



MARKET INSIGHT
Spotlight on the German
Health System



ITALIAN TRADE AGENCY
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SPOTLIGHT ON IDS
New Products Awaited at
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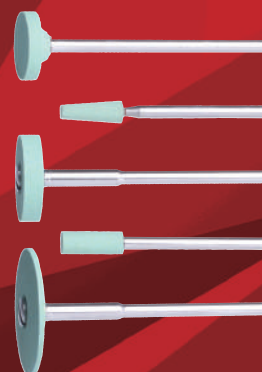
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March 2025

WED, 26th

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March 2025

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Seminar Subjects

- Practical tips
- Recommendations of endodontic societies and literature vs. real live
- How easy and predictably fill root canals
- New applications of bioceramic materials – experiments or real options
- Predictably procedures for general practitioners
- How to save vital teeth from endo treatment

Well-Root PT
Premixed Bioceramic Putty



Well-Root ST
Premixed Bioceramic Sealer



Speaker Info

Dr. Pawel Andersz

- Graduate of the Pomeranian Medical University in Szczecin, Poland. (2000).
- Author and co-author of publications in dental journals.
- Lecturer at national and international conferences and courses.
- Member of the Polish Dental Society.
- He conducts classes with students Faculty of Dentistry at the Pomeranian Medical University in Szczecin.
- He works in private practice in Szczecin, Poland.

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for Innovations

I-VI ITALIAN TRADE AGENCY
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Brush Tips



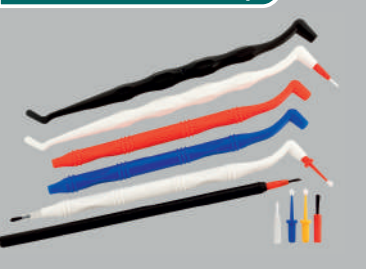
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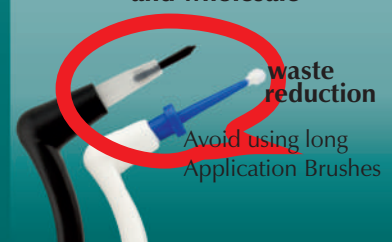
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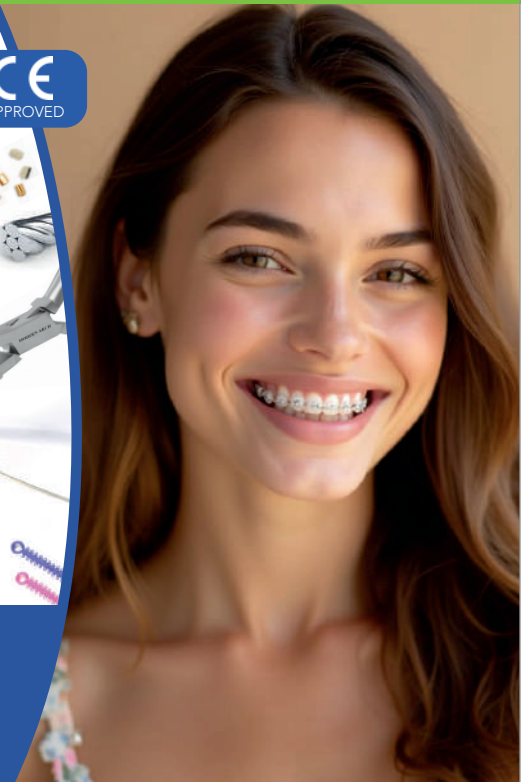
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Making the Best of Trade Shows

"The 41st IDS 2025 will once again be the indispensable global marketplace of the dental industry. As the most comprehensive display window for the innovations of dental medicine technology, it presents the entire global dental market happenings in an environment of fair competition between the suppliers. We can already assume today that in its role as a trend and pacesetter, IDS will once again boost the global dental industry." - Mark Stephen Pace, Chairman of the Executive Board of the Association of the German Dental Industry.

For sure, trade shows present unique opportunities for businesses to showcase their products and services, while making valuable connections and reinforce existing relationships. While digital programs can bring together global experts and peers, 95% of marketers say in-person events are vital to fostering real-life connections with target audiences. B2B trade shows offer companies the opportunity to debut new products and services, enhance brand awareness, examine the offerings of competitors and industry leaders, introduce new products and services and showcase latest innovations. All in one location. In addition, individuals can gain valuable knowledge and insights by attending educational sessions and visiting vendor booths. A valuable strategy for businesses' growth.

But the journey to trade show success begins well before the event doors open. Engaging with customers and prospects needs to start well before the event itself. To maximize the benefits of trade show participation, it's essential to put a strategic plan in place. If a given trade show isn't pre-planned, it's doomed to fail. A well-thought-out strategy is the key to a successful trade show, it can significantly impact your success and return on investment. It involves careful planning, engaging activities, and effective market research. By preparing ahead and knowing what to expect, you can maximize your interactions with attendees and gain insightful data.

Would you organize a big party without sending out invitations? Pre-show marketing is crucial for ensuring that potential customers and partners know you will be there. But it isn't just about getting attendees to visit your booth. It's about engaging them, stimulating their interest, and encouraging them to seek you out on the show floor. Utilize digital media to announce your participation, to generate excitement. Post regular updates about your preparation, and let attendees know what they can expect at your booth. Live streaming, interviews and posting real-time updates can attract spontaneous visitors to your booth. Using email newsletters to offer exclusive previews or teasers of new products can create excitement and draw in a crowd. It is crucial to promote events, to arrange appointments with dealers, or set up one-on-one meetings with sales reps ahead of time.

But marketing doesn't end after the show. Think about the day after a big party. Do you simply put away the decorations and forget about the connections you made? No. A good host sends thank-you notes, expresses gratitude, and keeps the conversation going. The end of the trade show should not mark the end of your engagement with attendees. Transition the conversation to digital platforms to maximize your reach and maintain the momentum. Use email campaigns to follow up with leads, sharing valuable content such as whitepapers, case studies, product highlights, videos or webinar invitations.

Following up with leads generated at the show might seem easy, but it takes a strategic effort to convert them into customers. Customize communication and focus on a human touch. Connect with a personalized message, suggest a way to reconnect after the show and follow through to make it happen. Individualize communications and content. Trade shows are rich in content opportunities. Capture behind-the-scenes footage, interviews with staff and customers, and snippets from keynote speakers or panel discussions. This content can be repurposed for blog posts, social media updates, and future marketing campaigns.

Paper or e-magazine can keep your conversation going with insights and valuable content. Videos are highly effective in engaging audiences and building trust, showcasing your booth's highlights, products and activities. Sharing these videos on your social media channels, website or by newsletter can extend the reach of your trade show presence far beyond the event itself. The goal of post-show communication is to develop a relationship and demonstrate your value.

Maximizing your trade show presence is not just about the immediate impact but also about leveraging the experience for long-term benefits. By integrating pre-show marketing, effective lead capture, engaging booth activities, and post-show follow-ups, you can create a comprehensive strategy that enhances your brand's visibility, generates quality leads, and builds lasting relationships. Post-event analysis is crucial for understanding the impact of your trade show participation. Track key metrics such as the number of leads generated, social media engagement, and overall foot traffic to your booth. Use surveys or feedback forms to gather insights from attendees about their experience. Analyzing this data can help you refine your strategies for future events, ensuring continuous improvement and greater success.

Remember, a successful trade show experience is a blend of meticulous planning, innovative engagement, and continuous conversation—both offline and online. Blending human touch with intelligent marketing transforms trade shows into a powerhouse tactic for long-term growth, partnerships, and results.



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Dental Diode Laser



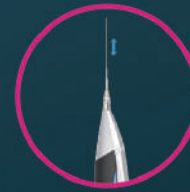
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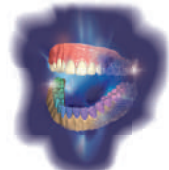
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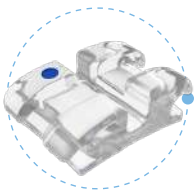


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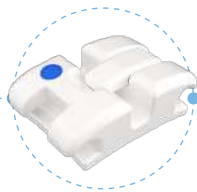
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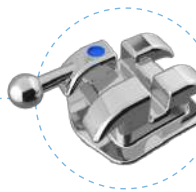
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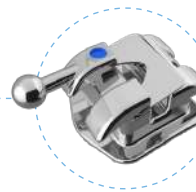
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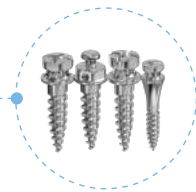
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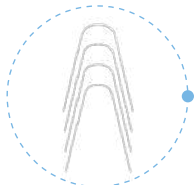
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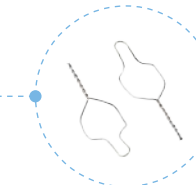
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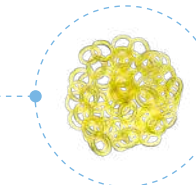
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1. <https://pubmed.ncbi.nlm.nih.gov/19239741/>

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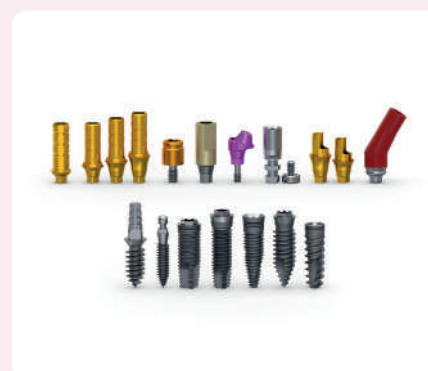
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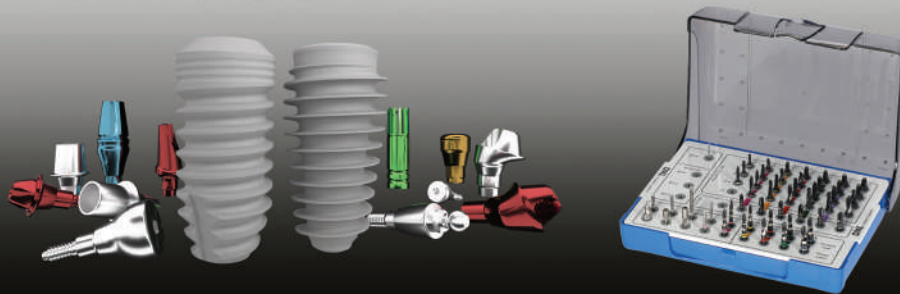
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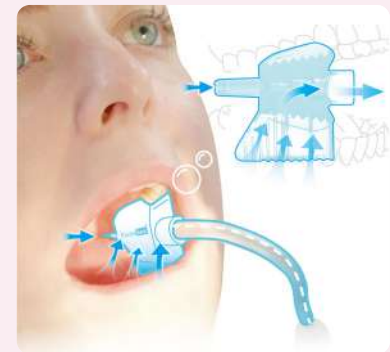
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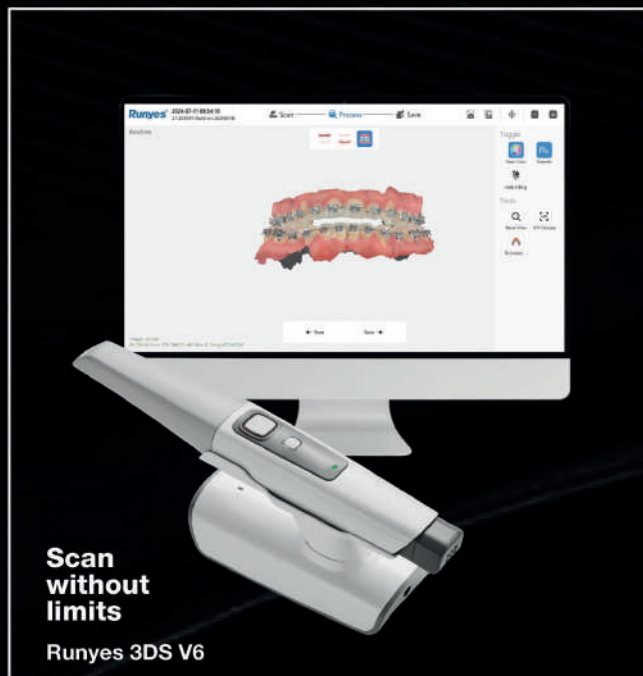
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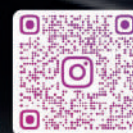
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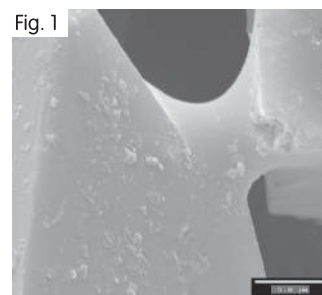
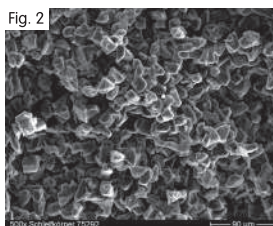
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DENTALMAX, a prominent Korean zirconia block manufacturer, commands a dominant position in Korean market. Renowned for natural-like tooth shades zirconia blocks, backed by over a decade of experience. DENTALMAX has garnered widespread acclaim in Korean and Japanese markets.

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DENTALMAX

Ugin Dentaire prepares to launch new products

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In 2025 the Ugin Dentaire catalogue will welcome new products and expand its offer to better answer the needs of professionals worldwide.

The most anticipated product is a microwave sintering furnace for zirconia, which will enter the Ugin Dentaire range together with a new conventional furnace designed for the fast sintering of up to 40 elements. The final product to join the lineup will be a modern vacuum former, unique in its kind because it uses pressure instead of vacuum to produce orthodontic aligners.

We are hoping to present these new products at IDS Cologne and to officially launch them on the market in the following months, but those wishing to know more can always contact us at info@ugin-dentaire.fr

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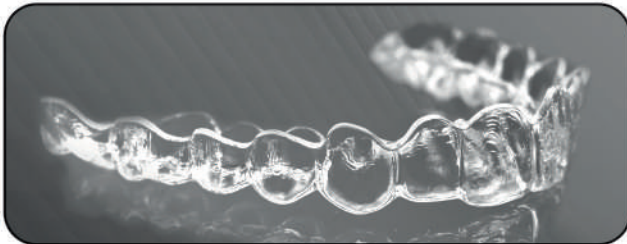
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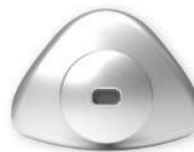
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Runyes Medical Equipment Co., Ltd. was established in May 2000 and has since become a leading provider of dental equipment within the medical industry. As a high-tech enterprise, Runyes integrates R&D, production, sales and service. The company's product range includes all the necessary equipment and instruments for modern dental care, with its main offerings being dental chairs, infection control equipment, imaging products and digital solutions.

Runyes has invested heavily in R&D, with a focus on innovation in the dental equipment field, leading to the development of cutting-edge global digital products. Recent releases include the Intraoral Scanner 5.0 (wired version), Intraoral Scanner 6.0 (wireless version), Color

Shade Detector, Face Scan, Photogrammetry Camera, and Digital Head Loupe, showcasing a blend of advanced technology and artistic design. These products represent a significant leap in functionality and performance, with user-friendly designs for a more comfortable experience. Runyes is confident in the future of the digital dental industry and is committed to leading it towards a bright future.

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Interview with Novica Savic, chief commercial officer (CCO) and managing director at exocad



Novica Savic
Chief commercial
officer (CCO) and
managing director at
exocad

Come to IDS 2025 for a glimpse of the future!

exocad, an Align Technology Inc. company and one of the leading providers of dental CAD/CAM software, will present the next level of dental CAD design at IDS 2025. Novica Savic, chief commercial officer (CCO) and managing director at exocad, explains in an interview what lies behind this announcement and why IDS is an important trade fair for exocad.

What trends do you expect to see at IDS 2025, Mr. Savic?

N. Savic: The digitalization of dentistry will be a major topic with new digital technologies and, above all, new AI functionalities. On the equipment side, intraoral scanners (IOS) and 3D printers will again be the trend. Both scanners and 3D printers can be expected in all price and quality segments, which includes some new players on the market. I am looking forward to seeing the current state of development of multicolor printers.

Throughout the year exocad is present at many trade fairs around the world. What relevance does IDS have for your company?

N. Savic: IDS is highly relevant not only for us but for all dental manufacturers that operate internationally. This trade fair has always been the technology and performance showcase of the global dental industry. This is where the next innovations to arrive on the market are presented. In addition, visionary outlooks on the future of dentistry are shown at IDS. All this makes this event the leading global trade fair for our industry.

What is exocad's focus for IDS 2025?

N. Savic: The focus is interdisciplinary treatment methods. At this IDS, we will demonstrate new approaches to how exocad software solutions can take minimally invasive dentistry to a whole new level. Together with several partner companies, we will present innovative concepts designed to inspire. All I can say is: come and see the future and experience the next level of CAD design. At IDS 2025, we will show our

leading role in the dental CAD software segment.

Where will exocad's booth be located at IDS 2025? Will you present yourself to visitors with an open or closed concept?

N. Savic: As in 2023, our stand will once again be in Hall 1, close to Align Technology, allowing participants to experience the full Align™ Digital Platform solutions. exocad will welcome visitors to an open and freely accessible stand. With this concept, we have found our approach, which has worked very well for years and reflects our openly designed products.

What will visitors notice about the exocad stand at first glance?

N. Savic: Visitors can look forward to our new testimonial campaign, which we will unveil at IDS 2025. As usual, the focus will be on our software users from the laboratory and dentistry sectors. Another eye-catcher will be our arCADE stations. The cool thing about these stations is that visitors will have the opportunity to try out our latest software releases directly on site. We don't want to reveal any more at this point—come along and be surprised!

Will the exocad booth once again be the meeting place for the global exocad community in 2025?

N. Savic: Yes, definitely. In addition to our renowned exocad software experts, some of our key developers will also attend. This is an opportunity for them to meet the users in person and get their direct feedback on the software. This is only possible during IDS and demonstrates once again that this trade fair is of great relevance to us.

