Brushing your teeth just got social

Oral-B launches the Oral-B FunZone, a gamification and social experience that makes brushing fun for people of all ages.

By Oral-B

DUBAI, UAE: Oral-B, the worldwide leader in oral care, has upgraded the Oral-B App to feature the Oral-B FunZone, a unique gamification feature that makes each brushing session a more rewarding experience for users of all ages.

The perfect solution for health-conscious people seeking a fun, enjoyable and dentist-approved brushing experience, the Oral-B FunZone is an interactive in-app technology. The function augments features from popular social sharing platforms, encouraging users to achieve their brushing goals through a fun-filled scoring system that unlocks photo filters.

“We know that people tend to accomplish their health goals when they can gauge their progress through an exciting social media or wearable experience,” says Dr. Ash-had Kazi – Professional & Scientific Relations Manager – P&G Oral Care. “With this in mind, we’ve upgraded our current mobile app offering to include the Oral-B FunZone, a feature that allows users to track and actively share their brushing journeys, encouraging proper brushing habits for all in a unique way.”

The Oral-B FunZone helps improve users’ oral care habits with a fun-filled social media sharing and reward system, making each brushing session the ultimate oral care experience.

Oral-B FunZone: An Easy Way to Make Brushing Enjoyable

With the Oral-B FunZone, users gain points during each brushing session to unlock new FunZone themes, Jungle, Anime, Cats, and Haunted House.

The app comes pre-loaded with the Jungle theme, and the three additional themes can be unlocked by acquiring points for improved oral care habits such as brushing for the dentist recommended time of two minutes or a pressure-free session.

Oral-B FunZone: How it Works

• Users access the Oral-B FunZone in the Oral-B App and unlock new themes as they brush correctly.
• Users select one of the unlocked themes, and the app will automatically capture their filtered brushing session, generating a “selfie” gif.
• Users share FunZone experience with friends on social media with a specially curated “selfie”

The Oral-B FunZone will also encourage users to access the Oral-B App to feature the Oral-B FunZone. The Oral-B App experience paired with Oral-B GENIUS offers consumers a truly personalized oral care experience, so they can brush like their dentist recommends – and have fun.

The Oral-B App 5.0 is available on iTunes and Google Play. For more information about the Oral-B App and Oral-B products, please visit https://oralb.com/en-us.

Interview: “Prevention is not just for children and young people”

By DTI

Three years ago, Professor of Cariology and Endodontology Ivo Krejci from the University of Geneva, Switzerland, published an article in which he made the case that professional prophylaxis and caries prophylaxis should be the core competence of a practice team in order to maintain oral health. Dental Tribune International spoke with him about his assertions.

Prof. Krejci, what is your main message when it comes to modern caries prophylaxis? The aim of modern dentistry is not the temporary repair of heavy clinical symptoms in the form of large decaying lesions and deep periodontal pockets, but rather the lifelong dental health of the population, which I define as the absence of clinical symptoms. My article focused on one aspect of this concept, namely the causes, symptoms and treatment of caries, a chronic lifelong infection of the biofilm, the clinical symptoms of which, in the form of decaying lesions, are still some of the most common reasons for extractions. I am aware that I am speaking against the common teaching opinion, which treats caries and periodontitis as non-communicable diseases, but it would be too much for this interview to explain the reasons for this stance in detail.

Besides increasingly criticised fluoridation, bioavailable calcium, acid neutralisation and harmless sugar substitutes can be identified as important factors in preventing caries symptoms in so far as the patient doesn’t want to curb excess sugar consumption. Three further measures are at least just as important: firstly, early diagnosis of the initial caries, secondly, the lifelong, periodical professional motivation, instruction and monitoring of an efficient, atraumatic home dental care routine in the sense of primary prevention, and thirdly, the use of non-invasive adhesive composite restoration to stop or at least delay subclinical caries symptoms in the sense of secondary prophylaxis. Direct and indirect minimally invasive composite restorations complement this philosophy in patients entering into this concept with existing large decaying lesions or with existing restorations.

Why do we still separate periodontitis prophylaxis and caries prophylaxis? It’s difficult to say, as both problems have to do with immunology and a...
In your article, you spoke about lifelong dental coaching. What do you mean by that?

Prevention is not just for children and young people. As caries and periodontitis are lifelong infections and decay lesions, periodontal pockets, erosions, abrasions, trauma and dental infestations can arise at any age, lifelong prophylaxis is unavoidable. This lifelong dental coaching is based on the preventative measures already mentioned, complemented by regular professional monitoring with high-tech diagnostics to catch symptoms in the subclinical stage, thereby allowing non-invasive therapy anywhere needed.

