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Product Highlights

Idem Singapore • Infodent Booth Level 4 Stand 4N-25













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¹ Gutarts R, Nusstein J, Reader A, Beck M. In vivo debridement efficacy of ultrasonic irrigation following hand-rotary instrumentation in human mandibular molars. J Endod. 2005.

Jiang LM, et al. (2010). Evaluation of a sonic device designed to activate irrigant in the root canal. J Endod.

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Free Admission for All to Two Roundtables

Exhibition visitors and conference delegates are invited to join two roundtables on April 8 and 10. A panel of speakers will discuss the topics of professional development and how attendees can apply new knowledge gained at IDEM Singapore. Audience participation in these roundtable discussions will be highly encouraged and facilitated by the latest in interactive mobile technology, turning the roundtable into an interdisciplinary conversation and evaluation of the journey to excellence.

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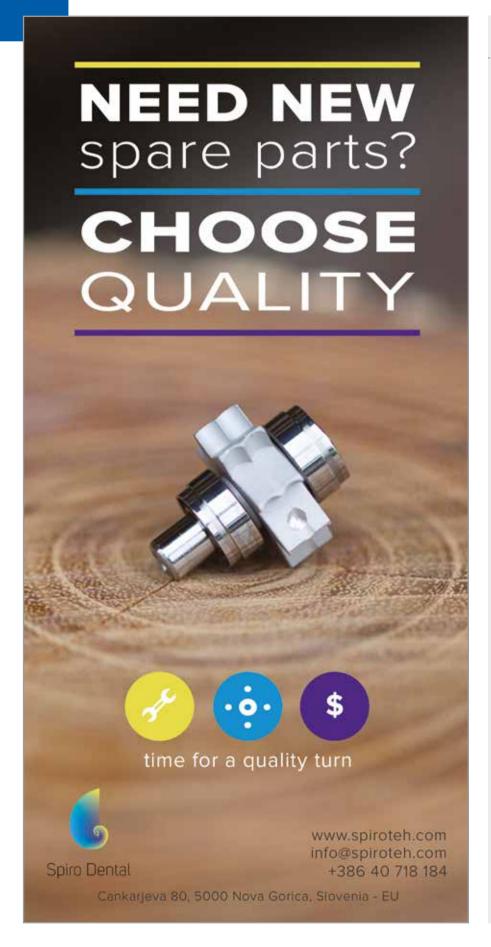






Ms. Cindy Tantarica Tel: +65 6500 6721 Fax: +65 6294 8403 idem-reg@koelnmesse.com.sg





Editorial

THE FUTURE OF IMPLANTS



Our main novelty this year is the "ImplantBook – the Ultimate Global Guide 2016". Starting from 2016 we will be publishing a yearly ImplantBook, a comprehensive world guide on implantology, circulating around the world, addressed to dentists and dealers, giving implant manufacturers great visibility thanks to a simple, intuitive and practical layout.

Among the chaos of manufacturers around the world we are trying to provide, in a single volume, a thorough review of implants as well as current innovations utilized in oral implantology. The ImplantBook will address all fields related to implantology, including: the use of 3D imaging, osteointegration and biomaterials, rotary instruments, equipment and supplies for implants, radiology, piezosurgery, software and micromotors.

Based on current trends, the potential market for implant treatment is huge and we believe implants will experience significant growth in the coming years, in terms of demographics, consumer awareness as well as other factors. As baby boomers enter their 50s, 60s, and 70s, many will need treatment to replace missing teeth and implants have many quality-of-life benefits for many of these patients. Despite the vast number of patients who could benefit from implants, many general dentists, according to surveys, are involved in very few implant procedures per month. There are excellent opportunities and dental practices need to get ready today!

Baldo Pipitone CEO Infodent S.r.l.

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16 DIGITAL TRENDS FOR 2016

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B&L SuperEndo Beta



The SuperEndo Beta is a cordless obturation device, designed for warm gutta percha techniques, such as backfilling with warm vertical obturation or a complete fill technique. Perfectly complimenting B&L Alpha II heat source, the Beta provides simplicity, durability, ease and comfort to the user as a cordless, injectible obturation device. Equipped with a durable, rechargeable battery, the Beta provides

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X-LINEAR DC



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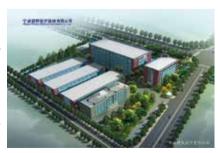
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zers to the world, has established itself as a main producer of dental equipments. Since we started producing autoclaves in 2004, we have acquired a sufficient knowledge in the field. Today we strive to be technology and design trendsetters, and we are able to offer innovative solutions. Our main products are Steam sterilizer, Dental units, dental x ray etc.



runyes@runyes.com, www.runyes.com

MaCo Dental Care launches two new implant lines.



Also this year, MaCo Dental Care unveils its ability to innovate. After a complete revolution of Seventeen, its main implant line with internal hex connection, implemented with platform switching system, the italian company is ready to launch two new implant lines on the market. Conical Active is characterized by its 8° conical con-

nection, an internal anti-rotational hexagon and a double principle thread that ensures its stability in all types of bone. IM Macon, instead, is a short implant with tapered connection characterized by a great ease of use and the capability to ensure stability to the prosthetic components without tightening screw. In this way, implant systems manufactured by MaCo become eight, a great achievement for a company that has made reliability and versatility its strengths.