Are there any specific topics that you will communicate about collaboration between the practice and laboratory?

N. Savic: This is a core topic of our software, which offers many collaboration tools for the exchange between laboratory and practice. Visitors will see specific tools and features live at our booth. New tools will be presented that can further optimize

collaboration between practices and laboratories.

Will there also be an opportunity to test the software at the exocad stand?

N. Savic: Yes, IDS 2025 will provide this opportunity. Interested visitors can design in DentalCAD, exoplan and ChairsidesCAD themselves and experience the software in person. Of course, there will once again be numerous software demonstrations by exocad experts. Visitors can ask specific application questions for first-hand tips from the experts.

Will there be new products? What can you reveal at this stage?

N. Savic: We will present the latest release cycle under the name Chemnitz. This release will have an important meaning. With exocad ART (Advanced Restorative Treatment), for example, we are showing how the segments of restorative dentistry and aligner therapy can be brought together through integration with the Invisalign® system. For laboratories, this means a considerable expansion of indications.

The second major topic will be new AI functionalities for DentalCAD, e.g. a new AI design for crowns. Labs can then use this function to better grow their capacity. And for guided implantology, we will be showing the new exoplan release with many new functions.

When you think about IDS 2025 today, what are you most looking forward to?

N. Savic: There are many things. For 2025, I am looking forward to welcoming many international visitors and, above all, to seeing long-time acquaintances from all over the world again. It is also always exciting when we present our new products to the public at IDS. We work towards this for many months and are always eager to receive feedback from partner companies and users.

Thank you very much for the interview, Mr. Savic, and good luck at IDS.

U.S. Dental Products at IDS March 25-29, 2025. Cologne, Germany

For the past 20 years, Koelnmesse Inc. has organized the USA Pavilion at IDS. Once again, in 2025, 80 U.S. dental manufacturers will showcase their latest innovations as part of a U.S. Group Exhibit in Hall 4.2, joined by six exhibitors from Canada and one from Mexico.


The USA Pavilion serves as a key destination for dealers and distributors seeking cutting-edge advancements from North America in areas such as abrasives, dental materials, dental chairs, implants, filling materials, orthodontics, lighting, and laser devices. Organized by Koelnmesse Inc., based in Chicago, with support from the Dental Trade Alliance (DTA), the USA Group Exhibit provides an efficient way to connect with North American exhibitors. Additional North American companies will also be present across all seven IDS halls.

A PDF version of the exhibitor directory will be available by the end of February 2025, featuring a comprehensive listing of all North American exhibitors, organized alphabetically

and by product category. The printed version of the directory will be distributed at IDS across all information stations and throughout the USA Pavilion. For further details on North American exhibitors at IDS, please contact us at info@koelnmesse.us.

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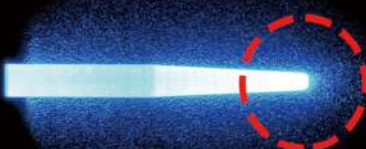
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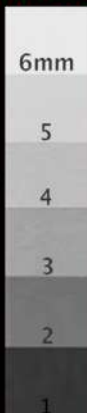
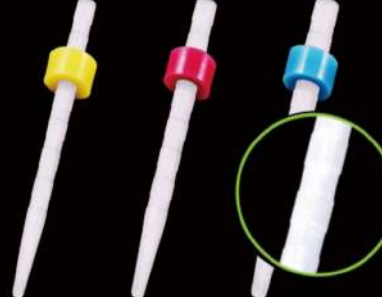
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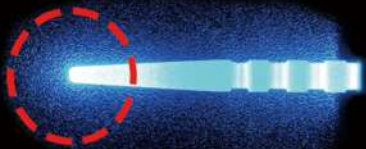


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Mission completed – the game changer in the digital workflow



Just in time for IDS, SAM has expanded its two digital solutions for dental practices and laboratories and opened them up to users from other brand manufacturers.

SAM, celebrating this year its 50th anniversary, is known for the finest and highest quality instruments and being the benchmark for physical articulators.

But more than 10 years ago, SAM started to develop the transformation, from analog to digital. Nevertheless, analog never lies, the benefits of digital dentistry are obvious. And as an expert for occlusion and TMJ simulation, SAM saw very early the two major problems on the market. First is the right position of the maxilla, which is like an airport, as the lower teeth fly in and out in various directions and differently in every patient. And second, how to get the correct position back into the analog world.

An average model position will sooner or later create TMJ problems, if the patient does not adapt. More and more people must wear splints due to TMD. In the past, composite or golden restorations could partially be adapted and formed, according to the muscular determination, but now? All these super strong materials don't show or forgive any occlusal error. So all the power is directed to the joint, which cannot as easily be treated as the occlusion. Wrong positioned air-ports will lead to a crash of the plane – sorry – wrong positioned upper models will cause severe problems to lower teeth in a dynamic movement. This is a physical law and fractioning or chipping is one of the resulting effects. Just by not seeing or ignoring it, that doesn't mean it doesn't exist – please ask gravity.

Axioprisa is the solution – the missing link in the digital workflow. But what is so special and why is it a “must have” for every intra-oral-scanner user?

Axioprisa, short AXP, is a precise, easy to use and in most cases sufficient transfer system from analog patient to digital patient / articulator in the CAD world. No need of expensive equipment or time-consuming courses are needed. No physical models need to be mounted and scanned in the lab. Axioprisa is a scannable transfer system for the facebow. It is scanned with an intra oral-scanner, like a second or



third upper scan and later matched with the upper scan(s) in the dedicated axioprisa software in the lab. Regular scans do not have a 3D-orientation, but with axioprisa, they get a coordinate system, specific to the articulator brand. And another great benefit: it works with any intra-oral-scanner.

After finishing the case in the CAD, some doctors or technicians love to have physical models mounted in the articulator in their hands, like the plaster models. Most users print models and mount them classically with mounting stone and facebow in the articulator. This is time consuming and not a digital benefit. Best would be if the digital models could be printed “articulator-ready”, and accurate, in short time and with limited liquid use.

Axiosnapmount is the solution – the final step – in the digital workflow. It is the digital mounting system, for a plaster-free dentistry. The scan files will be converted and printed with a kind of connection shoe, so that the models can be used in the physical articulator without using mounting stone. Yes, a gypsum free practice and lab is now possible and realized, without renouncing accuracy – but it is all about setting and material.

Different block heights cover the space between the articulator and the mounting plate. Each articulator brand has its own block system, due to the construction of

the brand. The differences in height of blocks are set by 10mm.

The disposable mounting plate has four different shoulder heights, so this reduces again the height and fits perfectly with a splitcast onto the block and gets “married with” the mounting plate. The differences in height of the mounting plates are set by 2,5 mm.

With the axiosnapmount system, the laboratory can easily and accurately transfer the modified and printed model into the analog articulator – without the need for plastering.

Conclusion: Not only SAM users benefit from these genius solutions, but also those of AmannGirrbach, KaVo, Gamma, Denar and Panadent. Time savings, in lab and in practice are very notable and users working time gets more efficient without having to make large investments.

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Gamma - Denar - Panadent



IDS 2025: New Products Awaited at the International Dental Show

The innovative strength of the dental industry is unabated. The rapid progress in research and development and the international competition are the drivers of the tireless product development. The companies of the dental industry are proving to be equally inventive and application-oriented. Several outstanding examples outlined below aim to highlight how the manufacturers of dental medicine technology are bringing dentists, dental technicians and their teams forward.

Practices can rely on stronger support for **caries diagnosis**:

- The aggregation of different imaging techniques such as X-rays, fluorescence and transillumination ensures a good overall picture.
- The X-ray diagnosis occurs fully-automatically supported by artificial intelligence and is thus at the disposal of the dentist for the medical evaluation – enabling the improved detection of initial caries lesions.
- The magnetic resonance tomography (MRT) has been introduced as a further digital imaging technology – for the improved detection of secondary and occult caries.

MRT opens up further opportunities:

- In the field of periodontal diagnostics, this already allows the detection of bone loss in its early stages.
- The MRT can be combined with intra oral scans, 3D X-rays and a computer tomography in implantology to enable successful backward-planning.

Furthermore, there are new developments in all sections of the practice:

- In the fields of **periodontology and professional prophylaxis** innovative multifunctional systems with an ultrasonic handpiece and a powder jet handpiece offer the team user-friendly operation and the patients a particularly pleasant therapy.
- More and more aesthetic, tooth-coloured materials are available for **filling therapies**, such as nano hybrid ormocers, whilst new self-adhesive composites that bond without the use of separate adhesives are eagerly awaited.
- In the field of **endodontics**, digital assistance systems reduce the risk of file breakage. Thanks to sensor-less control, the motor reacts immediately and

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At the same time, innovative trends are enriching the **dental laboratory**:

- During the **work preparation** “plug-and-play” software keeps the costs under control, whereby even the novice can produce comprehensive solutions off the cuff.
- Different **production options** are enhancing the area of prosthetics, namely 3D printing. And new, four-axes CAD/CAM milling machines with water-cooled spindles allow top continuous operation performance – more and more frequently without additional abrasive materials.
- Without further ado retentions and undercuts in any form can be integrated into every object using **3D printing**. When printing restorations made from highly-filled composites, resin in the form of vacuum-sealed capsules can also be used – a simple and fast solution that even works with highly-viscous ceramic-filled resins.
- As well as metals and plastics, ceramics can also be manufactured using **additive production**. In one specific clinical case a subperiosteal jaw implant made of zirconium oxide ceramic has already been printed.
- The practices should therefore in future produce more items “**chairside**” or quickly send them over to the practice laboratory. 3D printing as a further production method is thus becoming a more and more feasible option here too.

The aggregation of dental data in safe **Cloud systems** is making different additional services accessible and depending on the structure promotes

- predictive maintenance of the dental equipment
- increased patient satisfaction
- climate-friendly operation
- an improved economic balance
- safe and convenient data transmission between the laboratories, clinics and practices – for a seamless digital workflow regardless of the location and software licences.

Furthermore, we are particularly observing a larger spectrum of

- **dental chairs** from the pure chair with peripheral devices simply laid out in front through to strongly integrated units.
- A significant trend on the topic of “**Sustainability**”: The dental industry has an increasing number of offers for a wide range of applications to support the practice and laboratory.

To what extent the current innovations will change the important framework conditions for running a dental practice or laboratory will ensue from the many expert discussions held at the 41st IDS in Cologne from 25 to 29 March 2025. Ultimately, the patients will profit from the new concepts, techniques, system solutions and products the dental professionals integrate into their daily work.

VDDI/GFDI - Press Office, Dental Industry
Burkhard Sticklies - sticklies@vddi.de

Koelnmesse GmbH, IDS:
Markus Majerus - m.majerus@koelnmesse.de
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A close-up portrait of Klaus Mütterthies, an older man with grey hair and glasses, looking directly at the camera. The background is dark and out of focus.

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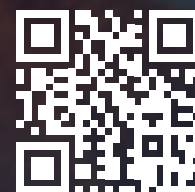
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Enlightenment through illumination"

Klaus Mütterthies, Dental Artist
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Statement of Dr. Freddie Sloth-Lisbjerg, President of the Council of European Dentists (CED) at the European Press Conference for the 41st International Dental Show-IDS

“It is with great pleasure that I am attending the IDS Press Conference 2025, on behalf of Council of European Dentists. As a reminder, we are a European non-profit association, which represents over 340,000 dentists across Europe. The association was established in 1961 and currently comprises 33 national dental associations from 31 European countries. This puts the CED in the unique position of speaking with one voice on behalf of dentists at European level, while taking into account many different national positions and realities when preparing our policies.

We are still at the very beginning of the new European institutional mandate, with a lot of existing and new opportunities to communicate our stance on key policies and priorities in the EU. Some of the core concerns and recommendations of European dentists can be found in our Manifesto for the new EU Mandate. I would like to expand on some of these messages, particularly in the context of the IDS press conference.

This brings me to my first message: Namely that **what works for one country may not be applicable in another**, including in Europe. An example of this is the digitalisation and artificial intelligence (AI): A driving force for supporting and boosting many aspects of dental work. Nevertheless, legislation on eHealth at EU level presents various challenges for some of our members. It is necessary that all of us, as stakeholders in the same supply chain, work together **to ensure that this great digital progress does not lead to disproportionate burdens and obligations on top of our core priority: high quality dental treatments and improving oral health**. This is especially relevant for dental practices that fall under the category of small and micro enterprises.

Secondly: **when it comes to medical devices, my message is ‘if it works efficiently, safely and properly, it should be available’**. This specifically relates to the Medical Devices Ordinance, whereby we European dentists are inundated with updates on which device and when it may become unavailable. The manufacturers are highlighting issues such as high administrative burdens and long re-certification times. For us, at the end of the chain and responsible for delivering safe, high-quality treatments to our patients, it is of vital importance that provenly safe medical devices are allowed to remain on the market in an easier, more streamlined manner. In an ageing Europe that will require more and different types of treatments, this ongoing problem must be resolved.

Last but not least, **the European dental world is undergoing change**. In some member states, young dentists are choosing not to open their own practices, other countries are suffering from a lack of sufficient dental employees and vice versa. A tendency towards bigger units, sub-specialists and more teamwork can be seen all over Europe. Nevertheless, the balance in

the relationship between the dentist and the dental team members should be maintained, with the dentist as the team leader. **Workforce challenges have to be addressed in a timely manner**, at European level, but also in accordance with national variations and specificities.

In conclusion, I would like to thank the organisers for this event! Together as a community, we are all in the same boat and we each have our own priorities – our own ‘paddles’. And yet, we cannot sail if we do not work together. As such, I encourage us all to remain in contact, to exchange and interact at the premises of IDS and beyond.”

For more information contact:

CED Brussels Office Tel: +32 2 736 34 29
ced@cedentists.eu - www.cedentists.eu



European Trade Press Conference, Oliver Frese, Member of the Executive Board of Koelnmesse GmbH, Susanne Schöne, Moderator, Mark Stephen Pace, Chairman of the Executive Board of VDDI, Dr. Freddie Sloth-Lisbjerg, President of the CED, Dr. Bernd Rebmann, Rebmann Research GmbH & Co KG, Rheinsaal, Congress-Centrum Nord



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IDS as a Dental Exchange Forum for Best Practices

European Trade Press Conference on 22 January, 2025 on the occasion of the 41st International Dental Show

Prof. Dr. Christoph Benz, President of the German Dentists Association

“Every two years, the International Dental Show (IDS) unites experts not only from Germany and Europe, but also from America, Asia and beyond. The dental world comes together in Cologne to celebrate the latest developments in dentistry and to promote the exchange of knowledge and innovations.

Over the years, IDS has established itself as the leading global forum for dental professionals. Manufacturers, service providers and dentists meet here to share their ideas and visions. IDS is a showcase for innovations in dentistry. The technologies and procedures presented here hold the potential to revolutionise the way we work and significantly improve patient care. From digital diagnostic tools and advanced treatment methods, to sustainable materials materials - the innovations we are able to experience at IDS are crucial for the further development of our industry. They enable us to make more precise diagnoses, carry out treatments more efficiently and ultimately increase patient satisfaction.

Furthermore, these advances not only support the individual practices, but also help strengthen the healthcare system as a whole. By adapting and implementing new technologies, we can ensure that the



European trade press conference, Rheinsaal – Congress-Centrum Nord

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best solutions are available for our patients. In times when technological progress and digital solutions are advancing rapidly, it is more important than ever for us to work together as a dental community. We can only make sure that our patients continue to have access to close-to-home and low-threshold dentistry by sharing best practices.

In Europe, we face common tasks - whether it be ensuring high-quality care or adapting to new legal framework conditions. The dental profession is faced with a multitude of challenges, many of which result from the political and regulatory framework conditions of the European Union. It remains to be seen what initiatives the new European Commission under President Ursula von der Leyen is planning. However, the administrative burden on practices should definitely not be allowed to increase any further; it is already too high and wastes valuable time that is not available for treatment.

IDS additionally offers the German Dentists Association (BZÄK) the opportunity to talk to young professionals, who are faced with major challenges when starting their careers and setting up their own businesses. High investment sums, heavy bureaucratic burdens and a high demand for skilled workers in the practice team, which is becoming harder and harder to meet, are making it increasingly difficult for young colleagues to settle in and establish themselves in the profession. The BZÄK made proposals in its "Warnemünde Declaration" at the end of 2023, as to how the falling number of practices, in rural areas in particular, can be improved. IDS is an excellent opportunity for subjecting these proposals to a reality check in discussions with colleagues.

I am also pleased that the conference of dental aid organisations, which the BZÄK organises every two

years during IDS, is taking place, this time on 28 March. Here, we offer the many committed dentists with their aid projects the opportunity to exchange ideas and network. Around 70 dental aid organisations are members of the German Dentists Association network.

I would also like to thank all of the exhibitors, who with their commitment and creativity contribute towards making this trade fair a complete success. Our special thanks also go to the organisers - the Association of German Dental Manufacturers (VDDI), the GFDI (Gesellschaft zur Förderung der Dentalindustrie) and Koelnmesse - whose tireless efforts have made it possible to put this event together.

At IDS we can discuss topics in dialogue with one another and develop innovative approaches. Let us use this platform to learn from each other and find solutions together. And let us take a joint look ahead to a future in which we develop dentistry further through cooperation and innovation - for the benefit of our patients in Germany, Europe and all over the world.

I wish all of the organisers, exhibitors and visitors an interesting, exciting and successful International Dental Show 2025!"

The German Dentists Association will be presenting itself together with its partners in Hall 11.2, Aisle O/P, Stand 50/69.

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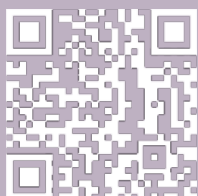


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IDS 2025

The Dental Technology Trade Accompanies the Fast Pace of the Digitalisation

Statement by the President Dominik Kruchen on the occasion of the European Press Conference for the International Dental Show (IDS) 2025 on 22 January 2025 in Cologne.

