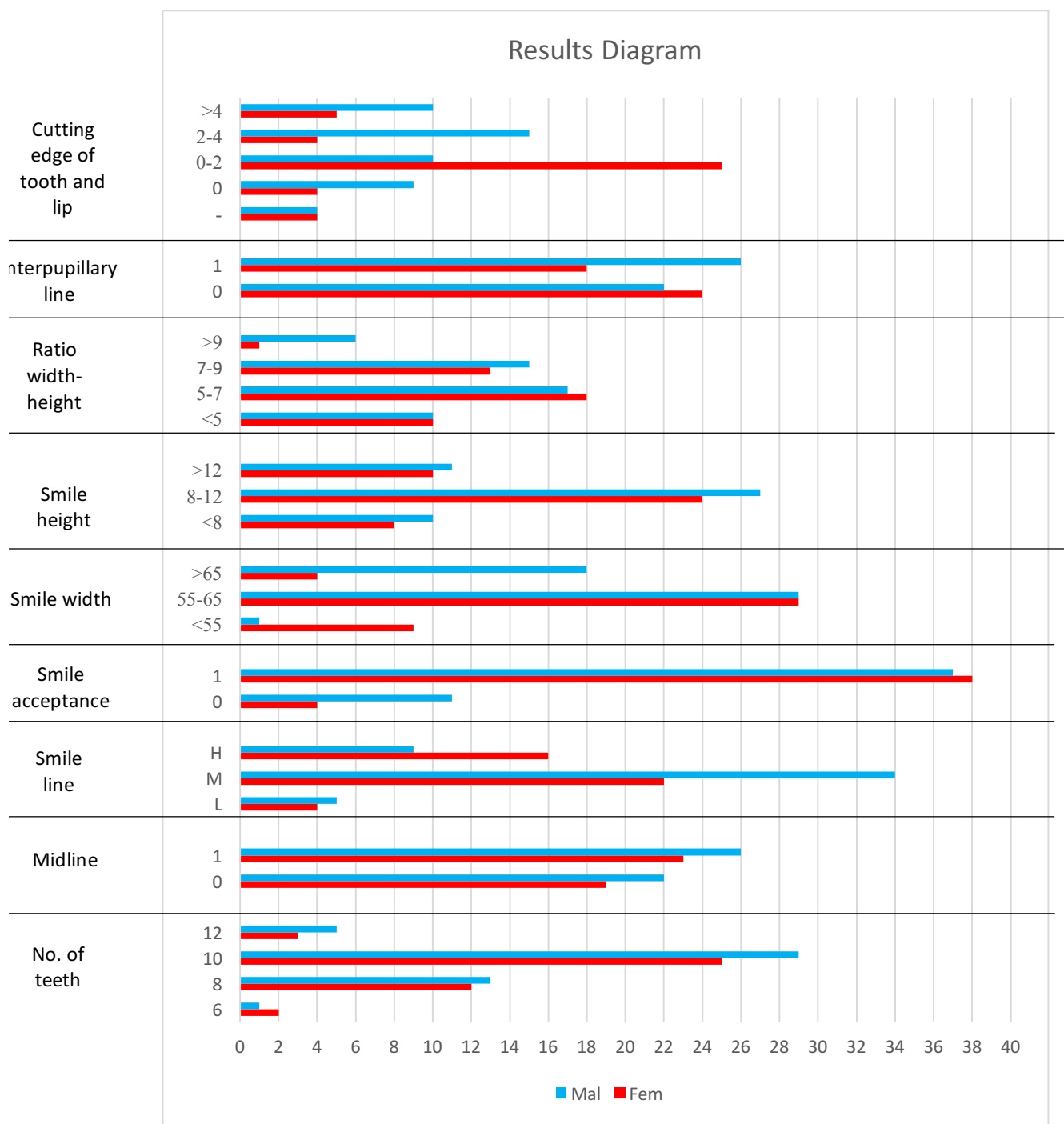


Figure 11

Discussion

A smile is a dynamic state and this makes this study a lot more complicated. It is easy to say that when a person has some limitations on the attitude of his or her body or face, his smile may not be perfectly natural. That's why a variety of methods have been used, either with pictures or with video for a more accurate study. Because the conditions in the various studies that have been carried out are not all the same, the comparison of the results among them is not entirely probable.

So in this case, no other research has exactly the characteristics set at the beginning of this study. Moreover, in most studies there is a correlation between participants who had undergone orthodontic treatment and those who had not, a factor that is not present in this study, as the search for non-orthodontic treatment was a basic requirement.

In the present study the sample was limited and involved young people from 18 to 35 of Greek

nationality. No such research has been conducted in the Greek population, so the results of this paper can only be compared to studies with the same structure from different countries. However, by comparing the rates for the middle smile line (62.2%) with those of Tjan et al.⁽³⁾

(68.9%), Dong et al.⁽⁵⁾ (56%) and Maulik et al.⁽¹⁾ (56.9%), we find that the value of this study is somewhere in the middle. But it also confirms this general rule that the majority of each sample has a middle smile line. In another comparison again in the study of Maulik et al.⁽¹⁾ it was found that there was a difference in the smile line between men and women (women tended to have a higher smile height, especially on the front teeth), which was not confirmed in this study. None of the articles studied mentioned the interpupillary line

and how it may be related to smile's attractiveness. Certainly, a further analysis of this factor is needed to confirm whether or not there is a correlation.