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Visit us at Expodental Madrid, 10-12 March 2016

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The Profin System is the ultimate instrumentations for finishing and polishing for professionals



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The electric consumption is below 900 W.
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Virucidal: EN 14476 (HIV 1, H1N1 Virus Influenza A, Hepatitis B Virus, Hepatitis C Virus,

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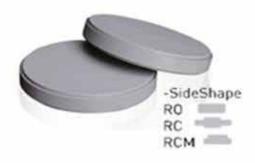
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- Soft Texture saves milling time & Tool Cost.
- Better Productivity than Zirconia.
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Size	RO	RC	RCM
Ø95		10,12 ,14,1 6,18, 20,22	
Ø98	10,12, 14,16, 18,22	12,14 ,16,1 8,20, 22	12
Ø100	10,12, 14,16, 18,22		10,12, 14,16, 18,22

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The BioniQ implant system, by LASAK Ltd., a manufacturer with MSAK more than 20 years of experience, includes tapered implants offering easy insertion and high primary stability in soft bone as well as straight implants for easy positioning in dense bone. The horizontal

and vertical set-off of the implant-abutment connection from the bone level, together with the implant mini-threads, contribute to the stability of the marginal bone and soft tissues surrounding the abutment and provide improved restoration esthetics. The state-of-theart implant construction enables safe and precise insertion and optimized load distribution in the bone tissue. The high strength of Q-Lock implant-abutment connection is ensured by a unique combination of deep cone, solid hexagon, reinforcing cylinder and cone under the screw head.

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Leonardo - The Innovative Rapid Palatal Expander



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Compact dimensions: its body design minimize encumbrance into the mouth, and increase patient's comfort.

Easy-to-use:

- chamfered hole to simplify the insertion of the opening tool;
- lateral screw for fast opening/closing in laboratory;
- graduate scale for an immediate reading of the opening level achieved Safety:
- mechanical stop to prevent disassembling at the maximum open;
- mechanical anti-unscrewing system to avoid unwished opening into the mouth. Leonardo is protected by international patents.





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With a 100% active surface, rounded corners and cable-free, Trident phosphor plates are created for the comfort of your staff and

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Trident phosphor plates can be reused hundreds of times and are as easy to use as film. They are available in four sizes, ideal for all clinical uses:

Size 0 31×22 mm, 726×1024 pixel

Size I 40×24 mm, 792×132 I pixel

Size 2 41 x 31 mm, 1024 x 1354 pixel

Size 3 54×27 mm, 891×1783 pixel

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Dentistry instruments News



A longer handle increases the safety for the operator and decreases the risk of cut, prick or tear the glove with the opposite tip to the **DenTag** working one during the use on the patient or switching between operators of the instruments. Directive 2010/32/UE "prevention sharp injuries in the hospital and healthcare sector" provides that

measures have to be taken to prevent injuries and sticks. This directive underlines to consider that there is always a risk and that priority measure have to be taken in prevention measures. Double tips instruments can hurt operator's hand or tear his glove with the opposite tip of the working one. There's a possibility to injury during its use, handling or switching between Assistant-Dentist-Assistant. This is one reason, but not the only one, that led us to design this new line of instruments with longer handle. If you want to know more information about those instruments, please contact us at info@dentag.com





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Let's Go Ahead Together



Since 2000, Hefei Meiya Optoelectronic Technology Inc. has been a leader in providing innovative imaging solutions for demanding professionals applied in color sorting, food and industrial non-damage quality analysis and inspection and medical radiology, Currently, our products have been exported to more than 80 countries. In 2012,

the company has been listed in the China Shenzhen stock market. Meyer now is able to offer a complete solutions for 2D and 3D imaging solutions for various applications in dental practice. Meyer imaging system is an open-friendly digital imaging tool by its DICOM format outputs compatible with other main third party software. View size ideal features in multiple diagnostic needs (endodontics, periodontics, orthodontics, oral surgery, implant planning). We are looking for partners worldwide to go ahead together!



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Scorpion



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We are seeking for distributors worldwide, interested companies are welcome to contact usl



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Now available in Europe!



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EndoUltra™ features unique 15/02 Activator Tips, which resonate along the entire length of the tip and do not engage tooth structure. Activator tips feature depth markers at 18, 19, and 20 mm.



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polyamide. We added to our products range: VIVA FLEX PARTIALS L.F. & VIVA FLEX DENTURES.

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Concentrated Growth Factors: (silfradent)



A new medicine for tissue and bone regeneration.

issue regeneration is a continuing challenge both in biological and clinical terms. Regenerative medicine and tissue engineering are continuously making huge advances in the identification of new strategies in the field of tissue regeneration. In this field, platelet concentrates represent an interesting and innovative therapeutic alternative, as they provide a rich source of autologous growth factors involved in the induction of cell proliferation, in extracellular matrix remodeling and in the angiogenetic mechanisms, that take place during the different stages of tissue regeneration.