“As part of the healthcare profession the dental technology trade is an essential player in providing healthcare in Germany. It combines technical know-how, precise craftsmanship and creative design in a profession that delivers tailor-made dental prostheses of the highest quality. Together with dentists, dental technology master laboratories - supported by the dental industry - guarantee the provision of high-quality dental services. The dental technology trade is currently facing various challenges: In particular, the issues of fair remuneration for dental technology services, debureaucratisation, investor-operated medical care centres and strengthening the infrastructure of vocational training within the trade are at the top of the professional policies agenda.

In these economically uncertain times, German medium-sized businesses urgently need reliable framework conditions. In this context, it is a positive signal that a protracted political stalemate is going to be avoided thanks to the new elections in February.

Compensation for additional costs due to inflation or crises

As a result of the legal requirements, the framework for price developments is very rigid. The topic of dental remuneration is therefore also on the VDZI's professional policies agenda: The strict and exclusive limitation down to the maximum rate of change according to § 71, paragraph 3 of the German Social Code V for price negotiations does not allow for compensation for costs due to inflation or crises. Even if the verifiable annual cost development in the dental technology trade is higher than the annual rate of change for the contribution-based income of all members of the health insurance funds, the dental technicians do not receive any compensation for the costs according to the legal requirements and cannot compensate for this in later periods either. The dental technology guilds and the VDZI are therefore still demanding that the upper limit of the rate of change should be raised or supplemented by more flexible criteria.

Surge of debureaucratisation

There is a consensus within the business world on the issue of bureaucratisation. What is needed is a surge of debureaucratisation that dispenses with superfluous documentation requirements. In the dental technology trade, this particularly applies for the so-called clinical

evaluations of custommade products laid down in the European Medical Devices Ordinance.

Integration into the telematics infrastructure also for dental technicians

Last year, the VDZI reached a pioneering agreement with the GKV-SV (National Association of Statutory Health Insurance Funds) for dental technology companies regarding the requirements for the electronic data exchange between dentists and dental laboratories. The connection of dental laboratories to the telematics infrastructure (TI) will therefore keep the dental technology trade busy this year and beyond. To support the laboratories in the implementation thereof, the VDZI will provide a comprehensive information brochure that explains all the necessary steps and details for a smooth connection to the TI.

Modernisation of training and further education

Without well-trained specialists, a dental laboratory cannot be successful or compete in the digitalised world. The new training regulations have therefore already been modernised and came into force on 1 August, 2022. The planned amendment to the Master's examination regulations is expected to come into force on 1 August of this year, if the plans are implemented as foreseen. This will also bring the master craftsman training into line with the dynamic requirements of the industry.

Transparent and close-to-home care structures

The professional and cooperative partnership between the commercial dental laboratory and the dental practice is the pillar of dental care with dental prostheses. The VDZI considers the model of the freelance dentist on the one hand and the self-employed master dental technician on the other to be a successful constellation for specialised and innovative quality of care. In view of the growing number of investoroperated medical care centres (iZ-MVZ) in the healthcare sector, especially in the dental field, which is disproportionately affected by this, legal regulations that create fair competitive conditions are important. In addition to the inadequate supervisory structures of iZ-MVZ, the production of dental prostheses in iZ-MVZ is not subject to competition due to the closed economic cycle. Such systems go far beyond the original intention of a “practice laboratory” and the necessary framework conditions are undermined here. The legal aspects need to be further examined here.

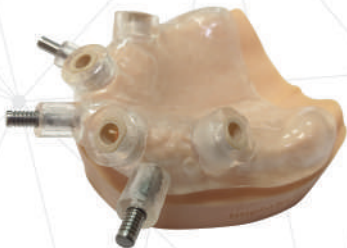
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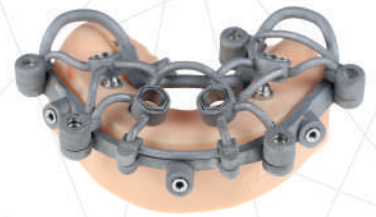
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The pace of the digitalisation within the dental industry still high

In recent years, modern technologies such as CAD/CAM, 3D printing and, most recently, artificial intelligence have brought further advances in the work of the dental technology master laboratories and in the production of dental prostheses. For example, AI-supported digital colour determination devices make it easier to choose the precise colour of the tooth. In future, technologies such as the assisted processing of digital models or material-saving optimisation in computer-aided manufacturing could bring further progress. These technologies enable more efficient work processes, but do not replace the traditional craftsmanship. Dental technicians continue to work analogously, whereby manual skills and a strong aesthetic sense remain indispensable, especially when designing and finally adjusting dental prostheses.

The dental technology trade

The just under 7,250 dental technology master laboratories ensure a quality-tested and comprehensive supply of dental prostheses in Germany. In 2023, there were just under 46,250 dental technicians in Germany, who were subject to social insurance contributions. Almost 5,000 young people are currently completing highly qualified training in the dental technology trade. Almost two-thirds of the trainees are female. Within the trade, the dental technician profession ranks fifth among the top 10 most popular professions for female trainees. With a training rate of over 30 percent,

the dental technology master laboratories provide above-average training compared to the economy as a whole.

The dental technology trade at IDS - trainees present themselves

The IDS 2025 is once again a showcase for the dental technicians of tomorrow. The VDZI is underlining the importance of training once more in the scope of its renowned competition for young professionals, the Gysi Prize, which is celebrating a special anniversary this year, it is namely being held for the 20th time. A high number of applications have been received. Our training companies are once again sending out the signal that they are continuing to invest in training despite the difficult times. **I am already looking forward to being able to honour our young professionals at the International Dental Show in Cologne. The award ceremony will take place on 27 March”.**

The VDZI exhibition stand in Hall 11.2, Aisle S 10/12 is furthermore also the contact point for all questions about dental technology on all days of the trade fair.

For further enquiries contact:

Gerald Temme VDZI-Press Office

gerald.temme@vdzi.de

Ass. German Dental Technicians - www.vdzi.de



European Trade Press Conference, Susanne Schöne, moderator, Oliver Frese, Managing Director of Koelnmesse GmbH, Mark Stephen Pace, Chairman of the Board of Directors VDZI, Dr. Freddie Sloth-Lisbjerg, President CED, Dr. Bernd Rebmann, Rebmann Research GmbH & Co KG, Rheinsaal, Congress-Centrum Nord

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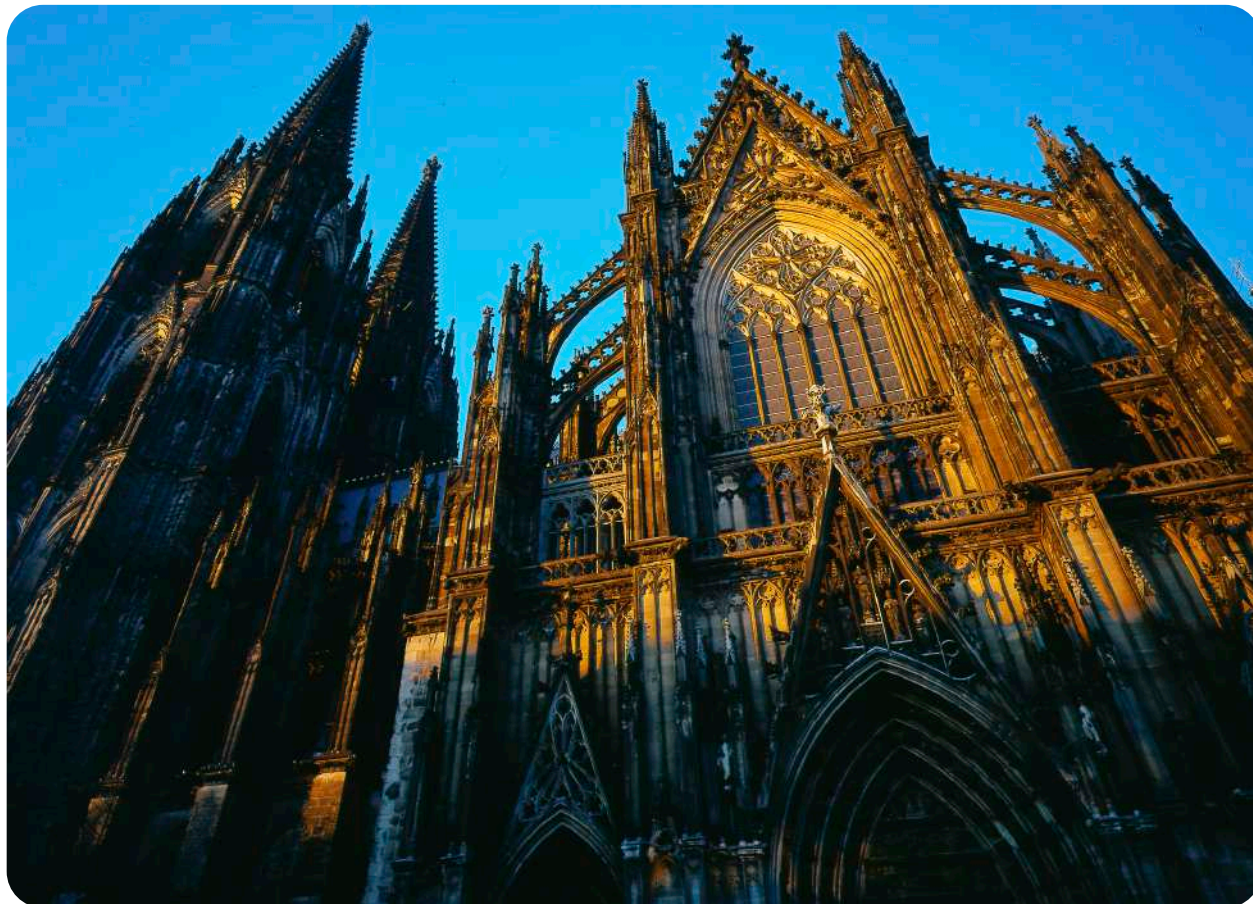
Statement from Dr. Christian Öttl, Chairman Free Association of German Dentists (FVDZ), at the European Trade Press Conference for the 41st International Dental Show, held in Cologne on 22 January 2025

“The dental world will be casting its eyes on Cologne for one week - and ideally it is already here. Exhibitors from more than 60 countries participated two years ago and visitors from almost every country around the globe attended the trade fair. The same will be true again this year – and we are all a little proud to be hosting the entire world. IDS is quite rightly the world’s leading trade fair for dental medicine, digital and dental technology innovations. Every dentist’s heart will be filled with joy here, to have the latest developments in dentistry presented first-hand, to inform themselves,

try new things out and simply to be right in the midst of it all.

We, the Free Association of German Dentists, are also present at this marketplace of innovations as a lobby for the interests of the dental trade, as a political initiator and critic. And we will underline why it is still important, sensible and right to help shape the future of dentistry - in community with commitment to the profession and expertise in dentistry and practice. We look forward to exchanging ideas with exhibitors, companies, organisations and all interested visitors on the road to the future of dentistry. We have already set milestones over the past 70 years and we aim to continue doing so on the path that lies ahead - as a strong lobby for the interests of the dental industry.

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is becoming increasingly important in times of social individualisation. The dental profession is undergoing a phase of radical change: the demographic changes are noticeable in our practices - many older colleagues are leaving the practices, more and more patients need to be cared for because of the ageing population. On the one hand, there is an age shift, but on the other there is also a shift from rural to urban areas, from running one's own practice to working as an employee - and the framework conditions offer anything but planning security. This is another reason why it is interesting here at IDS to look beyond the German horizon over to our European neighbours. We very much appreciate the exchange of ideas.

Dentistry is becoming more modern, more precise and more effective. We see the best that health engineering can produce here - even in the digital world. As an association, we have been setting milestones for 70 years, but we have not stood still on the way to the digital age. Dentists are not only tech-savvy, they also love digital simplifications in their work. Every digital tool that simplifies practice operations, has a real benefit, speeds up treatment, supports the bureaucratic process is welcome. This is also what this year's IDS stands for.

IDS also offers us as an interest group the opportunity to talk to younger dentists. It is worth visiting our stand because of our start-up programme alone. This will demonstrate which form of practice suits your own lifestyle best, what good examples of successful practice start-ups there are and how much

fun it is to work in your own practice following your own ideas. Our aim is to make people want to have a practice.

Germany holds a leading global position in the field of dentistry - we are demonstrating this once again here at IDS. We think "out of the box", we are strong in finding solutions and in innovation. And it is this positive, forward-looking mood that we want to bring to the dental profession: Dentistry has a future - if we let it. And to achieve this we need worldly innovation and progress as well as local care in private practices. That is the brand essence of dentistry - and we want to strengthen that.

I would like to thank the organisers of this 41st International Dental Show - the Association of German Dental Manufacturers (VDDI), the Gesellschaft zur Förderung der Dental-Industrie (GFDI) and Koelnmesse - for their commitment and the many exciting approaches at this year's IDS. We wish you every success with this trade fair - which I am sure we will all return home from with a whole backpack full of ideas and good suggestions".

The Free Association of German Dentists is represented in Hall 10.2, Stand Loo8

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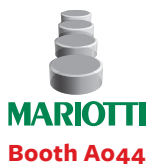
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Spotlight on the German Health System: A Comparison Within the EU

	Germany	EU Average
Population size	84,359	448,754 (total EU27)
Share of pop. over age 65	22.1%	21.1%
Fertility rate ¹	1.6	1.5
GDP per capita (EUR PPP ²)	41,246	35,219
Relative poverty rate	14.7%	16.5%
Unemployment rate	3.1%	6.2%

¹Number of children born per woman aged 15-49. ²Purchasing power parity (PPP) is defined as the rate of current conversion that equalizes the purchasing power of different currencies by eliminating the differences in price levels between countries. Population Data extracted in July 2024. Source: Eurostat Database.

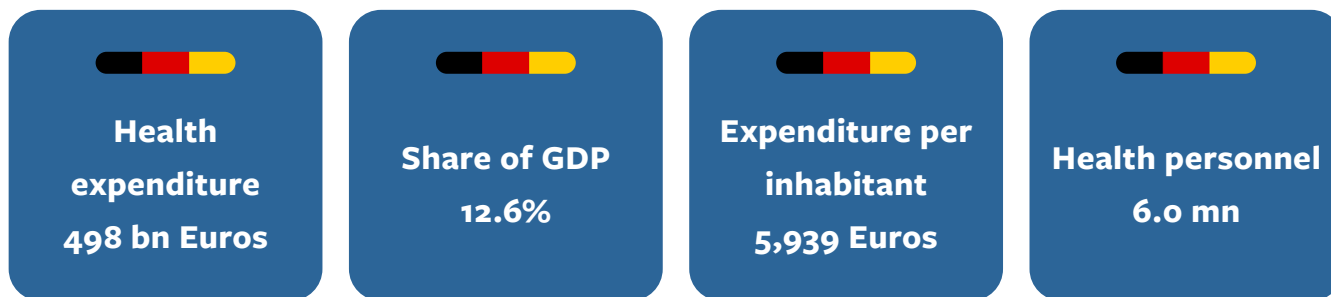
Germany has a total of 6 million people working in its healthcare sector, 74.8% of them are women and 14.7% are 60 years old or over. It has a statutory health insurance (SHI) system, and it is mandatory for people to have health insurance. For certain occupational groups and high earners, it is possible to opt out of SHI coverage and enroll in substitutive private health insurance (PHI). **Approximately 89% of the population is covered by SHI, while 11% have purchased PHI. Although coverage is universal for all legal residents, and only 0.1 % of the population do not have health insurance, financial and administrative barriers still lead to some gaps in coverage.** The complexity of coverage mechanisms means that some groups – such as individuals who have lost coverage due to a change in their occupational status or self-employed people on low incomes – may experience difficulties re-entering

the system or may not be able to afford SHI contributions or PHI premiums. To address this financial hurdle, in 2019 the government substantially reduced the reference amount used to calculate the minimum SHI contribution payable by qualifying individuals (irrespective of the actual amount earned) from EUR 2,284 to EUR 1,038 per month.