Therapy, diagnostics, prevention—what are your concrete recommendations?

We're not very far enough enough how much of a risk a patient has of developing symptoms in the form of decay lesions, periodontal pockets, erosions, abrasions, trauma and dental infections can arise at any age. According to the disease process, symptoms in the subclinical stage can sometimes go undetected. In this case, a mouthwash is often not enough and a more aggressive approach is necessary.

Can you give an example of this?

Yes. It is not uncommon to find patients who have been given a teeth cleaning to remove the brown buildup on their teeth, but when asked about their dental hygiene habits, they admitted to not brushing or flossing for several days. This led to the conclusion that their dental hygiene habits were not optimal, and they needed to be taught how to improve them.

What role does home oral hygiene play in caries prophylaxis in your opinion?

Home oral hygiene is very important for the patient. The patient is the most important aspect for me. It might sound presumptuous, but many people don't brush and don't know which tools, products and techniques are the best and most efficient for their individual situations. I am convinced that oral care at home can only have a long-term effect when it is overseen by a dental professional. This professional cannot heal the patient, and it wouldn't make sense for the professional to perfectly remove the patient's biofilm each day, as this would require that the patient come to the practice every day. Even if he or she could afford it, this would lead to public transport chaos and would make very little sense. Therefore, it should be more sensible to delegate this job to the patient and inform, educate and monitor him or her as needed, as well as correct and motivate when necessary, not just once, but again and again.

What materials are needed to perform this therapy?

Manual or electric toothbrush, floss or interdental brushes, toothpaste with or without fluoride—the individual case should stipulate what tools are needed. As dental professionals, we have the knowledge to provide the correct diagnosis and to advise the patient on which tools, products and techniques would be the most effective, quickest and cheapest for his or her individual circumstances. We can still get involved if professional therapy is needed and before clinically visible symptoms arise.

Finally, how's your own oral hygiene?

Very good. Although I had to live through the dentistry of the 1960s as a child, I still have all my own vital teeth and they're all doing well. It helps that my wife is a dental hygienist. She's the best thing that could have happened to me in many respects.

Thank you very much for the interview.
Lisa Hicks registered patients visiting the dental clinic

Outside, the general volunteer Lisa Hicks registered patients and created a basic filing system to ensure future expeditions have patient treatment records. Four local young men were recruited to assist in translation and clinic organisation, one of whom, Delama, had been both deaf and mute since childhood but when he contracted an illness, yet the whole community were able to do sign language with him.

The first day in clinic went smoothly as word spread throughout the community that a dental team was in town. The local chief, Simi ensured the welfare of the team and also managed to secure hotel accommodation—an upgrade from the expected campsite.

It was not all work and no play for the team. Sunday, Wednesday and Thursday were spent in the Maasai Mara National Park, where they were lucky enough to see elephants, lions, leopards, buffalo and cheetah amongst the spectacular scenery inhabited by these incredible animals. They were also welcomed by the village elder at a local Manyatta (Maasai village) with traditional singing and dancing. Maasai are great pastoralists, living semi-nomadic lives that have remained unchanged for hundreds of years.

Many children live at the school to avoid the perilous walk across the Mara to reach their lessons. Facilities are basic; but clean and safe with wonderful, enthusiastic teachers. England and the team will be working with the school in future to ensure more children are able to receive an education that costs $20 per month—insurmountable to many cases of severe crowding that, naturally, the children and their families wanted corrected.

Clinically, the team experienced a dental screening and any treatment needed. Fortunately, about 150 children made the trip back, who then in a huge surprise performed songs for the team.

Monday and Tuesday were long days in the clinic, working from 08:30 to the last light of the day although it was school holidays, the local Head Teacher, Mr. Ndaraus Dumas had arranged for local children to return for the day to have a dental screening and any treatment needed. Fortunately, about 150 children made the trip back, who then in a huge surprise performed songs for the team.

Monday and Tuesday were long days in the clinic, working from 08:30 to the last light of the day although it was school holidays, the local Head Teacher, Mr. Ndaraus Dumas had arranged for local children to return for the day to have a dental screening and any treatment needed. Fortunately, about 150 children made the trip back, who then in a huge surprise performed songs for the team.