Photo Two CGF Yellow part: fibrin clots Red part: erythrocytes

Platelet preparations are obtained from patient's venous blood through a standardized protocol of centrifugation, that sometimes, using the addition of exogenous substances, allows to isolate a fraction rich in platelets and growth factors, called "platelet concentrate" or "platelet gel".



Photo Fibrin clots

The platelet growth factors have extremely high efficiency in every biological process, in which it is necessary to stimulate tissue repair, growth and modulation of cell life and self-control of the immune system. The technique of platelet concentrates moves plasma rich in growth factors from the blood to the treatment area, speeding and tracking the natural processes of healing.



Photo MEDIFUGE machine MF 200

Concentrated Growth Factors (CGF), developed by Sacco in 2006, is a special type of platelet preparation with great potential for clinical application.

At the base of the regenerative process, three factors are particularly important: the scaffold (organic, natural or synthetic), growth factors and autologous cells. All these elements are present in the CGF which is obtained by a "one-step" centrifugation process of the blood samples, using a special centrifuge (Medifuge Mf 200, Silfradent srl, Forli, Italy), without the addition of exogenous substances. Its main characteristic lies in its consistency; in fact CGF is an organic matrix rich in fibrin, thus more dense than other platelet concentrates, able to "trap" a large amount of platelets, leukocytes and growth factors, showing regenerative properties and versatility.

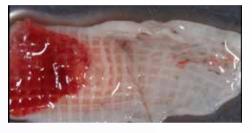


Photo CGF biological membrane

These features, together with the simple and standardized centrifugation protocol MEDIFUGE, make the CGF a superior autologous product which can be used in different areas of regenerative surgery; for example in dentistry, maxillofacial surgery, cosmetic surgery and orthopedics.

Its clinical efficacy, has so far been demonstrated in various situations ranging from filling of extraction sockets (Tadić et al., 2014), to the filling of the cavities after cystectomy (Mirković et al., 2015), to interventions of sinus lift and augmentation of the crestal profile (Kim et al., 2014; Del Fabbro et al., 2013; Sohn et al., 2011). In addition, CGF features, make it suitable to be used both alone and with bone particulate or autologous biomaterials (Gheno et al., 2014). In conclusion, if it is true that the blood is the "source of life" for the organism, platelets in it play an important role in the body's regenerative processes.

The research, however, does not stop and Silfradent has still in progress studies at several universities in Italy (University of Bari, University of Brescia), Europe (ACTA Amsterdam University, Dental School-Medical University Vienna; University of War-

wick - UK) and also outside Europe (IPK center Hospital Havana-Cuba; Almejiera center Hospital Havana-Cuba).

Bone-Ring graft material mixed with **CGF**



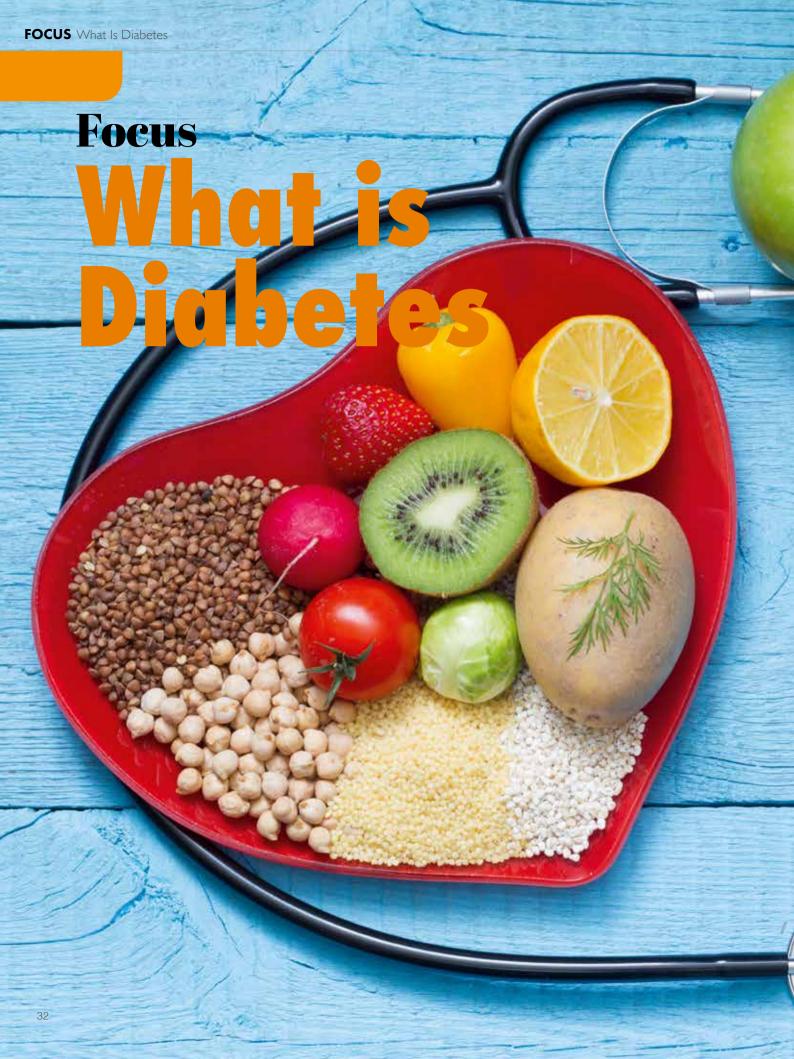
S point of VIEW



www.gcomm-online.com









A new study from WHO (World Health Organization) has shown that the number of people with diagnosed diabetes is dramatically increasing worldwide especially in developing countries. Diabetes, even known as the Silent Killer because of its easy-to-miss syntomps, will be the 7th leading cause of death in 2030.