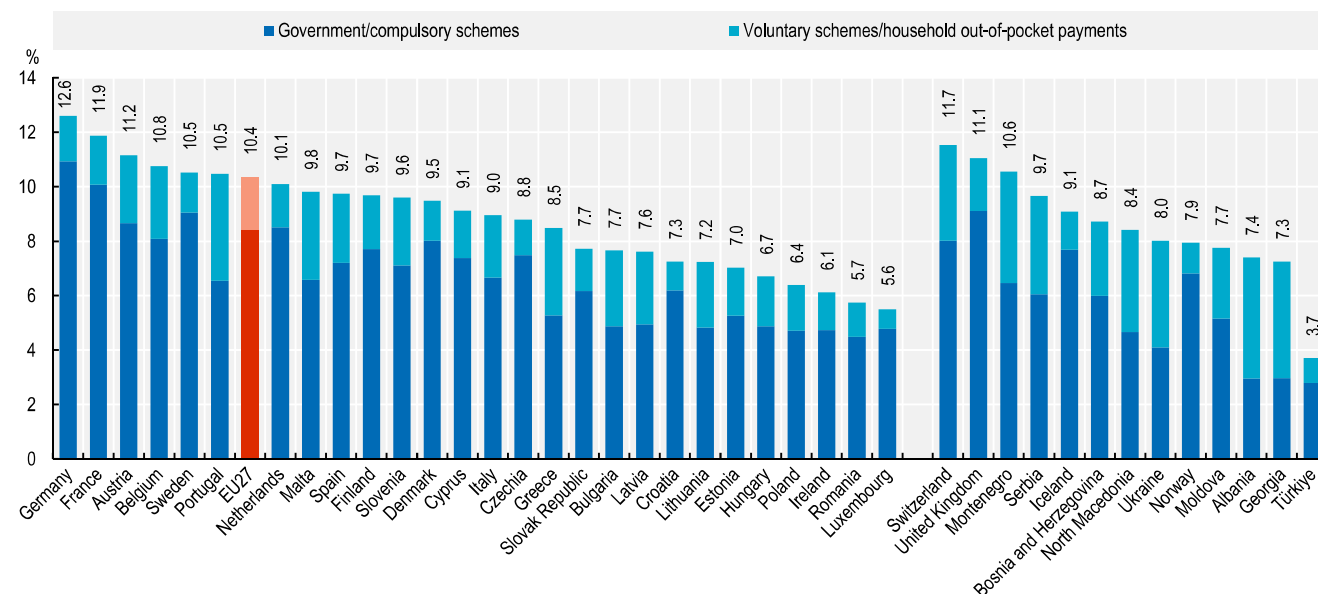
The benefits package covered by SHI is comprehensive, and benefits are the same for all those insured. Individuals who have opted for substitutive PHI have access to benefits that are at least equal to, and often better than, those covered by SHI, with the scope of services determined by the chosen insurance policy and its premium. The public share of spending on health services is above the EU average across all categories. **The extent of public financing in Germany, compared to the EU, is particularly visible for adult**

	Germany	EU Average
Life expectancy at birth (years), 2022	80.7	80.7
Total expenditure on health as percentage of GDP	12.6%	11.0%
Health spending per capita (euro)	5,159-5,939	4,029
Share of public funding for healthcare	85.5%	81.8%
Out-of-pocket payments	12%	15%
Catastrophic spending on health, 2019	2.4%	6.6%
Average waiting time for any elective surgery (days)	20.6	49.9

Source: OECD/European Observatory on Health Systems and Policies (2023) / German Federal Statistical Office



Public Spending on Health in Germany, Highest in the EU



Note: The EU average is weighted. Source: OECD Health Statistics 2024; Eurostat (hlth_sha11_hf); WHO Global Health Expenditure Database.

and child dental care (67% compared to 34%), pharmaceuticals (82% compared to 59%) and therapeutic appliances (58% compared to 38%).

In 2023, the multi-payer SHI system comprised 96 sickness funds and 44 PHI companies, with the three largest sickness funds covering over one third of the German population. **The country continues to have the highest share (12.6% of GDP) of health expenditure in the EU with inpatient and outpatient care making up more than half of total health spending.** Spending on prevention has doubled over the last decade (6.4 %), higher than the EU average (6.0 %). Levels of unmet needs for medical care due to the combined reasons of costs, distance to travel and waiting times are among the lowest in the EU, with virtually no differences between income groups. The relatively low level of out-of-pocket expenditure offers a high degree of financial protection to German households.

Financial protection is not uniform across all types of health services, and there is considerable variation across EU countries. **In nearly all EU countries, inpatient services in hospitals are more comprehensive**

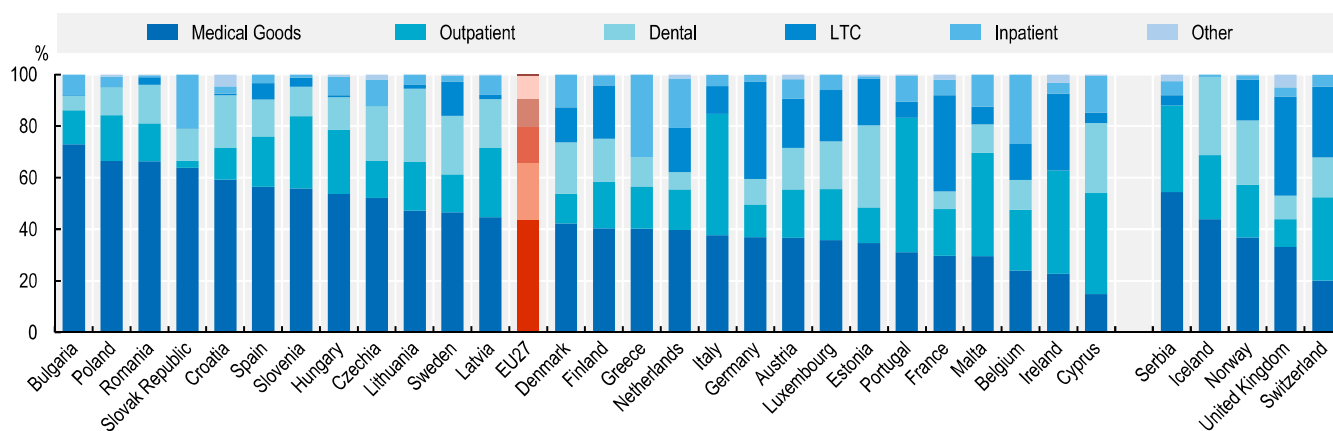
More than 60% of dental spending is covered in only three EU countries: Croatia, France and, as mentioned, Germany. In Romania and Spain, the level of public coverage is very low.

sively covered (90% in 2022) than any other type of care, with free access or very limited cost-sharing in many countries.

More than three-quarters (77%) of spending on outpatient medical care across the EU was also covered by government and compulsory insurance schemes in 2022. Coverage varied from less than 60% in Malta, Portugal, Italy and Latvia to over 90% in the Slovak Republic, Denmark, Czechia and Sweden.

Coverage for dental care costs is far more limited across EU countries. Many countries restrict benefits to specific treatments or age groups, and many services require either substantial cost-sharing or are fully paid out-of-pocket by patients. As a result,

Out-of-pocket spending on health, by type of services, 2022



Note: The EU average is unweighted. "Medical Goods" include retail pharmaceuticals and therapeutic appliances. LTC = Long-term care.

Source: OECD Health Statistics 2024.

Note: Out-of-pocket (OOP) payments are expenditures borne directly by a person at the time of using any health good or service. They include cost-sharing (co-payments) and other expenditure paid directly by private households. Catastrophic health spending is defined as OOP payments that exceed a predefined percentage of the resources available to a household to pay for healthcare. Household resources available can be defined in different ways, leading to measurement differences. In the data presented here, these resources are defined as household consumption minus a standard amount representing basic spending on food, housing and utilities. The threshold used to define households with catastrophic spending is 40% of household capacity to pay for healthcare.

only one-third of total costs are borne by government schemes or compulsory insurance across the EU. More than 60% of dental spending is covered in only three EU countries: Croatia, France and, as mentioned, Germany. In Romania and Spain, the level of public coverage is very low. Voluntary health insurance is common for dental care, including in Germany, France, the Netherlands and Portugal, providing either full coverage of some services or coverage of cost-sharing obligations. Coverage for pharmaceuticals is also typically less comprehensive than for inpatient and outpatient care.

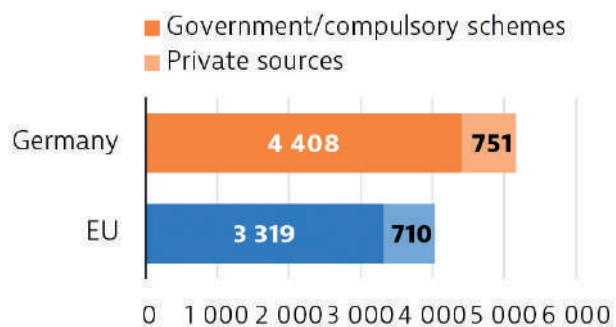
On average across EU countries, 15% of all spending on healthcare comes directly from patients through out-of-pocket (OOP) payments. The share of household consumption spent on healthcare provides an ag-

gregate assessment of the financial burden of OOP payments. In 2022, around 3% of total household spending was on health services across the EU. This share ranged from less than 2% in Luxembourg and Croatia to 5% in Portugal and nearly 8% in Malta. Health systems in EU countries differ in the degree of coverage for different health services. Pharmaceutical and other medical goods are the main driver of household spending in the EU, accounting for 44% of OOP spending on health on average in 2022. Outpatient care accounted for just over a fifth of household spending on healthcare on average, but was especially high in Portugal (52%), Italy (47%) and Ireland (40%), where cost-sharing arrangements for outpatient care are common. **Dental care represented 14% of OOP spending on health, and long-term care made up 11% in 2022.**

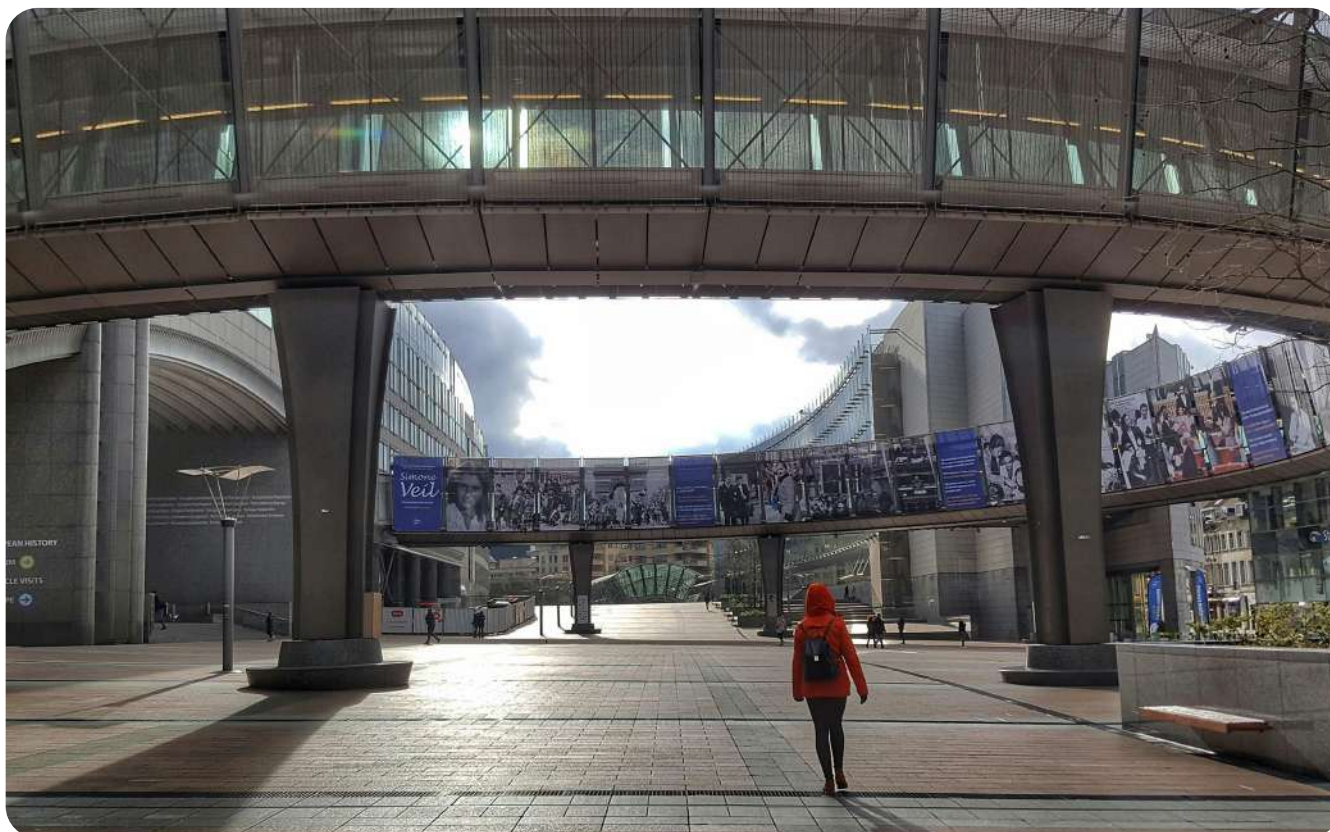
	Germany	EU Average
Hospital beds per 1 000 pop.	7.8	4.7
Adult Intensive care beds per 100 000 pop.	28.1	18.4
Physicians per 1 000 pop.	4.5	4.2
Nurses per 1 000 pop.	12.0	8.4
Medical graduates per 100 000 pop.	12.4	17.5
Nursing graduates per 100 000 pop.	44.2	44.3

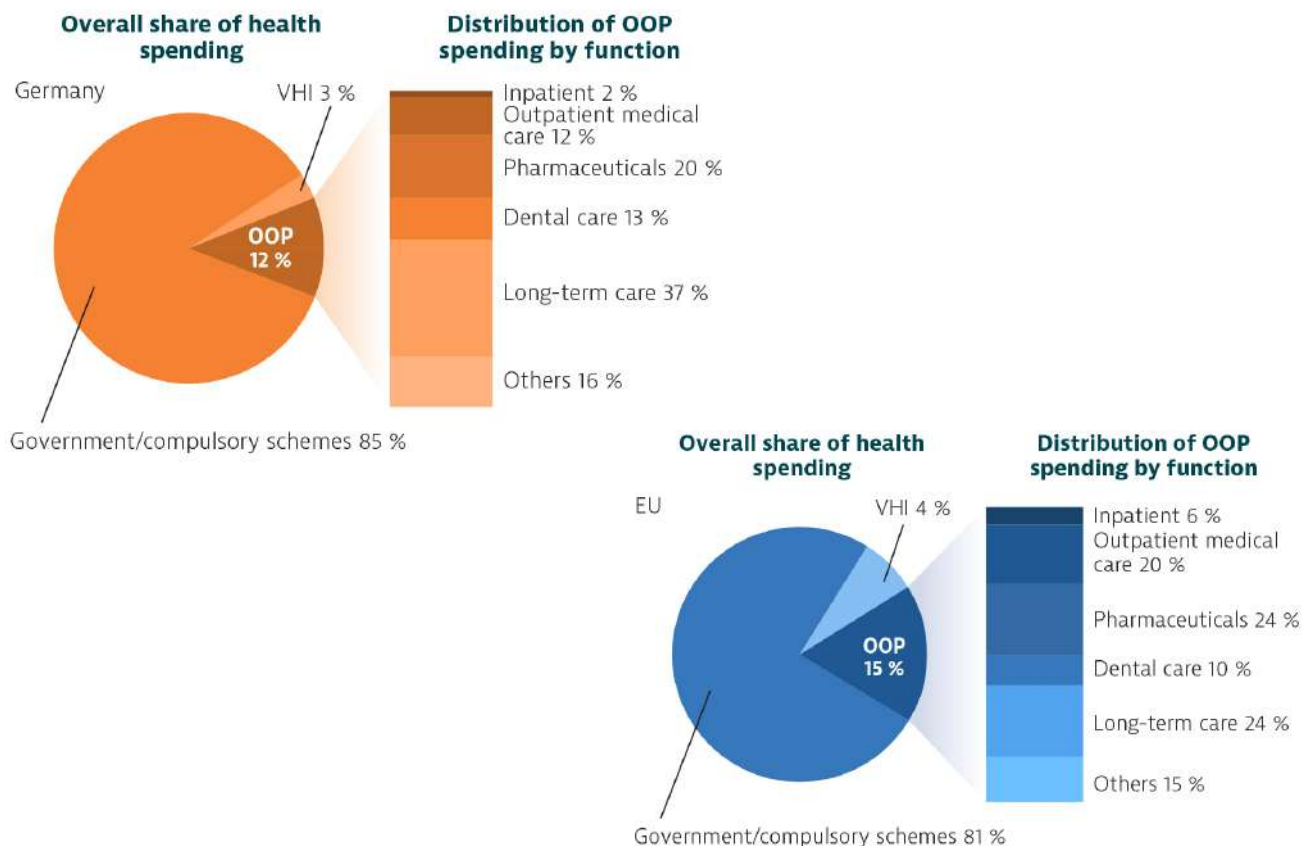
Germany	2014	2022
No. of hospitals	1,980	1,893
Length of stay (days)	7.4	7.2
Bed occupancy rate	77.4%	69%
No. of doctors		376,852 - 428,500
Outpatient doctors		168,300
Share of doctors under 35 years		18.8%

Source: German Federal Statistical Office / Eurostat Statistics Explained



EUR PPP per capita, 2021





Notes: VHI refers to voluntary health insurance, which also includes other voluntary prepayment schemes. The EU average is weighted.
Sources: OECD Health Statistics 2023; Eurostat Database (data refer to 2021).

Resilience

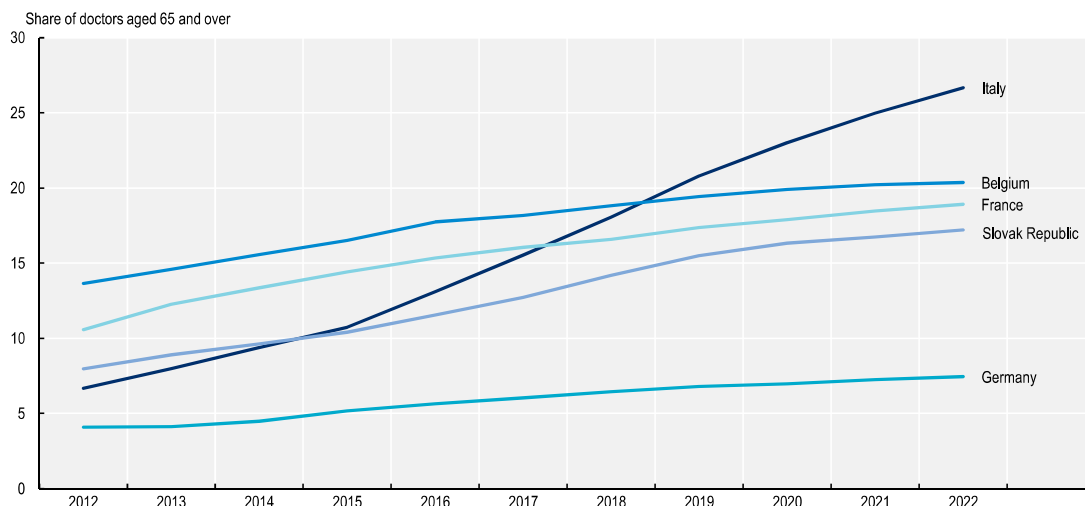
The COVID-19 pandemic has demonstrated the importance of universal health coverage as a key element for the resilience of health systems, as gaps in insurance coverage and high levels of out-of-pocket payments may deter people from seeking care. **However, population coverage is only a partial measure, as the range of services covered and the degree of cost-sharing for those services also define how comprehensive healthcare coverage is in a country. Most European countries have achieved universal (or near-universal) coverage of the population for a core set of health services, usually including consultations with doctors, tests and examinations, and hospital care. Yet, in some countries, coverage of these core services may not be universal.** Although basic primary health coverage generally covers a defined set of benefits, in many countries accessing health services entails some degree of cost-sharing for most users. In most countries, additional health coverage can be purchased through private insurance to cover any cost-sharing left after basic coverage (complementary insurance), add additional services (supplementary insurance) or provide faster access or larger choice of providers (duplicate insurance). In most EU countries, only a small proportion of the population has an additional private health insurance, except for Belgium, France, Slovenia, the Netherlands, Luxembourg and Croatia, where more than half of the population has private health insurance coverage. Over the last decade, the population covered by additional private health insurance has increased in 14 of 22 EU countries with available data. Several factors determine how additional private health insurance evolves,

As a matter of fact, the number of doctors in EU countries increased from 2010 to 1.83 million in 2022, from an average of 3.4 doctors per 1,000 population in 2010 to 4.2 in 2022. However, this does not mean that the shortage of doctors has been reduced.

notably the extent of gaps in access to publicly financed services and government interventions directed at private health insurance markets.