Several studies that deal with smile-related features make measurements and references to the buccal dark corridors. To measure these corridors, the investigations also analyze the number of teeth revealed. After comparing them with the study of Maulik et al.⁽¹⁾ it has been found that there is a similar effect on the number of teeth disclosed. 60% of the sample has 10 teeth in this study compared with 51% in the other study. It is confirmed that the majority of the samples reveal 10 teeth without identifying the two percentages.

Conclusions

In conclusion, the following statistically important results were found:

- Teeth number – smile's width ($p=0,02$),
- Distance of the upper central incisors to the mandible lip – smile's height ($p=0,01$),
- Smile line– smile's height ($p= 0,0003$),
- Smile's width – sex ($p=0,0006$),
- Distance of the cervical part of upper central incisors to the upper lip – sex ($p=0,002$).

Nevertheless, a smile is a dynamic state, which depends not only on the parameters mentioned (millimeters, parallelism and identification), but also on personal psychology and character. That's the reason why the studies concerning smiles are considered to have greater difficulty, higher possibilities of unreal results and remarkable variations between the different samples.

In the share of population represented in this study, namely young people with Greek origins, no predominant characteristic was found to influence smile's esthetics, in general and between the two sexes. However, because of the vast acceptance of their smile from the majority of the study's participants, it is obvious that the subjective esthetics prevail over any objective perspective of smile's attractiveness.

FIGURES' LEASERS:

1. Study of interpupillary line and the middle line of the face (full face)
2. Study smile factors (full mouth)
3. Low smile line
4. Overlapping cutter surface of upper central incisors from the lower lip
5. Average smile line
6. Increased cutting edge distance of upper center incisors from the lower edge
7. High smile line
8. A small number (6) of exposed teeth
9. Average number (10) of exposed teeth
10. Cutting contact of upper central incisors with the lower lip
11. Data diagram

- | | | |
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| References: | | |
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THE EARLY

YEARS



OF EDSA

Photos courtesy of Dr. Jean-Luc Bueno
EDSA's First Resident



Inter-Professional Education: A Way to Transform Tomorrow's Healthcare!



On 7th June 2018, EDSA, along with EMSA, EPSA and EFPSA, held their first joint policy event in the European Parliament, Brussels. The title was "Inter-Professional Education: A Way to Transform Tomorrow's Healthcare!".

The conference followed a joint position paper written by the four organisations, which are jointly known as European Healthcare Students Summit (EHSAS). This highlighted students' desire for more inter-professional education to be implemented into their curricula, as well as showing how little, if any, there is at the moment.

EDSA feel very passionately that inter-professional education is essential in developing patient-centred healthcare professionals and in providing holistic patient care. Several students and professionals are hesitant to ask for advice from other sectors of healthcare, and can be unsure of when to refer, which is why we believe it is very important to get people working together from an early stage in their careers.

The event was hosted by MEP Lieve Wiernick - we were delighted that so many officials attended and actively participated, including distinguished speakers and guests from diverse healthcare backgrounds such as Andrzej Rys (Directorate-General for Health and Food Safety, DG SANTE, European Commission), Lilian Azzopardi (European Association for Faculties of Pharmacy - EAFP), Janusz Janczukowicz (Association for Medical Education in Europe - AMEE), Didier Jourdan (Global Health and Education UNESCO Chair), Telmo Baptista (European Federation of Psychologists' Associations - EFPA), Kaisa Immonen (European Patients Forum - EPF) and Alexis Delpierre (Dental School, University Clermont Auvergne, France).

The discussions were extremely thought-provoking as we were able to ascertain the opinions of academics, teachers, policy makers, politicians and students. Topics discussed included current barriers to implementing IPE into curricula, such as funding and logistics, since many universities have separate faculties for the different medical professions. Best practices were shared which sparked interest amongst policy makers so that, hopefully, the future looks bright. The exposure gave us a vital opportunity to implement the topics referred to and a press release and outcome paper have been released.

We are very pleased that we were able to come together to organise this event, as it was a perfect platform at which we could demonstrate the benefits of inter-professional collaboration. We can't wait for the next conference!

Written Elen Rowlands

EDSA Vice-President of External Relations
University of Birmingham



EDSA KAZAN 2019

14-20 April



Life is short

☺ smile ☺

while you still

• have teeth •

SELFIE CONTEST COMING UP!

More info in fall on patient2fan.com. Stay tuned!!



About W&H

The only Austrian manufacturer of precision dental instruments and products, W&H, a family-owned company with its headquarters in Bürmoos near Salzburg, is one of the world's leading dental companies. Innovative product and service solutions, a modern corporate structure, a strong focus on research and development and social responsibility – that's what has made W&H a successful local and global player.