Author: Lara Pippucci

Diabetes

- 1.5 million deaths are directly attributed to diabetes each year
- 9% of adults in the world have diabetes
- More than 80% of diabetes deaths occur in low- and middle-income countries
- WHO projects that diabetes will be the 7th leading cause of death in 2030
- In 2014 the global prevalence of diabetes was estimated to be 9% among adults aged 18+ years
- Healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use can prevent or delay the onset of type 2 diabetes
- 90% of people with diabetes in the world have type 2 diabetes

ccording to a recent study conducted by WHO (World Health Organization) diabetes cases will significantly increase in the near future. This raise is mainly due to population growth, aging, urbanization, and increasing inactivity particularly in developing countries where the population is expected to double between 2000 and 2030.

The distribution of diabetes for all age-groups worldwide was estimated to be 2.8% in 2000 and 4.4% in 2030 and the total number of people with diabetes is projected to rise from 171 million in 2000 to 366 million in 2030.

In the light of the fact that diabetes represents a serious health problem and in most cases it can even be deadly, this disease is absolutely not to be understimated. Moreover, quantifying the prevalence of diabetes worldwide, identifying its main risk factors and arranging an effective prevention campaign is crucial to allow rational planning and allocation of resources.

Diabetes (otherwise known as diabetes mellitus, DM) is described as a metabolic disorder in which the body cannot properly store and use the energy found in food.

More specifically, diabetes is a condition that affects the body's ability to use glucose (a type of sugar) as fuel. Glucose is a form of carbohydrate that comes from foods such as breads, cereals, pasta, rice, potatoes, fruits and some vegetables. Glucose is also synthesized in the liver and is carried in the blood to the rest of the body to fuel cellular processes.

To use glucose as fuel, insulin is required to get the glucose into cells. Insulin is a hormone (a type of chemical messenger) made by specialized cells in the pancreas. Insulin regulates blood glucose by stimulating the removal of glucose from the blood and its uptake into muscle, liver and fat cells where it can be stored for energy.

Sometimes the body does not make enough insulin or the cells do not respond properly to insulin. Blood glucose levels can then become elevated while the cells are deprived of fuel. When blood glucose levels get too high (hyperglycemia) this can cause damage to the tiny blood vessels in the eyes, kidneys, heart and nervous system, which is why diabetes is associated with an increased risk of cardiovascular disease, kidney disease, loss of vision and neurological conditions.

There are different types of diabetes, some of which are more prevalent than others. The most common form of diabetes in the general population is type 2 diabetes, which often develops from pre-diabetes.

Type 1 diabetes

Type I diabetes is known as insulin-dependent diabetes, juvenile diabetes, or early-onset diabetes as people usually develop it suddenly before their 40th year, often in early adulthood or teenage years. Type I diabetes is characterized by deficient

insulin production and patients will need to take insulin injections for the rest of their life. They must also ensure proper blood-glucose levels by carrying out regular blood tests and following a special diet.

Type 2 diabetes

Type 2 diabetes, previously called non-insulin dependent or adult onset, results from the body's ineffective use of insulin. The body does not produce enough insulin for proper function or the cells in the body do not react to insulin (insulin resistance). Being overweight, physically inactive and eating the wrong foods all contribute to our risk of developing type 2 diabetes.

Overweight and obese people have a much higher risk of developing type 2 diabetes compared to those with a healthy body weight. People with a lot of visceral fat, also known as central obesity, belly fat, or abdominal obesity, are especially at risk. Being overweight/obese causes the body to release chemicals that can destabilize the body's cardiovascular and metabolic systems.

The risk of developing type 2 diabetes is also greater as we get older. Experts are not completely sure why, but say that as we age we tend to put on weight and become less physically active. Those with a close relative who had had type 2 diabetes, people of Middle Eastern, African, or South Asian descent also have a higher risk of developing the disease.

Men whose testosterone levels are low have been found to have a higher risk of developing type 2 diabetes as researchers from the University of Edinburgh, Scotland, say that low testosterone levels are linked to insulin resistance.

Some people may be able to control their type 2 diabetes symptoms by losing weight, following a healthy diet, doing plenty of exercise, and monitoring their blood glucose levels.

However, type 2 diabetes is typically a progressive disease - it gradually gets worse - and the patient will probably end up have to take insulin, usually in tablet form.

