New Zealanders brush dentists off

A nationwide survey has found that 55 per cent of women and 25 per cent of men in New Zealand postponed a visit to the dentist last year because of the recession. The poll undertaken by toothbrush manufacturer Oral-B revealed that the cutoff was restricted to adults, as 5 per cent of parents admitted not postponing their child’s annual dental check-up.

The result is another setback for the country, which already has poor oral health. Despite efforts to improve access to dental services through National Health Targets, the utilisation of these services has declined in recent years to less than 60 per cent, according to the latest statistics from the Ministry of Health. The new findings show that dental visits are still of low priority for many people.

Commenting on the results, the President of the New Zealand Dental Association, Dr Mark Goodhew, urged New Zealanders to realise that by not having regular dental check-ups, they are putting their health at risk. He said that oral cancer, for example, could be detected early with regular dental check-ups. Gum disease is also possibly linked to heart disease, he said.

“Spending just NZ$90 to NZ$120 once a year on a check-up could save you thousands in the long-term,” Dr Goodhew explained. “A simple check-up might even save your life if you have something serious that’s quick-acting and can be treated.”

Besides oral-health expenditures, the poll also investigated other spending habits of New Zealanders during the current economic downturn. Tobacco companies’ profits, for example, are being affected, as a third of male smokers and nearly a quarter (25 per cent) of female smokers surveyed said they had cut back because of money worries. Alcohol expenditure was also down, with a third of Kiwi drinkers surveyed saying they had cut back owing to financial concerns in the past year.

Standardised guidelines needed for ASEAN agreement, PDA president says

Claudia Salwiczek

HONG KONG/LEIPZIG, Germany: The president of the Philippine Dental Association, Dr Leo Gerald R. de Castro, has called for standardised guideline procedures on the delivery of health services following a recent agreement of the Association of Southeast Asian Nations (ASEAN) to allow dentists from the Philippines to work in other member states. Dr Castro said that currently not all countries in the ASEAN region have established standard guidelines on the matter of Continuing Professional Education (CPE) and these circumstances could lower the chances of employment for Filipino professionals in these countries.

Castro told Dental Tribune Asia Pacific that consultation with the ASEAN health ministers in April will discuss standardised guideline procedures on the delivery of health services, following a recent agreement of the ASEAN Association. He added that countries like Singapore, Taiwan, Japan and Korea have had guidelines in place long before the agreement was made, but in the Philippines, the system was stopped and the earning of CPE points became optional for almost ten years.

“Recently, owing to the passage of the new dental law in the Philippines, the acquisition of CPE credit units became mandatory again, but unfortunately the almost ten-year hill took away precious credit units earned by our dentists,” de Castro said. “As a member of the academic, a part of me, views this as a noble programme but the other part dis-agrees in the sense that not all member countries are on equal footing.”

The new agreement was closed during an meeting of the ASEAN education ministers in April. It will be effective in August this year.

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“I do not think we should panic”

An interview with Prof. Lakshman P. Samaranayake, Chair Professor of Oral Microbiology at the University of Hong Kong, about the Swine Flu A (H1N1) pandemic

Dental Tribune: Prof. Samaranayake, the WHO recently classified the outbreak of H1N1 as a global pandemic. What infection-control procedures would you recommend?

Prof. Lakshman P. Samaranayake: It is unlikely that many patients with acute respiratory illnesses will visit the dentist for elective procedures. However, should such a patient visit the dentist, the following precautions should be taken. The primary goal of infection control is to prevent transmission of disease. Early detection of a suspected or confirmed case of swine influenza and prompt isolation from susceptible persons will reduce the risk of transmission. To prevent such transmission of respiratory infections, respiratory hygiene infection-control measures—so-called “cough etiquette”—should be implemented at the first point of contact with a potentially infected person.

During the outbreak of SARS in 2003, patient enrolment in Hong Kong was at a record low. Is Hong Kong experiencing similar developments owing to the outbreak of H1N1? It is unlikely that we will see a drop in patient enrolment as in the SARS epidemic period, mainly because the Swine Influenza A, though highly infectious, is much less severe in terms of the morbidity and mortality. In Hong Kong, none of the patients with swine flu has developed complications of normal flu, such as pneumonia. But, as you know, during the SARS outbreak, the death rate in some regions of the world, including Hong Kong, reached 20 to 40 per cent.

Also, at the Prince Philip Dental Hospital during the SARS period, the patient attendance rate dropped by about 50 per cent. Yet, we have not seen a significant decline in patient enrolment numbers during the recent weeks, even after WHO declared swine flu a pandemic. This perhaps is an indication that there may not be a drop in patient enrolment rates at private practitioners' surgeries.

Experts have warned that the H1N1 virus could combine with avian flu and mutate to a more virulent form. Do you consider this a realistic scenario?

That is a very difficult question to answer. Historical data indicates that different flu strains can combine and jump from birds to pigs, pigs to humans and humans to pigs. Given this scenario and the rapid rate at which flu viruses mutate, it is not unlikely that we will see a more virulent combination form of the H1N1 virus.

The best strategy under these circumstances is to be aware of the possibility of a virulent strain emerging and be prepared, but I do not think we should panic.

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