With the onset of the COVID-19 pandemic, Germany increased its public spending on health by a significant 6.6% in 2020, despite a fall in GDP of 3.7%. **Public financing for the health system continued to outpace GDP growth in 2021. Germany's Recovery and Resilience Plan prioritizes modernization of the hospital sector and strengthening the digital and technical underpinning of public health services.** Planned hospital reforms will also address the large number of hospital beds, to encourage more outpatient services and to guarantee quality. Germany attaches great importance to addressing any impending nursing shortages. Despite the high number of nurses per inhabitant, higher than the EU average, the nurse-to-bed ratio is one of the lowest in the EU. Concerns over nursing staff levels in hospitals, particularly since the introduction of the DRG system (the diagnosis-related group-based hospital payment

The share of doctors aged 65 and over has increased over the past decade in several EU countries



Source: Eurostat (hlth_rs_phys).

system, in 2004), prompted a reform to exclude nursing costs from DRG fees from 2020 onwards and triggered legislation to impose minimum nursing staff levels in hospital wards, to be phased in between 2023 and 2025 (Federal Ministry of Health, 2022). Since 2019, a total of 111 measures have been adopted as part of the Nursing Training Initiative with the aim of motivating more people to train in nursing and attracting them to this occupational field. Germany also needs to solve the chronic doctor shortage. One in four doctors are leaving the profession and many practices are closing. According to *Euronews Health*, 80,000 doctors in Germany are over the age of 60 and finding successors to their prac-

tices will be a very tough job. Specifically in outpatient or general practitioner (GPs) care, over the next three years, an estimated 5,000 to 8,000 general practitioners' practices are expected to close, mostly due to retirement.

As a matter of fact, the number of doctors in EU countries increased from 2010 to 1.83 million in 2022, from an average of 3.4 doctors per 1,000 population in 2010 to 4.2 in 2022. However, this does not mean that the shortage of doctors has been reduced. One of the main reasons why the overall number of doctors has increased is that the number of female doctors has grown rapidly in many countries (over half -53%- of doctors were female in 2022), replacing

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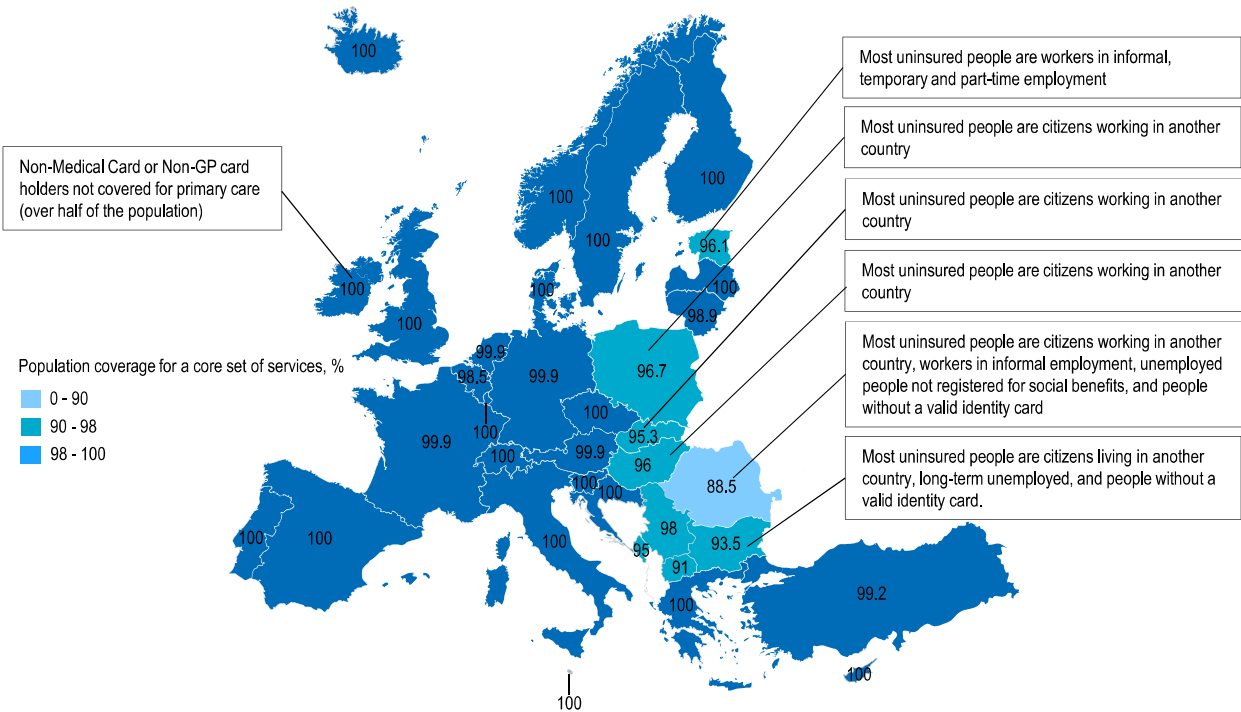
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Population Coverage for a core set of services, 2022 (or nearest year)



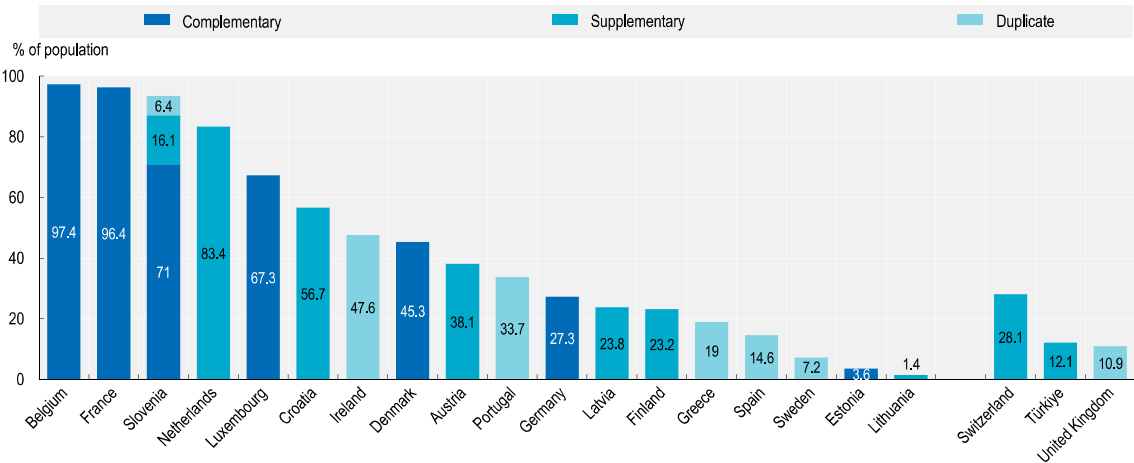
Note: Population coverage for healthcare is defined as the share of the population covered for a set of healthcare goods and services (covering at least hospital care and outpatient medical care) under public programmes and through primary private health insurance. Public coverage refers both to government programmes, generally financed by taxation, and social health insurance, generally financed by payroll taxes. Voluntary private health insurance coverage refers to additional (secondary) insurance. It excludes primary private health insurance, which exists in Germany, Switzerland, Spain and Iceland. Note: Data include public coverage and primary private health insurance coverage.

Source: OECD Health Statistics 2024; European Observatory Health Systems in Transition (HiT) Series for non-OECD countries.

a predominantly male generation of doctors who is gradually retiring. However, female doctors generally work fewer hours than male doctors (about 10% less than male doctors in 2022, according to the EU Labour Force Survey, 39.4 hours per week compared to 43.0 hours) on average across EU countries. **Furthermore, in many countries, the main concern is about a growing shortage of general practitioners (GPs), particularly in rural and remote areas, restricting access to primary care.** On average across EU countries, only about one in five doctors were GPs in 2022, whereas two-thirds were specialists. A few countries such as Portugal, Finland, Belgium and France have been able to maintain a better balance between GPs and specialists, with GPs accounting for at least 30% of all doctors.

Furthermore, in many countries, the main concern is about a growing shortage of general practitioners (GPs), particularly in rural and remote areas, restricting access to primary care. On average across EU countries, only about one in five doctors were GPs in 2022, whereas two-thirds were specialists. A few countries such as Portugal, Finland, Belgium and France have been able to maintain a better balance between GPs and specialists, with GPs accounting for at least 30% of all doctors.

Private Health Insurance Coverage, 2022 (or nearest year)



Note: These data exclude primary private health insurance. The additional (secondary) private health insurance can be both complementary and supplementary in Denmark, Germany, Luxembourg and Türkiye. Data for France refer to 2019 and data for Spain to 2020. Source: OECD Health Statistics 2024.



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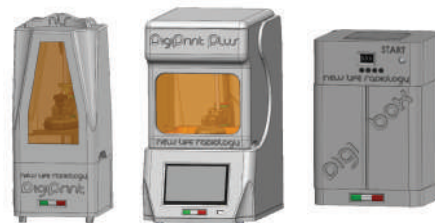
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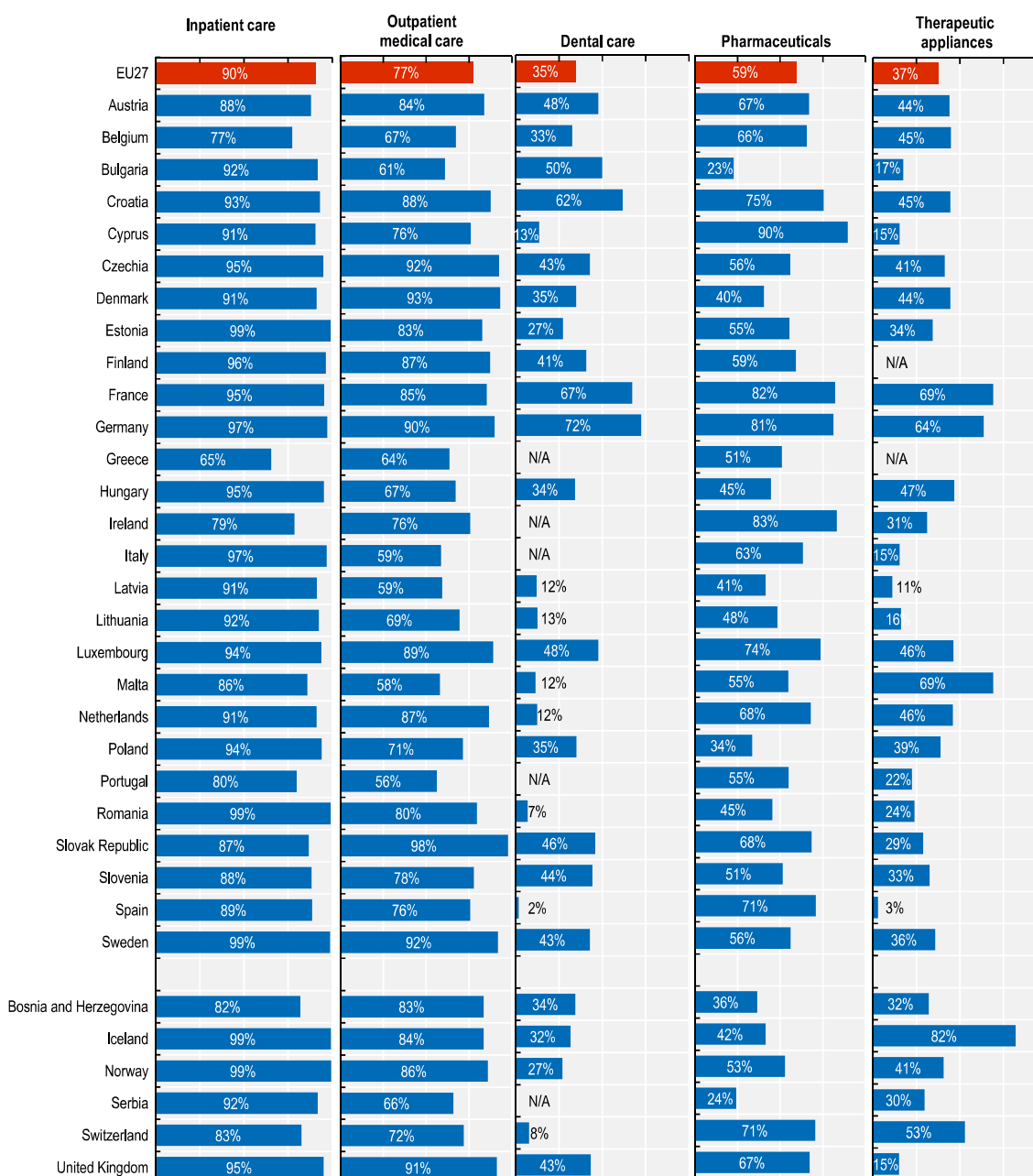
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Healthcare coverage for selected services, 2022 (or nearest year)

Government and compulsory insurance spending as proportion of total health spending by type of services



Note: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines as well as medical non-durables. Therapeutic appliances refer to vision products, hearing aids, wheelchairs and other medical devices. N/A means data not available. The EU average is unweighted. Source: OECD Health Statistics 2024.

Among Main Sources:

-Extracts taken from: OECD/European Observatory on Health Systems and Policies (2023), Germany: Country Health Profile 2023, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.

ISBN 9789264898615 (PDF), Series: State of Health in the EU, SSN 25227041 (online)

-German Federal Statistical Office: https://www.destatis.de/EN/Themes/Society-Environment/Health/Health-Expenditure/_node.html

-Extracts taken from: OECD/European Commission (2024), Health at a Glance: Europe 2024: State of Health in the EU Cycle, OECD Publishing, Paris, <https://doi.org/10.1787/b3704e14-en>.

-Euronews Health, <https://www.euronews.com/health/2024/02/05/germanys-health-crisis-why-europes-biggest-economy-is-fending-off-a-chronic-doctor-shortag>

-Eurostat Statistics Explained: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_physicians&oldid=460643

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European Oral Health Burden

In the EU, the socio-economic burden of oral diseases is considerable: they affect most school-aged children and adults and account, on average, for 5% of public health spending. Treatment expenditure exceeds that for other diseases, including cancer, heart disease, stroke and dementia. This is disturbing, given that much of the oral disease burden is preventable.

- Public coverage for dental care costs is limited across EU countries.
- Direct payments by patients for dental services represent the largest source of funding, on average more than half (59%) of total dental care spending in most EU countries comes from out-of-pocket payments.
- Dental care is funded to a greater extent by private (out-of-pocket) patient payments than other areas of healthcare due to restricted service packages for dental care, except for children in most countries.
- Complementary and supplementary Voluntary Health Insurance play an important role in several countries, covering dental care services that are either completely or partially excluded from the publicly financed benefit packages.
- EU cross-country comparison of oral health status is hampered by the absence of systematic, standardized collection of epidemiological oral health data.
- Gerodontology will be fundamental in the organization of national long-term care systems by 2050.

Despite a temporary setback during the COVID-19 pandemic, life expectancy at birth in the EU has increased by more than four years since 2000 to reach 81.5 years in 2023, and life expectancy when people reach age 65 has never been higher, now exceeding 20 years.



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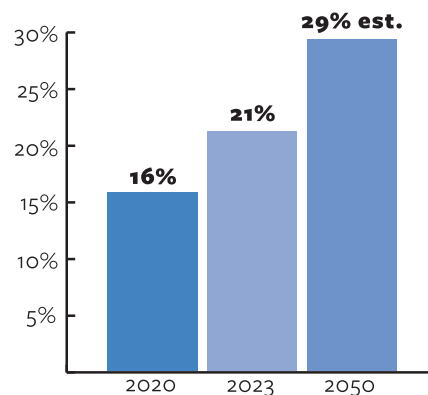


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After a decline, due to the impact of the COVID-19 pandemic, the European Union's population has increased for the second consecutive year, rising to 449.2 million people on 1 January 2024 (from 447.6 million in 2023). The negative natural change (more deaths than births) was outnumbered by the positive net migration, and the observed population growth can also be largely attributed to the increased migratory movements. **The most populous European Union (EU) country was Germany (84.4 million, 19% of the EU total), followed by France (68.2 million, 15%), Italy (59.0 million, 13%), Spain (48.1 million, 11%) and Poland (36.8 million, 8%). In total, these five EU countries accounted for 66% of the EU population.** At the other end of the range, the least populous EU countries were Malta (542,000 people, corresponding to 0.1% of the EU total), Luxembourg (661,000, also 0.1%) and Cyprus (921,000, 0.2%).