Gestational diabetes

Gestational diabetes is hyperglycaemia with blood glucose values above normal but below those diagnostic of diabetes, occurring during pregnancy. Women with gestational diabetes are at an increased risk of complications during pregnancy and at delivery as the baby may be bigger than he/she should be. The majority of gestational diabetes patients can control their diabetes with exercise and diet and

only between 10% to 20% of them will need to take some kind of blood-glucose-controlling medications. Anyway, they are at increased risk of type 2 diabetes in the future.

Prediabetes or Impaired glucose tolerance (IGT) and Impaired fasting glycaemia (IFG)

Prediabetes, Impaired glucose tolerance (IGT) and Impaired fasting glycaemia (IFG) are intermediate conditions in the transition between normality and diabetes. People with IGT or IFG have blood glucose levels higher than normal, but not high enough to merit a diabetes diagnosis. People with IGT or IFG are at high risk of progressing to type 2 diabetes, although this is not inevitable.

Main Symptoms Of Diabetes

Diabetes is often referred to by doctors as the *Silent Killer* because of its easy-to-miss symptoms. In fact patients can experience different signs and symptoms of diabetes but sometimes there may be not signs at all. Anyway, the development of type I diabetes is usually sudden and dramatic while the symptoms can often be mild or absent in people with type 2 diabetes, making this type of diabetes hard to detect.

Early Warning Signs Of Diabetes

- Increased urination, Excessive thirst
- Weight loss
- Increased Hunger
- Skin problems
- Slow healing
- Yeast infection
- · Fatigue and irritability
- Blurry vision
- Tingling or numbness

Complications Linked To Badly Controlled Diabetes:

- Eye complications glaucoma, cataracts, diabetic retinopathy, and some others
- Foot complications neuropathy, ulcers, and sometimes gangrene which may require the foot to be amputated
- Skin complications people with diabetes are more susceptible to skin infections and skin disorders
- **Heart problems** such as ischemic heart disease, when the blood supply to the heart muscle is diminished
- **Hypertension** common in people with diabetes, which can raise the risk of kidney disease, eye problems, heart attack and stroke
- Mental health uncontrolled diabetes raises the risk of suffering from depression, anxiety and some other mental disorders

Diabetes is often referred to by doctors as the Silent Killer because of its easy-to-miss symptoms.

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- Hearing loss diabetes patients have a higher risk of developing hearing problems
- Gum disease there is a much higher prevalence of gum disease among diabetes patients
- Gastroparesis the muscles of the stomach stop working properly
- Ketoacidosis a combination of ketosis and acidosis; accumulation of ketone bodies and acidity in the blood
- Neuropathy diabetic neuropathy is a type of nerve damage which can lead to several different problems
- HHNS (Hyperosmolar Hyperglycemic Nonketotic Syndrome) blood glucose levels shoot up too high, and there are no ketones present in the blood or urine. It is an emergency condition
- Nephropathy uncontrolled blood pressure can lead to kidney disease
- PAD (peripheral arterial disease) symptoms may include pain in the leg, tingling and sometimes problems walking properly
- Stroke if blood pressure, cholesterol levels, and blood glucose levels are not controlled, the risk of stroke increases significantly
- Erectile dysfunction male impotence
- Infections people with badly controlled diabetes are much more susceptible to infections
- Healing of wounds cuts and lesions take much longer to heal

Prevention

At present time type I diabetes cannot be prevented while a healthy lifestyle can help prevent the development of type 2 diabetes.

Type 2 Diabetes Prevention

- Weight loss
- Physical activity
- · A balanced and nutritious diet
- Quit Smoking
- Avoid Emotional Stress
- Have good sleep habits

Oral Complications of Diabetes

Diabetes

Prevention

Prevent dental problems associated with diabetes

- Control your blood glucose level
- Take care of your teeth and gums
- Mantain good diabetic control
- Avoid smoking
- · Clean dentures daily
- Visiting a dentist often





Compound Annual Growth Rate (CAGR) of 5.93%.

The global market

for diabetes care

devices is forecast

to reach \$26.96

billion by 2019 at a

No Prevention

Oral Complications of Diabetes

- Xerostomia
- Severe TMI Disfunction
- Dental Plague
- Dental Caries
- Periodontal Disease
- Sialosis
- Fungal Infections
- Oeal Lichen planus
- Geographical and fissured tongue
- Oral paraesthesia including burning mouth or tongue
- Taste impairment
- Poor Oral Wound Healing

Xerostomia

- Dry mouth
- Thick saliva
- The feeling of not being able to swallow or talk properly due to sticky saliva
- · Rough, dry, red tongue
- Dry feeling in the throat as well as in the mouth
- Burning sensation in the mouth
- · Sensitivity to salty or spicy foods
- Bad breath
- Mouth sores
- Cracked lips
- · Difficulty wearing dentures
- Unusual thirst

Severe TMJ Disfunction

- Pain or tenderness of your jaw
- Aching pain in and around your ear
- · Difficulty chewing or discomfort while chewing
- Aching facial pain
- Locking of the joint, making it difficult to open or close your mouth