Monday and Tuesday were long days in the clinic, working from 08:30 to the last light of the day although it was school holidays, the local Head Teacher, Mr. Ndaraus Dumas had arranged for local children to return for the day to have a dental screening and any treatment needed. Fortunately, about 150 children made the trip back, who then in a huge surprise performed songs for the team.

Monday and Tuesday were long days in the clinic, working from 08:30 to the last light of the day although it was school holidays, the local Head Teacher, Mr. Ndaraus Dumas had arranged for local children to return for the day to have a dental screening and any treatment needed. Fortunately, about 150 children made the trip back, who then in a huge surprise performed songs for the team.

Monday and Tuesday were long days in the clinic, working from 08:30 to the last light of the day although it was school holidays, the local Head Teacher, Mr. Ndaraus Dumas had arranged for local children to return for the day to have a dental screening and any treatment needed. Fortunately, about 150 children made the trip back, who then in a huge surprise performed songs for the team.

Monday and Tuesday were long days in the clinic, working from 08:30 to the last light of the day although it was school holidays, the local Head Teacher, Mr. Ndaraus Dumas had arranged for local children to return for the day to have a dental screening and any treatment needed. Fortunately, about 150 children made the trip back, who then in a huge surprise performed songs for the team.

Monday and Tuesday were long days in the clinic, working from 08:30 to the last light of the day although it was school holidays, the local Head Teacher, Mr. Ndaraus Dumas had arranged for local children to return for the day to have a dental screening and any treatment needed. Fortunately, about 150 children made the trip back, who then in a huge surprise performed songs for the team.
Evaluation of an ex vivo porcine model to investigate the effect of low abrasive airpolishing


By Gregor Petersilka, Ralph Heckel, Raphael Koch, Benjamin Ebene, Nicole Anweiler

**Aim**
To assess the usability of pig jaws periodontal treatment model for low abrasive airpolishing and to histologically gauge the effect of various instrumentation techniques.

**Material and methods**
- From 120 Pig mandibles, the bucal part of one molar was chosen randomly and fixed in a way allowing controlled instrumentation.
- Three modes of instrumentation were evaluated:
  - Group A: Low Abrasive airpolishing using glycine of 25 μm (EMS Pento Powder, EMS, Nyon, Switzerland)
  - Group B: Low Abrasive airpolishing using erythritol powder of 14 μm (EMS F.L.U.S Powder, EMS, Nyon, Switzerland)
  - EMS Air Flow Master was used with a standard handpiece at a distance of 3mm to the gingival tissue in a continuously sweeping way for 5’s like subgingival biofilm removal
- Group C: Panoramic scaling using Pento Slim FS instrument (EMS) - EMS Perion Master was used at medium power and water setting.
  - The instrument was kept parallel to the root surface at a pressure of approx. 3N for 10 s
- Group D: 3M Gracey Curette (Deppe, Rolle, Switzerland)

**Results**
- Hand instrumentation had the most pronounced damage
- Hand instrumentation and ultrasonic scaling caused higher tissue destruction than both airpolishing powders
- Ultrasone was slightly less traumatic than hand instrumentation with no statistically significant difference
- Between the low abrasive airpolishing powders, glycine showed slightly lesser destruction, however, no statistically significant differences was observed between glycine and erythritol
- The porcine model is apt for use in histological evaluation

**Conclusion**
- Pig jaws could be used to assess the histological effects of different instrumentations on periodontal tissues before conducting studies on humans
- Low abrasive airpolishing powders had an overall low potential of soft tissue damage and could be used safely to remove biofilm subgingivally.

Dr. Fábio Duarte da Costa Amor, Specialist in Endodontics, HREAC (Centro-hospital), UFBA (Bauru), Campinas
Coordinator of the Program of Specialization in Endodontics FACESC/Cheops-SC, FAP/Coimbra GO&COE-Mapa

**By Dr. Penelope Jones, Australia**

We have known for years that dental offices face a general problem. Millions have been spent trying to address this problem, yet the literature is still full of articles confirming, “sitting for long periods increases your risk of cardiovascular disease, diabetes and even cancer.”

Inroads have been made by members of the dental team by increasing their fitness levels and making a point of moving around as often as they can during the day.

Unfortunately, the basic problem has not been properly addressed. The problem, as expressed by Dr. Penelope Jones of the “Working Posture” programme, is how we sit.

Jones has been helping people turn this around successfully for over 25 years.