The EU countries' demographic profile is further undergoing a profound transformation due to rising life expectancy and declining fertility rates. People are living longer; the share of people aged over 65 in the EU is expected to reach 29% by 2050. Despite a temporary setback during the COVID-19 pandemic, life expectancy at birth in the EU has increased by more than four years since 2000 to reach 81.5 years in 2023, and life expectancy when people reach age 65 has never been higher, now exceeding 20 years. Furthermore, the post-World War II baby boom observed in many European countries has also contributed to an increasing proportion of

Proportion of People Aged Over 65, in the EU



people aged over 65 during the past decade and will continue to increase the proportion in the coming years as this cohort reaches that age group. The share of people aged over 65 in 2023 was particularly high in Italy and Portugal with nearly 25% of the population in that age group, while Ireland and Luxembourg had the lowest proportion with 15%. However, population ageing will accelerate greatly in the coming decades. For example, while Ireland currently has a relatively young population, the share of its population aged over 65 is projected to increase by more than two-thirds be-

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health promotion and prevention policies. Promoting physical activity, healthy eating and healthy weight, and better management of conditions can substantially prevent or delay many diseases. However, not all health issues can be prevented in old age and health systems must be prepared to meet the healthcare needs of a growing number of older people. Early diagnosis of health conditions, along with equal access to people-centered and integrated care, will be instrumental to help older people manage their health conditions and avoid or delay any further deterioration in their health and functional status. **Considering the links between periodontitis and various noncommunicable diseases, a better information exchange between dental service utilization and medical health records would be fundamental to achieving better integration of specialties and improved multidisciplinary preventive strategies.**

The main risk factors for oral health are high sugar dietary intake, smoking, alcohol use and poor oral hygiene, which are largely determined by socioeconomic status, lifestyle, and environmental risk factors. **Access to dental care is often more limited for certain parts of the population, either because dental care is less covered under public health insurance system, and therefore less affordable for people with lower income, or because of a short supply of dentists in certain areas.** In 2023, 6% of people who needed dental care reported some unmet needs because of affordability or accessibility issues, according to the EU-SILC survey, but this proportion reached over 12% among people at risk of poverty. Oral diseases rank among the most costly health do-

In 2023, 6% of people who needed dental care reported some unmet needs because of affordability or accessibility issues, according to the EU-SILC survey, but this proportion reached over 12% among people at risk of poverty.

mains in the EU, just behind diabetes and cardiovascular diseases. Expenditure on outpatient dental care has increased in nearly all European countries both in terms of per capita expenditure and as a share of GDP, with the largest increases seen in the Baltic countries. **Spending on dental services represents on average about 5.1% of total health spending across the EU countries (23 countries compared) with dental spending from public sources accounting, on average, about 31% of total spending on dental care.** Differences in dental care expenditure per capita and as a share of GDP seem to be influenced by variations in the unit costs of labor and overhead costs, dental technology, material and laboratory services. Coun-



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tries' overall economic performance also determines these metrics.

In 2022, there were over 363,000 practicing dentists in the EU, with Germany reporting the highest number of practicing dentists, followed by Italy and France. However, as these countries have some of the highest populations in the EU, it follows that they have the highest number of practicing dentists. While the highest number of practicing dentists, relative to population, was recorded in Cyprus (119.4 per 100 000 inhabitants); Bulgaria, Romania, Lithuania and Estonia were the other EU countries where there were at least 100 practicing dentists per 100 000 inhabitants in 2022. Among the remaining EU countries, the number of practicing dentists per 100 000 inhabitants was generally within the range of 50 to 100; only Ireland was below this range, with 45.1 practicing dentists per 100 000 inhabitants.

On average across EU countries, a person had 1.2 consultations with a dentist in 2022, ranging from 0.3 in Romania to 3.3 consultations in the Netherlands. In most EU countries, people had one or two consultations per year. The markedly low number of consultations in Romania, despite having one of the highest numbers of dentists in the EU, is linked to the high out-of-pocket cost of dental care due to low public coverage, where over 90% of dentists work in private, and a high share of the population cannot afford dental care. These practices have increasingly leveraged cross-border dental tourism to sustain their activities. On the other hand, some dentists are emigrating to other EU countries due to insufficient activity. By contrast, the high number of consultations in the Netherlands can be explained, at least partly, by the high awareness of people arising from well-established programs to promote prevention of oral health issues at a young age. Several other European countries also have similar programs of oral health promotion targeting children. For example, in Croatia, a program targeting kindergarten and elementary school children promotes effective oral hygiene habits, guiding children to integrate toothbrushing into their daily routines under teacher supervision. Many countries restrict benefits to specific treatments or age groups, and many services require either substantial cost-sharing or are fully paid out-of-pocket by patients. **The extent of public coverage for dental care costs varies widely across countries and can partly explain some of the cross-country vari-**

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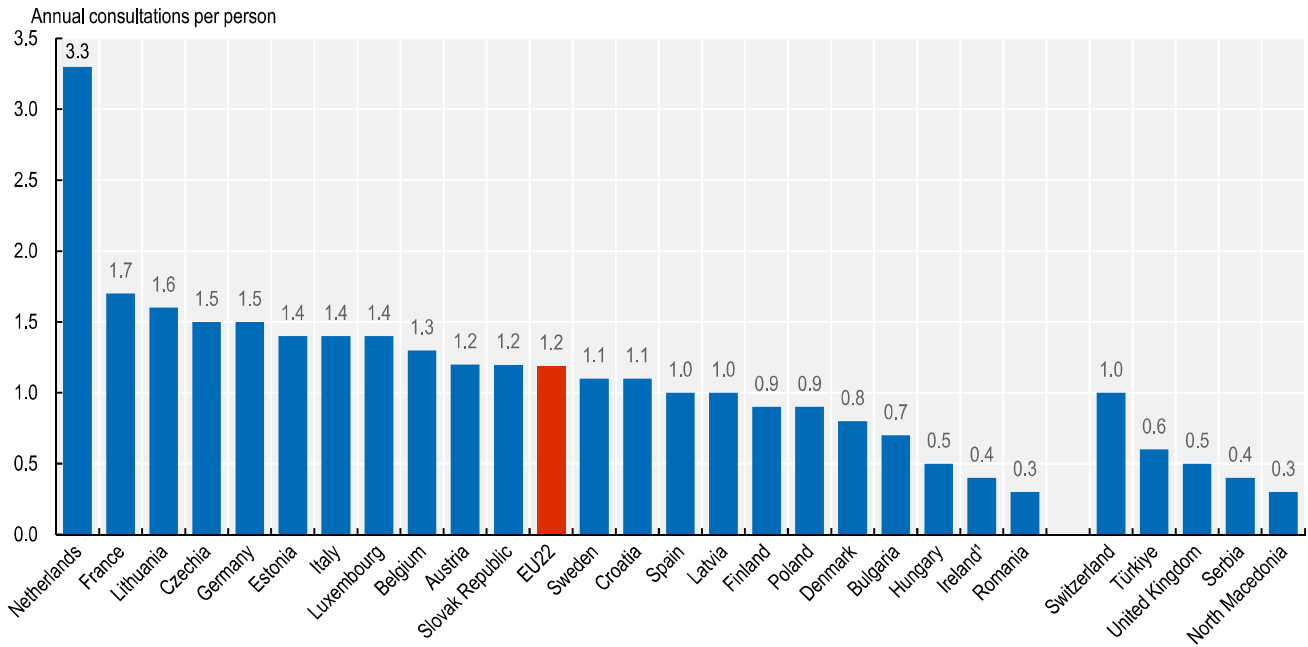
ations in the use of dental care services. More than 65% of dental spending is publicly covered in only three EU countries: Croatia, Germany and France. By contrast, in Romania only 7% of dental care spending is publicly funded. In Spain, the level of public coverage is very low (3%). The top spenders include Estonia and Lithuania where spending on dental care represents 10% of the overall health budget. In the Netherlands, while dental care is not comprehensively covered in the benefit package for adults, voluntary health insurance plays an important role in covering dental care costs. Voluntary health insurance is common for dental care, including in Germany, France, and Portugal, providing either full coverage of some services or coverage of cost-sharing obligations. Public funding of preventive oral healthcare services is the main criterion for explaining such a variety within the EU. Dental care accounts for over one-third of primary healthcare spending on average across the EU.

In 2022, 14,306 dentists graduated in the EU, representing 3.2 dentists graduates per 100 000 inhabitants. The number represents a slight increase, up from 3.1 in 2021. At country level, Romania had the highest rate with 9.9 per 100 000 inhabitants, ahead of Portugal (9.1) and Bulgaria (7.8). By contrast, Malta (less than 0.1), Italy (1.4) and the Netherlands (1.5) reported the lowest rates, all below 1.5 dentist graduates per 100,000 inhabitants.

Many countries restrict benefits to specific treatments or age groups, and many services require either substantial cost-sharing or are fully paid out-of-pocket by patients.

By contrast, in Romania only 7% of dental care spending is publicly funded. In Spain, the level of public coverage is very low (3%). The top spenders include Estonia and Lithuania where spending on dental care represents 10% of the overall health budget.

Number of Dentist Consultations Per Person, 2022 (or nearest year)



Note: Dentists consultations include visits at the dentist's office as well as in outpatient departments in hospital, although the coverage of these settings differ across countries. The data come mainly from administrative sources, although in some countries (Ireland, the Netherlands, Spain and Switzerland) the data come from health interview surveys. Data from administrative sources tend to be higher than those from surveys because of recall problems and non-response rates and also because some surveys only cover adults, resulting in an under-estimation if the number of visits among children is greater. Austria, Hungary, Serbia and the United Kingdom do not cover consultations privately financed or provided in the private sector, resulting in an under-estimation. In Germany, the data refer to the number of dental treatment cases only, resulting in an under-estimation. In Sweden, the data refer only to people aged 24 and over.

Note: The EU average is unweighted. 1. The latest data refer to 2018. Source: OECD Health Statistics 2024.

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Number of Dentists Practicing in Europe in 2023, By Country

	No. of dentists	Dentists per 100,000 Inhabitants	Per 1 000 Inhabitants
Belgium	8,820	75.5	0.8
Bulgaria	7,663	115.4	1.2
Czechia	7,886	73.9	0.7
Denmark, 2021	4,205	71.8	0.7
Germany	71,297 - 72,767 (101,344 registered)	85.1	0.9
Estonia	1,375	101.9	1.0
Ireland	2,330 - 2,466	45.1	0.5
Greece	13,904	133.2	1.3
Spain	28,833	60.4	0.6
France	45,989	67.6	0.7
Croatia	3,697	95.9	1.0

Italy	49,721 59,324 (registered)	89.1	0.9
Cyprus	1,090	119.4	1.2
Latvia	1,331	70.8	0.7
Lithuania	3,104	109.6	1.1*
Luxemburg	-	-	1.0
Hungary	7,198	74.6	0.8
Malta	270	50.8	0.5
Netherlands	10,148	57.3	0.6
Austria	5,565	61.6	0.6
Poland	32,899 - 34,899	94.8	0.9
Portugal	12,552	120.6	1.2
Romania	21,855	114.7	1.2
Slovenia	1,571	74.4	0.7



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Slovak Republic	2,972	54.7	0.6
Finland, 2021	3,983 - 4,121	71.9	0.7
Sweden, 2021	8,066	77.4	0.8
Iceland	304	78.9	0.8
Liechtenstein	48	121.5	
Norway	4,792-4,850	87.8	0.9
Switzerland, 2019	3,481	-	0.4
Montenegro	37	6.0	1.1
North Macedonia, 2021 professionally active	1,711	87.6	0.8
Serbia**	1,679	25.0	0.3
Turkey, professionally active	42,359	49.9	0.5
United Kingdom	33,838		0.5

Note: The EU average is unweighted. Data include both salaried and self-employed dentists. In most countries, the data only include dentists providing services to patients, but this is not the case in Greece, Montenegro and Portugal where the data refer to all dentists licensed to practice, resulting in an over-estimation of practicing dentists. * The latest data refer to 2017 only. ** Data do not include dentists in the private sector, but only in the public, resulting in an under-estimation of practicing dentist. Source: OECD Health Statistics 2024; Eurostat (hlth_rs_prs2); WHO National Health Workforce Accounts for Moldova and Ukraine. | Eurostat database (online data code: hlth_rs_prs2)


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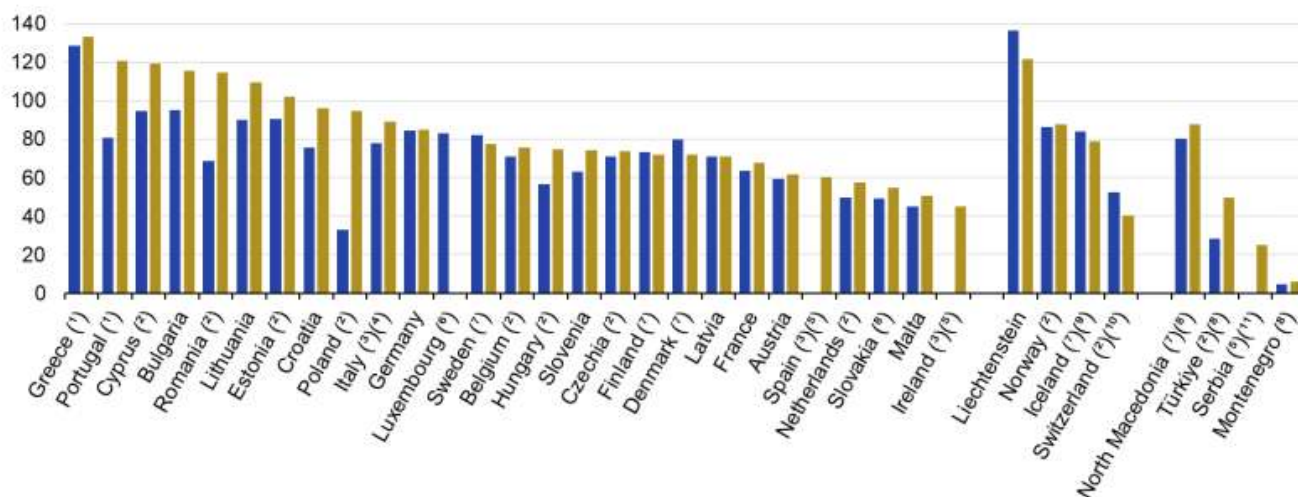




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Practising dentists, 2012 and 2022 (per 100 000 inhabitants)



■ 2012 ■ 2022

(¹) Licensed to practise.

(²) Break in series.

(³) Estimates.

(⁴) 2013 instead of 2012.

(⁵) 2012: not available.

(⁶) 2022: not available.

(⁷) 2021 instead of 2022.

(⁸) Professionally active.

(⁹) Definition differs

(¹⁰) 2019 instead of 2022.

(¹¹) Only includes personnel in institutions under the Ministry of Health. Excludes the private health sector.

Source: Eurostat (online data code: hlth_rs_prs2)

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Dentistry Graduates Across the EU in 2022

	2012	2017	2022
Belgium	163	255	232
Bulgaria	305	348	518
Czechia	262	352	296
Denmark	123	111	129 (2021)
Germany	2,376	2,192	2,504
Estonia	23	25	25
Ireland	80	85	90
Greece	176	173	248
Spain	1,533	1,657	1,852
France	1,027	1,283	1,481 (2021)
Croatia	134	101	196

Italy	820	758	842
Cyprus	0	0	33
Latvia	37	63	99
Lithuania	156	176	162
Luxemburg	-	-	-
Hungary	342	308	376
Malta	6	11	0
Netherlands	230	230	260
Austria	126	184	269
Poland	954	975	1,203
Portugal	593	641	942
Romania	1,277	2,080	1,878
Slovenia	-	-	63
Slovak Republic	99	138	142

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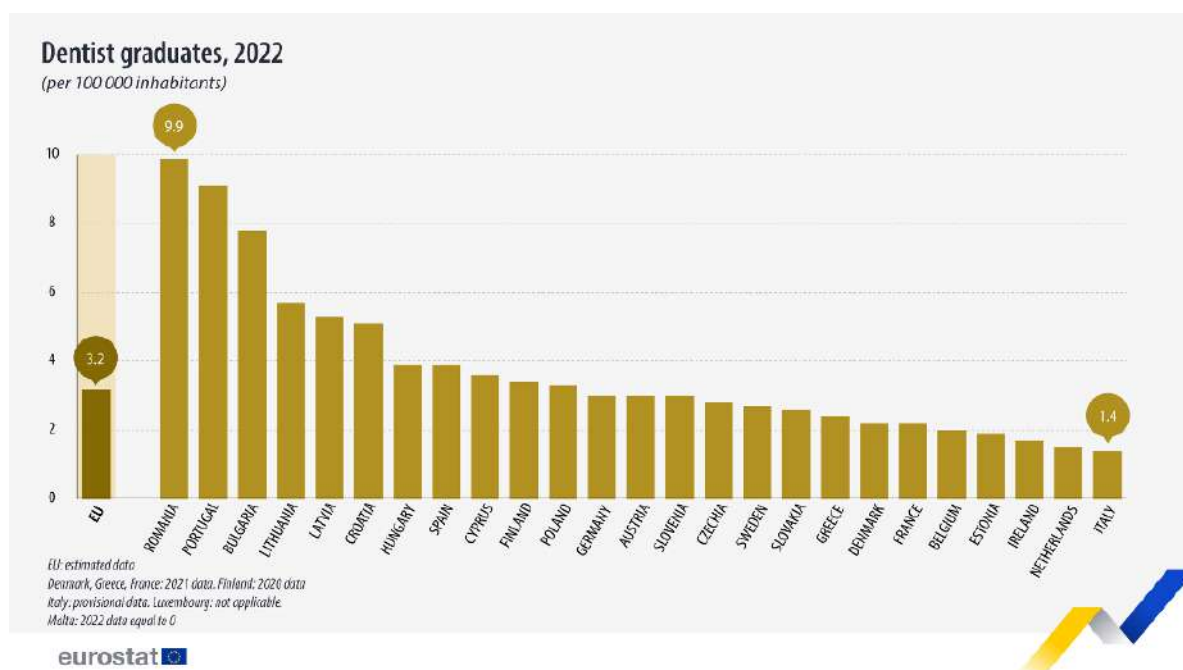
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Finland	93	159	181
Sweden	203	293	285
EU27 TOTAL			14,306
Iceland	6	7	-
Liechtenstein	0	0	0
Norway	149	124	103
Switzerland	105	115	108
Montenegro	-	14	22
North Macedonia	143	177	125
Serbia	486	432	398
Turkey	1,083	2,584	4,607

Source: Eurostat database (online data code: hlth_rs_prs2)



Source: <https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20240805-1>

Among many sources:

-Extracts taken from: OECD/European Commission (2024), Health at a Glance: Europe 2024: State of Health in the EU Cycle, OECD Publishing, Paris, <https://doi.org/10.1787/b3704e14-en>.