Dental plaque

• Gum disease

Dental caries

- Tooth loss
- Toothache
- Halitosis
- Dentin hypersensivity
- Dental pulpitis
- Dental abscess
- Dental cysts
- Dental granuloma
- Gum disease
- Dental pyorrhea

Sialosis

• Risk of calculus formation and obstruction of salivary ducts

Fungal Infections

- Oral lesions
- Stomatisis
- Angular Chelitis
- Median Rhomboid glossitis

Oral Lichen Planus

- Change in taste or a blunted taste sensation if the tongue is affected
- Sensitivity to hot or spicy foods
- · Bleeding and irritation with tooth brushing
- Inflammation of the gums (gingivitis)

Geographical tongue

• Mild discomfort or painful sensation

Fissured tongue

• The condition is entirely benign but may cause halitosis. If left untreated, fissured tongue may cause traumatic ulcers

Oral paraesthesia, including burning mouth or tongue

- Tingling
- Numbness
- Dryness
- Sore mouth

The U.A.E. ranks among the world's leaders for prevalence of diabetes, obesity and other risk factors for cardiovascular disease



Taste impairment

• Usually taste impairment inhibits the ability to mantain a good diet and causes the aggravation of hyperglicemia

Poor oral wound healing

Poor soft tissue regeneration and delayed osseous healing

Periodontal disease

Diabetes has also oral complications such as gum disease and according to recent studies I in 3 diabetics suffer from periodontis.

People who are not diagnosed with diabetes or who decide not to take care of themselves properly may suffer from periodontis at some stage of their disease.

Infact normal blood glucose levels cause higher than normal levels of glucose in the saliva which creates a fertile breeding ground for bacteria and in turn raises the risk of dental decay and gum disease.

Main Symptoms Of Gum Disease:

- · Bleeding in mouth while brushing and/or flossing
- Swollen, red or tender gums
- Gums in recession
- Tooth Loss
- Presence of pus between teeth/gums
- Changed bit or jaw alignment
- Persistent Bad Breath (Halitosis)

Gum diseases can de divided in three main groups according to their seriousness:

- Gingivitis: Gingivitis is the mildest form of gum disease. Frequently patients have swollen, red or tender gums which bleed easilywhen brushing or flossing. This disease can be quickly treated by a dentist who usually suggests a home dental health care program.
- Periodontitis (Mild): When gingivitis is poorly managed, it may cause mild periodontitis. At this stage the disease starts eroding the bone around the tooth. In order to prevent further erosion which may cause a severe periodontitis, it's important to see a dentist and have prompt medical attention.
- Periodontitis (Severe): This is the most dangerous stage of gum disease and it is characterised by a significant tissue and bone loss around the teeth which can cause tooth loss and other complications.

See A Dentist

People with diabetes have special needs and their dentists and hygienist are equipped to meet those needs-with their help. It is important that people suffering from diabetes keep their dentist and hygienist informed of any changes in their health condition and any medication they migt be taking. They should postpone any non-emergency dental procedures if their blood sugar level is not in good control.

Global Diabetes Market

The global market for diabetes care devices is forecast to reach \$26.96 billion by 2019 at a Compound Annual Growth Rate (CAGR) of 5.93%.

Market is segmented into two major segments i.e. Glucose monitoring device market and Insulin delivery device market. Glucose monitoring devices are segmented into blood glucose meters, blood glucose testing strips, lancets, and continuous glucose monitoring devices. Insulin delivery devices are further segmented into Insulin syringes, Insulin pens, Insulin pumps and Insulin Injectors.

Glucose monitoring devices will be the largest category in the market, with a value of \$14.2 billion by 2019 with a CAGR of 6.02 %.

The insulin delivery devices market is forecasted to grow at a CAGR of 5.59 % to reach revenues of \$12.76 billion in 2019. Specifically the insulin syringe patient share will decrease while the insulin pen and insulin pump patient share will increase over the next five years.

CGM-Continuous glucose monitoring devices will show more innovations and technological advances as they are increasingly widely used and saw a growth of about 20% in 2012.

Bric Market For Diabetes

According to a new market research published by MarketsandMarkets, the Diabetes Care Devices Market in BRIC countries (Brazil, Russia, India and China) is expected to reach around 2.3 Billion USD by 2020 at a CAGR of 6.3%.

In 2014 the testing strips segment accounted for the largest share of the blood glucose monitoring devices market whereas the insulin pens segment was estimated the largest share of the insulin delivery devices market. The large share of the insulin pens segment is mainly attributed to the adoption rate of insulin pens in China and Russia. Moreover, the increasing adoption of insulin pens and easy availability of recently launched affordable insulin pens in India have further contributed to the growth of this segment.

CGM- Continuous blood glucose monitoring systems is the fastest-growing subsegment of the blood glucose monitoring devices market. Growth in this segment is mainly attributed to the rising adoption of continuous blood glucose monitoring systems by healthcare professionals who needs to monitor real-time blood glucose levels and guarantee an effective management of diabetes.