Have you ever noticed what happens when you concentrate, need to perform intricate work or even just deal with a stressful situation? You tend to reduce your breathing. You are unaware of it and, as time goes on, your breathing muscles (ventricular muscles and diaphragm) become tighter. As you can imagine, doing this every day is eventually going to lead to tighter and tighter muscles and a more rigid chest. Our other unconscious responses to stress are raised shoulders (part of our natural startle reflex) and shortening our posture at the front (also part of the reaction to protect ourselves from emotional stress). At the end of the day so many muscles that are not needed to perform our work are chronically tight and we feel “uptight”. No surprises there.

These tight muscles are sabotaging our comfort, and we are completely unaware of how it happens. We rest and do exercises and the tightness relaxes slightly, but in root cases the muscles never completely relax, so it is almost as if we are wearing a neurological strait jacket, even when we sleep.

These unconscious tight muscles pull our posture out of alignment and create chronic pain in our backs, necks, shoulders and arms.

Posture is not a static thing. Our nervous system controls which muscles contract and which ones relax, as well as the timing of this process. It is a continually adjusting mechanism. Ideally, when the muscles can continually adjust to the need to dissipate energy from our movements, we have good posture. But chronically tight muscles do not allow for this continual adjustment. Great athletes and martial artists have trained themselves to do this continual adjustment. They can strike a fatal blow or a shot with minimum effort as they are very aware of how their bodies function.

Dr. Jones uses this understanding and the brilliant tool of neuroplastic learning to help you find a way to align yourself from the inside. You then very quickly become aware when you are tense and out of alignment, allowing you to correct your posture.

Dr. Jones has been teaching her unique workshops for almost 30 years, both in Australia and internationally. Her workshop has helped people to prevent and recover from workplace injuries caused by chronic poor sitting at work.

Working Posture uses easy gentle movement lessons along with good breathing techniques to allow you to unwind your old muscular tension and learn to align yourself with far better skill. You will learn how to find good balance with strength as well as greater flexibility for the fine work of dentistry. It is easier and more enjoyable than you would imagine and does not involve strenuous exercise.

Dr. Jones has restored many a dental career. She is an international speaker and has been teaching in the faculty for over 20 years.

Dr Jones workshops run mainly in Sydney, Australia, but she will be lecturing and running workshops at the CAPPmea conference in Dubai on 10 and 11 November 2018. Visit www.workingposture.com.au or watch the video below for more details on Working Posture.


**Sitting is a health hazard – an innovative way for the dental team to avoid workplace problems**


Conclusion
- Pig jaws could be used to assess the histological effects of different instrumentations on periodontal tissues before conducting studies on humans
- Low abrasive airpolishing powders had an overall low potential of soft tissue damage and could be used safely to remove biofilm subgingivally.

Dr. Fábio Duarte da Costa Amor, Specialist in Endodontics, HREAC (Centro-hospital), UFBA (Bauru), Campinas
Coordinator of the Program of Specialization in Endodontics FACESC/Cheops-SC, FAP/Coimbra GO&COE-Mapa
THE GAME CHANGER

TEST GBT IN YOUR OWN PRACTICE

Do you want a free demonstration with our newest device following the GBT steps?

Please contact your local supplier to make an appointment.

UAE  Al Hayat Pharmaceuticals
OMAN  Sala Medical
      Bahwan Healthcare Center
BAHRAIN Gulf Pharmacy
KSA  Al Turki Medical Group
LEBANON Medetech SARL
JORDAN Basamat Medical Supplies
KUWAIT Al Bader Trading Co WLL
QATAR Accros Trading
IRAN  Apadana Tak
EGYPT  Imeco
SYRIA Ouzoun Trading Center

:ems-dental.com

08 RECALL
07 CHECK
06 PIEZON®
05 PERIOFLOW®
04 AIRFLOW®
03 MOTIVATE
02 DISCLOSE
01 ASSESS

GUIDED BIOFILM THERAPY®

EMS+ MAKE ME SMILE.

GUIDED BIOFILM THERAPY®

“I FEEL GOOD”
Interview: “BlueM supports the body’s own healing process”

By Franziska Beier, DTI

A dental hygiene therapist and dental clinic owner

BlueM is different from other oral care brands. Peter wanted to make a difference for his patients and help many people as possible with body-friendly solutions. The realisation of Peter’s dream is what drives us as the BlueM team. We receive many, many stories from BlueM users from all around the world and we are constantly impressed by the remarkable, almost magical results. It is both exciting and humbling and as a team we feel grateful to continue on the journey started by our founder.