-Eurostat database: <https://ec.europa.eu/eurostat/web/interactive-publications/demography-2024>

<https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20240711-1>

https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_dentists_pharmacists_and_physiotherapists

-<https://www.statista.com/statistics/554977/dentists-in-europe/>

-Platform for Better Oral Health in Europe - <https://www.oralhealthplatform.eu/>

-Federation of European Dental Competent Authorities and Regulators - <https://fedcar.eu/en/news/2024/11/patients-access-to-oral-healthcare-in-europe-updated-2024-figures/>



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Established and innovative methods – impression material and intra oral scans – analogue, fully digital and partly digital workflows – from digitally supported to AI-supported orthodontics – metals interesting again due to additive manufacturing – IDS 2025 presents the whole spectrum

In dentistry and dental technology a new method or material rarely completely replaces an existing one in one fell swoop. It is much more often the case that practices and laboratories offer both the established and innovative methods and those able to combine these optimally in individual cases are the most successful. The International Dental Show (IDS) in Cologne from 25 to 29 March 2025 offers a complete overview of all options to an extent like no other industry event.

For example, in the case of impressions: The digital impression offers sensitive patients the feeling that they can breathe more freely. However, at present the analogue and digital methods exist in parallel. Digital impressions are indeed becoming more and more precise, but in some cases and especially for complex implant prosthetics many people still prefer the classic method. Others don't follow a purely digital workflow after taking a digital impression, but instead switch over to an analogue method in between. For example, a physical model is made using 3D printing and further processed. Which of the very many processes possible is best in each individual case is decided based on the clinical situation, economic considerations and preferences of the dentist and responsible dental technician.



The developments in implantology are at a similar level: Intra oral scans, 3D X-rays, computer tomography and above all the matching together of digital information from different sources create the foundation for today's backward planning.


Regarding the implants themselves, one has remained pretty conservative over the past decades – but not completely! For example, research and development departments of the dental industry have continually worked in the direction of retaining bones and soft tissue in the peri-implant region. This has led to platform switching for instance. Today, the shoulder area of the implant more frequently features a microthread and a special surface design. This all secures long-term success (also aesthetically speaking), reduces adjustments after provision of the respective implant and saves the patient post-treatment. The implant material titanium certainly remained unrivalled for decades. Today, one additionally encounters the option “ceramic implant” and – a current development “plastic implant”, for example made of fibre-reinforced polyether ether ketone (PEEK).

The therapy options for orthodontics are on the same wavelength: Metal-based and thus well-visible braces and brackets coexist with “concealed” orthodontic appliances in the sense of the lingual technique and “invisible” aligners made of plastic. Classic methods are being enhanced and partly replaced by digital methods. Today, even people can recognise hidden structures, which for example allows an accurate answer to the following question: Will a certain child develop a class III malocclusion in the course of its development?

Chrome-nickel alloys and also ceramics have established themselves as materials for permanent or removable orthodontic devices, alternatively so have cold-curing resins that are processed in the pressure curing unit, completely light-curing plastics and silicones for removable devices. Functional and aesthetic considerations determine which material and which processing method is applied in a patient's concrete case as well as the special wishes of the patient concerned.

“In dentistry trusted and innovative methods enhance each other in practically all areas,” said a delighted Mark Stephen Pace, Chairman of the Executive Board of the Association of the German Dental Industry (VDDI). “For example metallic materials can be processed in different ways today, which means new materials gain high flexibility making classics attractive again in a different way. Substructure ceramics come in many translucencies through to the possibility of implementing them unveneered; on the other hand dental engineers have developed glass ceramics of high mechanical strength and have thus made it possible to produce crowns and bridges out of the material. Dentists, dental technicians and their teams inform themselves about today's possibilities in all areas of dentistry at the International Dental Show (IDS) in Cologne from 25 to 29 March. There are more possibilities than ever before and I am eager to find out which will become more popular among the IDS audience.”

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41st International Dental Show (IDS) 2025: Impulses for orthodontics through new digital and biological methods

Digitalisation, the 3D printing of physical models, aligners – artificial intelligence for more prognostic reliability and as a decision-making tool – biological regeneration methods, such as for instance PRF and other blood concentrates – IDS 2025 presents the entire spectrum of orthodontics

Thanks to Cloud computing these are now enhanced by prognosis tools of new quality. Hence, the orthodontists can fall back on huge data sets and with their aid can evaluate individual practical cases more readily. AI-supported software can for example make classifications (i.e. Class II or Class III malocclusion). However, recognising structures that people cannot detect



Orthodontics is in a positive sense a conservative dental discipline, has at the same time continually integrated the opportunities of digital technologies and is also enriched with elements of artificial intelligence (AI). These developments will be demonstrated in their entirety at the International Dental Show (IDS) in Cologne from 25 to 29 March 2025.

The digitalisation era has brought the orthodontics sector the cone beam tomography (CBCT), the intra oral camera and aligners. The therapy planning possibilities per computer screen and for the virtual comparison of different options and their results are actually what have made certain treatments feasible.

Orthodontists find the fast data exchange with the dental laboratory and with orthodontic service providers and especially with the dental industry particularly convenient. In this way, certain steps can if necessary be outsourced, such as the segmentation of intra orally scanned dental arches.

proves to be even more helpful. This enables a more precise assessment as to whether a child will develop a Class III malocclusion in the course of its development.

Software serves as a particularly welcome aid for dentists in certain decision-making situations, for example in the case of extractions (yes/no), orthognathic surgery (to what extent can jaw and face deformities be corrected by surgery?) and abnormalities in jaw growth (when to intervene?). In future, computer programmes will accelerate the determination of orientation points in the X-ray for the cephalometric analysis and possibly even improve the accuracy of diagnoses.

Furthermore, there are tasks that are easy for a doctor (differentiating between structures like the jaw, teeth, nerve channel, trachea, tongue bone) that conventional computer programmes struggle with. On the other hand, software trained using existing data sets can however automatically carry out a segmentation, for instance a segmentation of cone beam



computer tomography images. If necessary both a CBCT and an intra oral scan can be carried out as an intermediate step. However, the actual therapy method (in other words, the orthodontic devices used) remain the same.

Orthodontics is meanwhile gaining new impulses from the field of biology. One facet involves for example the use of blood concentrates. Here one should mention above all different variants of “platelet-rich fibrin” (PRF). PRF could for example be used in orthodontics after extractions or after the explantation of auxiliary implants for the support of certain devices in order to accelerate wound healing, make flap formation or soft tissue transplants superfluous and reduce the pain. IDS also shows which equipment is necessary

for this method (centrifuges, mixing slabs, etc.) in Cologne from 25 to 29 March 2025.

The orthodontic teams will find everything they need to exploit the new possibilities at the International Dental Show,” said a pleased Mark Stephen Pace, Chairman of the Executive Board of the Association of the German Dental Industry e.V. (VDDI). “These include 2D and 3D X-ray systems, intra oral scanners, 3D printers for the additive manufacturing of models and aligners, orthodontic Cloud computing strategies, cephalometry software, automated segmentation tools and much more.”

Source:
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41st International Dental Show (IDS) 2025: Implantology needs implant after-care, but is actually also prophylaxis itself

Implantology as prophylaxis with a broad impact – safer through backward planning – freehand insertion vs. guided surgery – magnetic resonance imaging enhances X- rays – fiberglass post as dampening element with dentine-like characteristics – material alternatives: zirconium oxide and plastic

Digital methods have simplified dental implantology over the past years and made the chances of success higher. In future, they will guide implantology more strongly in this direction and underline its prophylactic potential even more clearly. The International Dental Show (IDS) in Cologne will demonstrate from 25 to 29 March 2025 how the dental surgeries of today are already gearing themselves up for the implantology therapies of tomorrow.

Implantology is currently gaining significance in a seemingly, but only seemingly, unrelated area: prophylaxis. Because if an implant is inserted to close an interdental gap, the neighbouring teeth don't have to be filed down for a bridge (preservation of healthy tooth structure) and at the same time the bone level is maintained in the years after the implantation (bone

loss prophylaxis). With implantology solutions as the new treatment standard, bridge reconstructions, partial and hybrid dentures as well as full dentures will be carried out much more rarely.

At IDS 2025 the visitors will experience how this supposed vision can be realised. We can reveal this much already: The addition of the word "supposed" means that the path to the utopia outlined above is extremely short. This means the coming IDS serves as a guide into the near future of implantology.

Digitally-supported techniques, backward planning in particular, form an essential part of the future of dental implantology. To this end, 3D X-rays are matched with intra oral scans with an accuracy of typically ± 250 micrometres. This tolerance is displayed to the dentist in colour as well as the alveolar nerve and the distances to the neighbouring teeth. Finally, the pre-planned prosthetic restoration is displayed to enable the optimal alignment of the implants on the screen.

However, vice versa, especially for an immediate implant placement the prosthetic restoration can be



depicted virtually on the finalised planning of implants (implant position, implant angle, straight or angled abutment). First of all, based on this a gingiva former is produced and then the subtractive manufacturing (milling/grinding method) or additive manufacturing is used to make the crowns or suprastructures.

The implant can be inserted using the classic free-hand method, but then essential advantages of the backward planning remain unexploited. Significantly smaller deviations to the planned position and the angle ensue in the course of computer- guided surgery. Here the bone drill is continually depicted on a screen in real-time and displayed in relation to an X-ray.

Alternatively, one can opt for static-guided surgery with a drilling template made in a laboratory. Once again here, there is a choice between subtractive manufacturing (milling/grinding method) or additive manufacturing (3D printing). Optionally, depending on the supplier, additional navigation tools are available in the form of drill sleeves, keys and further guiding tools. The drilling direction and angle are thereby determined.

Furthermore, in the case of static guided surgery, one can choose between drill templates supported on the bone, mucosa or teeth. They offer specific advantages, depending on whether for instance a toothless patient is to be treated, whether a flapless OP is planned, etc. The IDS offers an overview of all options possible today.

In future, recognising structures should become continually better thanks to software equipped with artificial intelligence and the dentist will even be able to independently make a suggestion regarding the implant position and an-

gle. Magnetic resonance imaging (MRT), which is known as an accurate method from other areas of medicine (i.e. detecting breast cancer), could establish itself as a radiation exposure-free method alongside X-rays.

The trend is towards 3D printing for the production of implant prosthetic restorations and drill templates. One of its advantages lies in the sustainable material utilisation. Hardly any waste is produced by the additive method.

In addition to the established material titanium, further materials such as zirconium oxide (gingiva-friendly) or plastics (can partly be made by additive manufacturing) are available. A further option exists the overall design of which is more strongly nature-oriented – for example: A fibreglass post is inserted into an already placed zirconium oxide implant and acts as a damping element with dentine-like characteristics. Corresponding two-piece implants displayed good results in a long- term study (in particular no peri-implantitis and a high implant survival rate).

“In the light of the dynamic development I see hardly any limits in this area,” said Mark Stephen, Pace, Chairman of the Executive Board of the Association of the German Dental Industry (VDDI), happily. “Combining different digital tools should simplify implant prosthetics and contribute towards raising its prophylactic potential – also on a broad basis! The International Dental Show (IDS) in Cologne from 25 to 29 March 2025 will show how dentists and their teams can already gear themselves up for this future today.”

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Interview

Non-Verbal Communication

Silvia - Welcome Dr. Edwab. It is so nice to speak with you today so we can discuss how people in the dental and medical industries can improve their communication talents and be more successful. Briefly, tell us about yourself for those that do not know you.

Dr. Edwab - Hi Silvia. It is great to be here. I have been in the Dental and Medical field for over 40 years both as an Oral & Maxillofacial Surgeon in New York and currently as an event organizer and manager. For over 20 years I was the former Executive Director of one of the largest healthcare events in the United States. In addition, I am a full Professor at the Jack Welch Management Institute Online MBA Program and sit on many Boards of organizations. That is why I feel I have so much to offer to help others improve their communications and be more successful with their clients.

Silvia - So let's begin with this month's topic that you feel affects everyone's career; "The Importance of Non-Verbal Communications".

Dr. Edwab - Nonverbal communication can be 75% of a conversation. Actual words account for only about 25% of our interaction. Nonverbal communications involve the actions our body demonstrates when in a conversation with others. Posture, facial expressions, arm positions, and eye contact are examples of nonverbal messages. We all use these cues in daily conversation, many times involuntarily.

Silvia - I never realized how important nonverbal actions are when dealing with clients. Please tell us more.

Dr. Edwab - If you walk into a meeting with your team or to meet a client and your back is straight up and your head is held high, you are smiling and make eye contact, you exude power and confidence. You project nervousness and uncertainty if you're slumped over with your eyes on the floor. Even your handshake is judged if it is strong or weak and sweaty.

Silvia - Now I see what you are saying. How you come across is so important.

Dr. Edwab - Yes. Remember, you are judged within 10-seconds of meeting someone. Your initial appearance and actions are how they are evaluating you.

Silvia - You mentioned being evaluated?

Dr. Edwab - Yes. If you don't make eye contact with the person, they lose trust in what you are saying. There's a reason many of us prefer face-to-face communications as we are able to see someone's body language which helps us understand their true feelings. Understanding every type of nonverbal communication can also help your career. You can show your confidence, passion, and expertise through small

nonverbal communication cues. This is true whether leading a team meeting or delivering a presentation. The Austrian-American author and educator Peter Drucker had it right when he said, *"The most important thing in communication is hearing what isn't said"*.

Silvia - Can nonverbal communications help in other ways with your clients?

Dr. Edwab - Nonverbal communications builds trust and clarity as these signals are far more subtle than words and extremely important. Your body position, facial expressions, eye contact, and hand positions reveal the true meaning of what you are saying. It also encourages inclusiveness and diversity. Nonverbals help you engage and connect with others which helps everyone better understand what you are saying and helps get everyone into the conversation.

Silvia - Since our dental and medical industries are international, can it help with sales across different languages?

Dr. Edwab - Have you ever tried to interact with someone that didn't speak your language? There was probably a lot of gesturing, facial expressions, and posturing. Those are your nonverbal communication skills at work. It also helps with language gaps and different cultures as body language can help foster a connection and understanding.

Silvia - Obviously, the more clients and perspective clients you speak with the better chance you have of making a connection and furthering the relationship.

Dr. Edwab - Definitely, just think how you feel when someone has their hands crossed on their chests; or they are looking somewhere else while you are speaking or looking at their phone during a conversation. It indicates you are not their primary concern at the present time. To be an effective communicator, make continuously eye contact, nod your head that you understand, smile, and keep your hands in front of you or at your sides.

Silvia - This sounds universal.

Dr. Edwab - Most importantly it can help advance your career. When talking with your boss, coworkers, and clients, or giving presentations, you can use nonverbal communication to gain a competitive edge.

Silvia - As always, thank you so much Dr. Edwab for your discussion on improving one's communication skills so they can be successful in business and their personal lives. I know we are all looking forward to our next interview and another topic so we all can become better leaders.



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The Thin Line Between Information and Advertising from a Philosophical Perspective



Gerhard Konrad
Seeberger
FDI Past President

The Treaty on the Functioning of the EU, TFEU, allows in its Article 56 businesses to provide dental and medical services across borders within the EU. This includes advertising from countries in and outside of the EU in order to promote their services, also on social media, subject to follow EU and national laws. The Italian Code of Medical Ethics explicitly defines in Articles 55 and 56 the criteria for healthcare advertising as a means of ethical and transparent information. According to these regulations, information must be aimed at the patient's well-being and the protection of public health, aligned with the current state of scientific knowledge, and must not exploit the patient for commercial purposes. Since 2011, public dental health has been safeguarded throughout the European Union (EU) even offering various benefits such as the right to reimbursement of expenses, a privilege that disappears when seeking treatment outside the EU.

But what is this privilege worth for the more than 200,000 Italians traveling abroad to achieve healthy and aesthetically pleasing teeth?

Does the Italian *Codice di Deontologia Medica* tolerate foreign commerce and thus discriminate against Italian dentists?

What tools do Italian dentists have to promote their excellence abroad?