China is estimated to be the largest diabetes care devices market among BRIC countries, followed by Brazil, India, and Russia. In fact China, with over 100 million diabetics, has already outpaced other nations in terms of number of people affected by this disease. Growth of the diabetes market in China is driven by high prevalence of diabetes among the aging population, increased life expectancy, a surge in sedentary lifestyle, unhealthy diet, high stress levels and increased disposable income. Moreover, the market is boosted in terms of volume by low priced local products which make diabetes treatments affordable besides supporting adoption of new technology products such as insulin pump and CGM in hospital segment and insulin delivery products as well as SMBG- Self monitoring of blood glucose in the home-care segment.

European Market For Diabetes

The European market for diabetes care devices is forecasted to reach \$8.08 billion by 2019 at a Compound Annual Growth Rate (CAGR) of 8.19%.

Since the 1980s there has been a tremendous upswing in the use of medical devices for diagnostics and therapeutic measures in diabetes therapy. Diabetes is one of the most critical issues in healthcare systems across the EU and the entire diabetes community is actively involved in making diabetes a policy priority. Just to consider the 2012 EU resolution calling on the EU Commission and Member States to develop and implement a targeted EU Diabetes Strategy and, at the end of 2013, a work package dedicated entirely to diabetes in the EU's Joint Action on Chronic Diseases.

In 2013 more than 32 million Europeans lived with diabetes i.e. 8.1% of the entire population. By 2035 people affected by diabetes are expected to increase to 38 million and this data is impressive considering that so far only 50% of the population with diabetes has been diagnosed.

In 2013 Europe spent approximately €100-150bn on treating and caring for diabetes and one in ten deaths in Europe can be attributed to diabetes equaling 619 000 deaths in 2013.

The market is primarily expected to be driven by increasing incidence of people suffering from diabetes, increase in innovation technologies, more R&D in diabetes diagnosis and treatment, and minimally or non-invasive products. Moreover, increasing awareness, improving diagnosis and treatment rates and a growing need for faster, safer and more effective method of diagnosis and treatment of diabetes will lead to increased adoption rates for diabetes care devices. However, market is constrained by high cost associated with diagnosis and treatment, reimbursement issues and patent expiry.



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The market is basically dominated by glucose monitoring device market because of increasing awareness of people for diagnosis and treatment of diabetes.

US Diabetes Market

Recent studies have shown that the largest number of cases of diabetes and pre-diabetes worldwide are found in the United States where diabetes is a major cause of heart disease, stroke, kidney disease, blindness, and numerous other debilitating diseases and afflictions and IT represents the seventh leading cause of death.

29.1 millions Americans i.e. 9,3% of the pupulation of the United States have diabetes and 2.5 millions currently live with type I diabetes. Considering that many people are still unaware of their diabetes or pre-diabetes condition this is a considerable data. Nearly I in every 400 children in the U.S has type I diabetes and 86 millions Americans aged 20 or older are classified as prediabetic while more than 26% of the U.S. population aged 65 or older suffer from this chronic disease.

Studies have shown that the total healthcare expenditure in US was US\$ 281 Billion in 2014 which was the largest share of the world healthcare expenditure and it has been estimated that the prevalence of diabetes will be 14% by 2030 in the US.

According to a research conducted by Decision Resources Group the diabetes device market in the US will grow at a strong pace through 2023. Growth will be mainly driven by rapid expansion in the large insulin delivery device market as well as the continuous glucose monitoring (CGM) market which is currently underpenetrated in the US.

Australian Market

The Australian Diabetes Management and Diabetes Diagnostic Devices market jumped to \$46 million between 2005 and 2013. The market comprises continuous glucose monitors (CGM), self-monitoring blood glucose (SMBG), manual insulin delivery products, glucose test strips, lancets, syringes, insulin pens and insulin pumps. The growth is driven by the high prevalence of diabetes, acceptance and proliferation of advanced patient compliant technologies, increased reimbursement of devices and government subsidy on consumables. Especially, continuous glucose monitors (CGM), self-monitoring blood glucose (SMBG) and manual insulin delivery products exhibited significant market growth.

The prevalence of diabetes in Australia has skyrocketed three times to 4.2% over the last 25 years. Around I million people in country suffer from diabetes and around 2 million have pre-diabetes. Of these, II% have type I diabetes, 87% have type 2 diabetes and 2% women have gestational diabetes. We estimate that approximately 3.4 million citizens will suffer from diabetes by 2030.

The improvement in government initiatives has also fuelled the market growth. Australian government provides approximately 70% reimbursements for glucose test strips under the Pharmaceutical Benefits Scheme (PBS). The Australian Institute for Health and Welfare (AIHW) reports that the number of new Insulin Pump Therapy (IPT) users increased from 107 to 140 per month during the period from 2003 to 2010-pushing up the number of IPT users to 10,510 in 2010. Increased affordability due to the Government's Insulin Pump Program (IPP), subsidized Insulin Pump Consumables (IPC) and private health insurance has contributed to the increased use of IPT over the past 10 years.



UAE Diabetes Market

The U.A.E. ranks among the world's leaders for prevalence of diabetes, obesity and other risk factors for cardiovascular disease. The causes include increasing levels of affluence, the growing popularity of fast food, tobacco use, plus sedentary lifestyle caused by hot weather and one of the highest vehicle-to-person ratios in the region.