What active agents do the products contain and how do they work?
The basis of BlueM is sodium perborate, honey, xylitol and lactoferrin. Sodium perborate slowly releases a body-friendly amount of active oxygen. Oxygen plays a key role in wound healing because it accelerates the wound healing process. Active oxygen kills anaerobic bacteria, which are the cause of most oral problems. Honey is a carrier of oxygen and has many antibacterial functions. Xylitol stimulates salivary flow, helps remineralisation and kills Streptococcus mutans. Last but not least is lactoferrin, an immune-boosting protein that stimulates bone regeneration.

Does BlueM toothpaste contain fluoride?
We have two toothpastes: one without fluoride and one with 1,000 ppm calcium fluoride. When BlueM started, we focused on patients with implants. Fluoride corrodes the titanium surface layer of implants, which means that one should rather use fluoride-free toothpaste. Since many people without implants are using our products nowadays and dental professionals asked for a fluoride toothpaste, we created one.

Does the toothpaste contain sugar because of the added honey?
The sugar in the biological, cold-extracted honey is converted into water and oxygen when it comes into contact with liquids. The catalyst in this process is called glucose oxidase. The sugar in honey is completely converted, which means there is no risk of caries.

Why is this product suitable for pregnant women?
BlueM supports the body’s own healing process. Because of the products’ natural effects, they are suitable for long-term use. Other products, which are mostly chemical, can only be used for a short period. BlueM products are safe for children and pregnant women.

Gain a child, lose a tooth—truth or myth?
It is true that many women develop cavities after their pregnancy. During pregnancy, there are many changes: fluctuating levels of calcium and magnesium, altered nutrition resulting from consuming more snacks, hormone fluctuations and even less time for oral hygiene. All these external factors can lead to caries. Therefore, I believe in the myth because it has been common knowledge for many years.

Periodontitis is associated with systemic diseases such as diabetes and heart disease. What adverse consequences of this correlation might be of particular concern for pregnant women?
Periodontitis causes an increase in the prostaglandin level, which induces contractions. Studies show that women with periodontitis have a two to seven times greater chance of preterm birth due to this high level of prostaglandin. It also works the other way around: treatment of periodontitis can reduce the chance of preterm birth.

That is why it is so important to be aware of the effects of your oral health when you are pregnant.

What is the topic of oral care in pregnant women not as widely discussed as it should be?
I think that many midwives are not aware of the risk of poor oral health for the unborn child, as it is not a part of their protocol. Luckily, I see that more and more pregnant women are being referred to dental hygienists by their midwives. This is a good thing and I believe that this interprofessional cooperation should become part of the protocol. I truly hope this awareness grows in the future.

What oral hygiene measures do you recommend to pregnant women?
Make sure that you do not have gingival bleeding! So, brush twice a day and use toothpicks or interdental brushes on a daily basis. Especially during the second trimester, prevalence of gingivitis and anaerobic bacteria increases. That makes it even more important to work on your oral hygiene. The BlueM products can be a great addition to your routine.

Does BlueM have a unique position on the dental market because it specifically offers oral health products for pregnant women?
BlueM products have not been specifically developed for pregnant women, but it is true that the products are safe to use during pregnancy, in contrast to many other oral health products.

Do you recommend the use of BlueM also for non-pregnant women?
BlueM products have a wide range of use. We see that blue m is most commonly used by people with implants, periodontal problems or oral wounds. Since it accelerates wound healing, it has many indications. For example, the elderly use our oral foam to take care of their ginvae and clean their dentures. Our oxygen fluid is often used by cancer patients to support wound healing after thermo- or radiotherapy.

What sets BlueM apart from other products?
BlueM supports the body’s own healing process. That is unique in oral care.

Where is the product available, and how much does it cost?
BlueM is promoted by top dental professionals in more than 40 countries. You can buy it online, in various clinics and in many pharmacies. We have distributors worldwide. For an overview, see our website: https://www.bluemcare.com/international-distribution/. The price ranges from €3.95 for a mouth spray to €24.95 for the oxygen fluid, which is a medical product.

Thank you very much for the interview.
CROIXTURE

PROFESSIONAL MEDICAL COUTURE

NEW COLLECTION

EXPERIENCE OUR ENTIRE COLLECTION AT WWW.CROIXTURE.COM
A soft approach for tough areas.

Enamel is hard. Harder than steel, even. And it should stay that way. Enamel-friendly brushing means: pampering your teeth and gums with tender loving care. Like with the gentle CS 5460 ultra soft. Mmmm, let’s do that again.