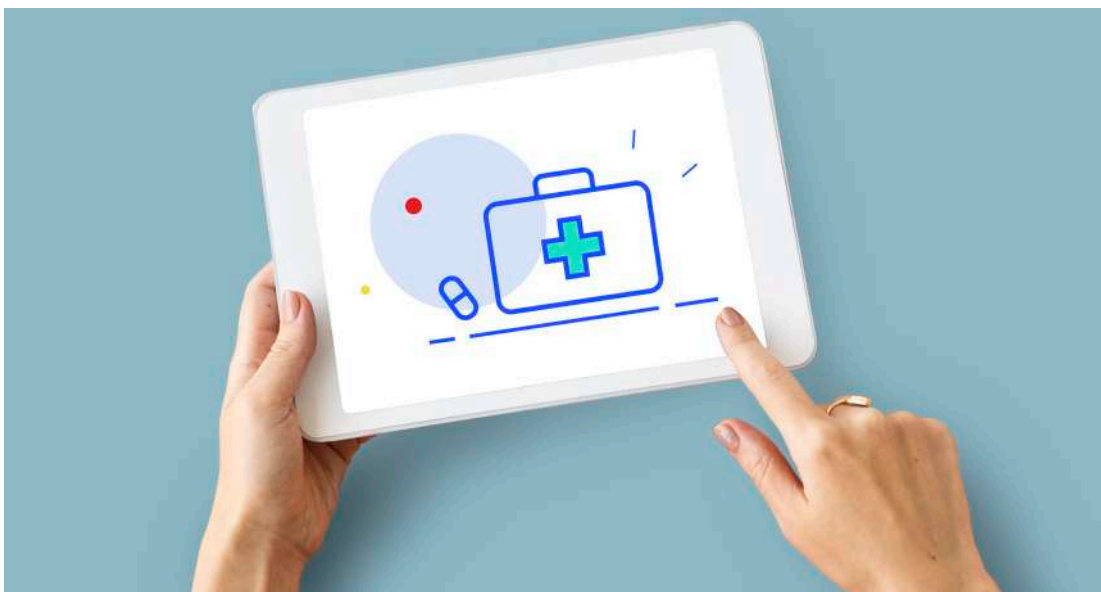
Could providing information on a preventive dentistry program stop the exodus of patients and financial resources?

These and other questions prompt a philosophical reflection on the meaning of information and advertising, two distinct terms that are not synonyms from a purely linguistic perspective and, which, from a deontological standpoint, can only be merged when the capacity of critical thinking, a skill increasingly neglected, is at the hands of all. The definition of the boundary between information and advertising from a philosophical standpoint depends on key factors such as autonomy, persuasion, purpose, and truthfulness.

While information does not compromise an individual's autonomy and provides tools to make informed decisions, advertising aims to manipulate personal choices through psychological techniques, sometimes leading the patient, who may be unaware of the possible consequences, toward a predetermined outcome. According to John Stuart Mill, advertising becomes problematic only when it compromises informed consent and individual autonomy but not when it contributes to general happiness.

Advertising relies on bias and persuasion, while information fosters neutrality, guiding individuals in forming their own judgment. Aristotle's Rhetoric distinguishes between Ethos (credibility) and Pathos (emotional appeal), both fundamental to advertising, and Logos (logical argument), the principle behind information.

The purpose of information is to transmit facts, data, or knowledge truthfully, without influencing the



recipient's decisions or beliefs. Conversely, advertising seeks to persuade and influence attitudes, behaviors, or decisions for commercial purposes. If the primary goal remains to respect individual autonomy by providing truthful information, enabling autonomous decisions, it qualifies as information. If the objective is to manipulate or coerce, even if only marginally, it becomes advertising, according to Kantian ethics, which emphasizes the importance of intentions behind actions.

Truthfulness and transparency are not optional. Even when transparency is unfavorable, objectivity is intellectually honest. This does not deny honesty in advertising, which adheres to a form of commercial honesty, influencing the perception of both positive and negative aspects. However, it distances itself from logos. According to Jean Baudrillard, advertising, which has become a form of hyper-reality, is increasingly more influential than reality itself, blurring more and more the line between information and advertising in an era of media saturation.

From a philosophical perspective, perhaps the most ethical form of communication is one that is informative in content yet transparent in its persuasive intent, allowing patients to engage with the message critically and autonomously.

Considering the main tools of cross-border advertising from within and outside the EU (such as the promise of presumably identical treatment in less time and at a lower cost), what would be the winning elements for an Italian dentist promoting their services abroad? A tax and bureaucratic burden ten times

that of another EU country, where fiscal authorities reduce taxes to zero at the moment jobs are created?

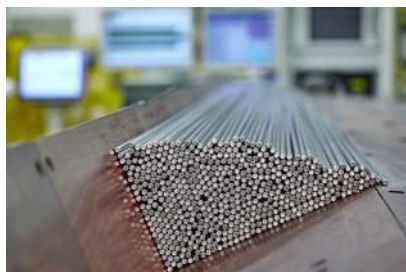
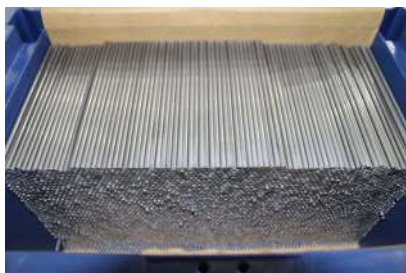
It is time for Italian dentists to find a fair and supportive administration that prevents Italy from losing a minimum of one billion euros to foreign markets, half of which could have gone to state coffers. And it doesn't end there! An investment of 1 euro in periodontal disease prevention equals over 70 euros in healthcare cost savings, according to the recent Sixth German Oral Health Study (DMS 6).

Perhaps it is time for Italian dentists to walk towards future as highly specialized medical professionals in prevention, rather than degenerate into merchants with blunt weapons in a market focused on repairing damage caused by a lack of preventive strategies in medicine. The time to start is now! And it is time now to coach people to fulfill at least two Ps of modern medicine, Participated and Personal, two goals education alone will never reach. This shift would mark the beginning of a win-win-win concept for people, professionals, and the state.

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Digital Workflows in Modern Dentistry: A Revolutionary Innovation



Luca Gentili
Dental Office Manager

In recent years, dentistry has undergone a significant transformation thanks to the integration of digital technologies. These advancements have improved efficiency, precision, and the overall patient experience. Digital workflows represent one of the most important innovations in this field, revolutionizing the way dentists plan and execute treatments.

1. Introduction to Digital Workflows

Digital workflows in dentistry refer to the use of digital technologies for diagnosis, planning, and execution of dental treatments. These include intraoral scanners, computer-aided design (CAD) software, computer-aided manufacturing (CAM), and 3D printers. The main goal is to enhance precision and reduce treatment times.

2. Intraoral Scanners

Intraoral scanners are devices that capture three-dimensional images of the patient's mouth. These scanners eliminate the need for traditional dental impressions, which can be uncomfortable and imprecise. The digital images obtained are more accurate and can be used immediately for treatment planning.

3. CAD/CAM Software

CAD/CAM software allows dentists to design dental restorations, such as crowns and bridges, directly on the computer. This process reduces human errors and allows for precise customization of restorations. Once designed, the restoration can be produced on-site using a milling machine or a 3D printer.



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4. 3D Printing in Dentistry

3D printing has opened new possibilities in dentistry, enabling the rapid and precise production of dental models, surgical guides, and prostheses. This technology reduces waiting times for patients and allows dentists to offer more personalized solutions.

5. Benefits for Patients

Digital workflows offer numerous benefits for patients. Improved precision reduces the risk of errors and complications, while shorter treatment times enhance the overall experience. Additionally, the ability to visualize expected results through digital simulations helps patients better understand the proposed treatment.

6. Challenges and Considerations

Despite the numerous advantages, adopting digital workflows presents some challenges. The initial investment in equipment and training can be significant. Furthermore, integrating new technologies requires a change in clinical processes and practice management.

7. The Future of Digital Workflows

The future of digital dentistry is promising. With the continuous advancement of technologies, digital workflows are expected to become even more integrated and accessible. Artificial intelligence and machine learning could further enhance diagnosis and treatment planning, leading to even better outcomes for patients.

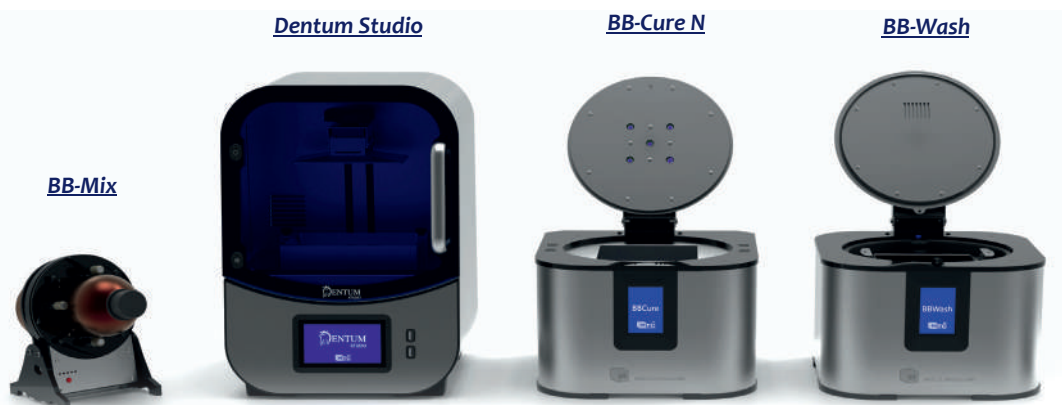
Conclusion

Digital workflows are transforming modern dentistry, offering significant benefits for both dentists and patients. While there are challenges to overcome, the benefits far outweigh the obstacles. With the ongoing evolution of technologies, digital dentistry will continue to improve, making dental treatments more efficient, precise, and personalized.

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The congress, which will include both lectures on Endodontics, Perio – Prosthetics, Orthodontics, Esthetic Medicine, Pediatric Dentistry, Restorative Dentistry, Surgery as well as hands-on courses, will award participating dentists with up to 30 ADA CERP/ AGD PACE CE credits. Sessions, for the entire dental team will also be held so bring them along!

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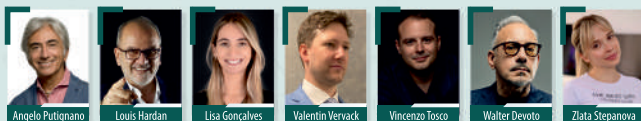


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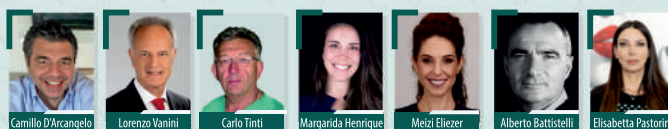
HANDS ON ORAL SURGERY



PEDIATRIC SESSION



PLENARY SESSION



ORTHODONTIC SESSION

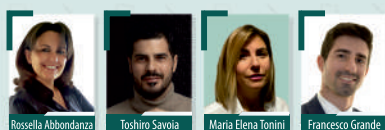


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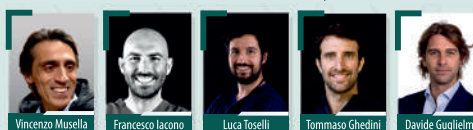
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Global Dental Relief

Don't Wait For The Stars To Align

I've known of Global Dental Relief for many, many years and have spoken with them at various dental conferences I've attended over those years. We all know how life can get in the way of our best intentions and time passed. Finally, the stars aligned and I volunteered with GDR in Nepal. Had I known years ago what I know now I would have rearranged the heavens to have done this sooner.

Every person in GDR has been friendly, helpful, caring and informative. Our itinerary was well thought-out. From the moment we arrived in Kathmandu until the day we departed, we were well taken care of and never (unless by our own choice) left to fend for ourselves as strangers in a strange land.

Nepal is a wonderful, chaotic and fascinating country. Each dentist had a dental unit, an assistant and plenty of patients. This is nuts and bolts dentistry, nothing fancy – save and fill all the teeth you can, extract only when there is no other option, do some hygiene and give home care instructions. This makes an enormous change in these kids' lives – kids who would otherwise suffer from their lack of dental care. These students were excellent to work with and appreciative to a fault. They learn English so communication was rarely an issue. My assistant was a local student, and she was able to easily resolve any language complications.

On clinic days we worked about three hours in both the mornings and afternoons with an hour for lunch. Clinic work is non-stop; when one patient is finished the next one is right there ready to be seated so we were busy, but we were able to take a couple of five-minute breaks when needed. We ate lunch as a group in a nearby, excellent local café. The clinic was a great experience, and my only regret is that I wish we could

have seen more patients and done more; the need is great. We go into the dental profession in order to help others and our ability to change lives is greatest in areas that lack dental care. Satisfaction in improving the health of the less fortunate is its own and great reward.

Anyone who travels knows that there are often unforeseen circumstances that force itinerary change and Nepal was no exception. Weather and bureaucratic issues were our monkey wrenches and GDR came through with flying colors. Our trekking plan needed to change – we decided, as a group, what to do and GDR was on it in a flash and made it work. We had a great Himalayan trek with guides and porters, met many new folks along the way, and cemented some long-distance friendships.

To sum up – lest there be any confusion, let me state that GDR is an excellent organization with a clear mission and the Nepal clinic an experience that is a highlight of my career. I have great memories and stories to last a lifetime and although the end of my dental career is in sight I plan to do more of these clinics. I have total faith in the mission of Global Dental Relief and in their ability to fulfill it. Don't wait for your stars to align; rearrange the heavens.

To sign up for a volunteer clinic abroad, email Global Dental Relief at volunteer@globaldentalrelief.org or call +1 303-858-8857.

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Written by Richard Eidal





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Operation Smile

A Stranger's Kindness

At 31 years old, Ephraim is proud of the life he has built for his family

He and his girlfriend, Ldaudzine, are raising their two sons, Nkhosama and Tawananyasha, in Centurion, South Africa, where he works at a natural gas company.

Ephraim was born with a cleft lip. Despite enduring vicious teasing and bullying that led to him leave school at age 7, he has grown to accept himself in the years since. Throughout that time and for most of his adult life, he's become accustomed to being pointed out and laughed at in public. All the while, no one ever told Ephraim that surgery could repair his cleft condition. It wasn't until August 2015 that he learned of this possibility – and that surgery could be provided for free.

An unknown gentleman visited Ephraim's workplace and told him about an organization named Operation Smile, which provides free cleft surgeries. The kind stranger left the phone number for Operation Smile South Africa. The call would prove to be life-changing. Ephraim learned about a surgical program that was taking place the next month in Mbombela.

Ephraim's joy was only tempered by the seven-hour bus trip he had to take alone. Once he arrived at the surgical program site, he saw so many other people who looked just like him.

After Operation Smile medical volunteers conducted a comprehensive health evaluation to determine if he was healthy enough for surgery, all Ephraim could do was wait to see if he would be cleared and scheduled for an operation. The next morning, he learned his surgery was scheduled for that very day. Thrilled, Ephraim called Ldaudzine to deliver the good news and learned that she would make the trip to Mbombela after his procedure to accompany him back home.

After a surgery that can take as few as 45 minutes, Ephraim rested in his room, giving everyone he saw two thumbs up. He couldn't wait to return home to show his sons their father's new smile.



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“My family was so surprised when they saw me,” Ephraim said of his homecoming from the surgical program. “They said, ‘I didn’t expect you to look like this now.’”

While Ephraim retains his innate upbeat disposition, he said that life is so much happier as a result of his surgery.

“The biggest change was that before, when I was talking to a group of guys, if one of them

said something about my mouth, I would get so angry,” Ephraim said as he looked back on the 10 months since his procedure. “Now, it’s so much better.”

Operation  Smile

What is Operation Smile?

Operation Smile revolutionized cleft surgery globally in 1982. With four decades of experience as one of the largest surgical volunteer-based nonprofits, Operation Smile staff, its private-public partnerships and thousands of volunteers have improved the health and dignity of patients with cleft conditions, helping them to better breathe, eat, speak and live lives of greater quality and confidence.

While one cleft surgery can transform a child’s life in as little as 45 minutes, Operation Smile is committed to providing patients with health that lasts by being there to offer patients additional surgeries, dentistry, psychological services, speech therapy and other essential cleft treatments. Its training and education programs elevate local surgical standards and entire health systems, aid safe surgery and enable a global network to reach more people earlier in their lives.

www.operationsmile.org



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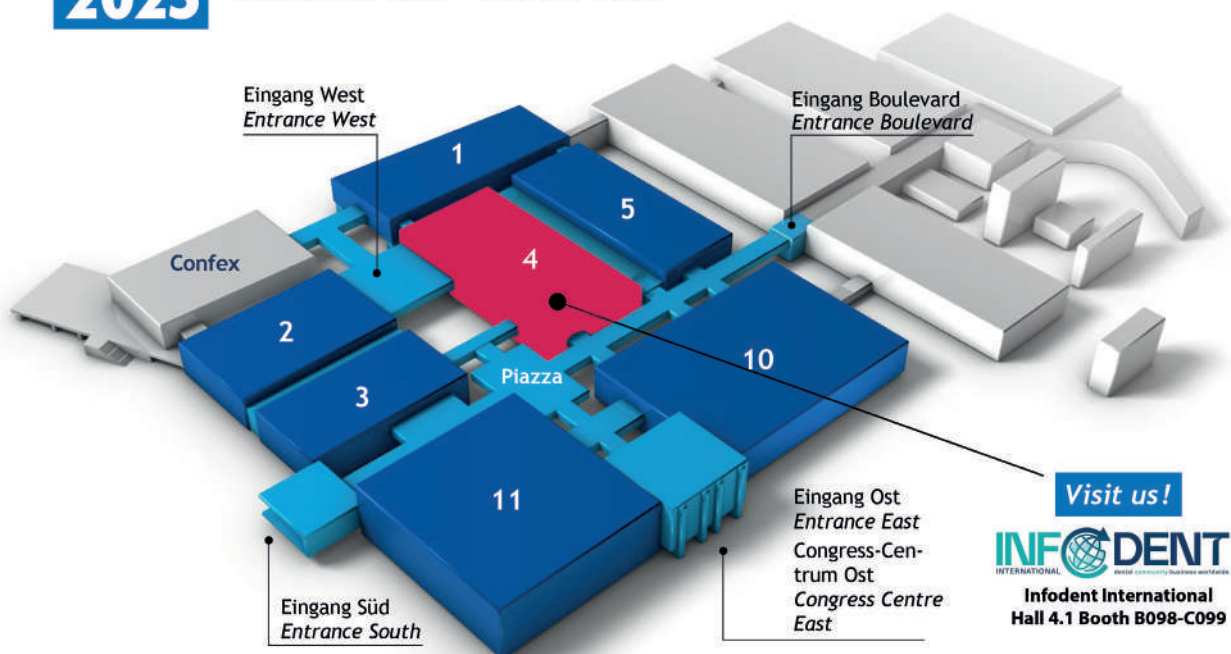
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