UAE's high rates of Type 2 diabetes represents significant societal costs, in relation to morbidity, mortality and also lost productivity coupled with a huge burden on the healthcare system. It has been observed that the high prevalence of diabetes in the UAE is gradually taking its toll on the overall health of the nation and also risking the country's economic well-being.

The total number of diabetes patients in UAE were e estimated around 0.75 Million in 2013. With factors such as obesity, rising sedentary lifestyles and unhealthy diet acting in full force, it is expected that the number of diabetic patients in the UAE would grow at a CAGR of 4%-6%, which is double the growth rate of the global market. The number of diabetics in the UAE is expected to surpass 0.85 million by 2018.

Efforts to reverse current trends incluse Wegaya, a population screening and intervention program for Emiratis implemented by HAAD that currently focuses on diabetes and cardiovascular disease. This oline service screens individuals for various risk factors, explains screening resuts, provide access to relevant infor-

mation and services, and connect users to doctors, clinics, and opt-in health and wellness programs tailored to user needs.

Diabetes care is a focus across the country. In 2012 the 8,000-square-foot-government-run diabetes center in Dubai's Latifa Hospital was moved to a new 20,000 square foot facility with 50 percent more capacity. Abbott Diabetes Care has a presence in Dubai and the Dubai Harvard Foundation for Medical Research is investiganting diabetes, among other chronic conditions, in its collaborative research efforts.

The Imperial College of London Diabetes Center, wit h locations in Abu Dhabi and Al Ain, is a state-of-the-art outpatient center specializing in diabetes treatment, research, training and public health. Since its opening ICLDC has treated over 200,000 people.

Further, many UAE organizations such as Mubdala Healthcare, are actively seeking partnerships in the areas of personalized medicine, preventative medicine and health awareness, lifestyle adjustment and treatment, with an emphasis on diabetes and solutions that allow for intellectual property rights.

The production of diabetes devices is not significant in the UAE. Only basic items such as syringes are manufactured in the UAE as the country is mainly an importer of medical products and devices.



Interview



We interviewed Roberto Proietti Piorgo, well-known dentist and owner of a successful dental practice in Rome, about his experience with patients suffering from diabetes. Mr. Proietti graduated with honors in Dentistry at the University of Rome "La Sapienza" in 1992. He is an active member of the SIDOC (Italian Society for Conservative Dentistry) and author of several scientific papers published into Italian and International publications.

I) How many patients with diabetes did you visit last year?

Diabetics represent 3% of my patients and this year I noticed a significant increase in type 2 diabetes among children.

2) Are patients with diabetes aware of their disease or do you usually diagnose it for the first time?

No, very often they are not aware of their disease and of the related complications. I frequently diagnose diabetes for the first time and I always suggest my patients to contact specialised centres.

3) Do patients with diabetes receive a special treatment?

Yes of course. For example in case of oral surgery patients with diabetes must undergo a preventive antibiotic therapy and ensure that blood sugar levels are under control.

4) Is important for people with diabetes to inform the dentist about their health?

Yes, it is very important. I would say it is essential as people with diabetes have special needs and the dentist must follow a certain procedure in order to protect their health.

5) Can we prevent oral complications of diabetes? If yes, how?

Yes we can prevent dental problems associated with diabetes controlling our blood glucose level and taking care of our teeth and gums. Moreover, it is very important avoiding smoking and cleaning dentures every day and above all visiting our dentist regularly.

Diabetes in the WHO Eastern Mediterranean Region



2000	2030
468,000	1,403,000
37,000	99,000
50,000	87,000
7,000	9,000
2,623,000	6,726,000
2,103,000	6,421,000
668,000	2,009,000
195,000	680,000
104,000	319,000
146,000	378,000
88,000	245,000
427,000	1,138,000
113,000	343,000
5,217,000	13,853,000
38,000	88,000
890,000	2,523,000
97,000	331,000
447,000	1,277,000
627,000	2,313,000
166,000	388,000
350,000	684,000
327,000	1,286,000
	468,000 37,000 50,000 7,000 2,623,000 2,103,000 668,000 195,000 104,000 146,000 88,000 427,000 113,000 5,217,000 38,000 890,000 97,000 447,000 627,000 166,000 350,000

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U.S.A. - How dental practice is changing

Author: Lara Pippucci

DENTAL INDUSTRY STATISTICS & MARKET SIZE

U.S.A. Population, 321,368,864 (July 2015 est.)

Dental Industry Revenue in the U.S.A. \$119bn (2015 est.)

Annual Growth 2010-2015 0.5%

Employment 945,053

Active Dentists 191.347 (2013 est.)

Dentist per 100,000 population 60,46

Dental Offices 180,724 (2015 est.)

Average annual net income for general practioner

dentists \$174,780 (2015 est.)

Average annual net income for specialists

\$322,200 (2015 est.)

Average annual net income for owner GPs

\$ 134,340 (2015 est.)

Average annual net income for non-owner GPs

\$ 134,020 (2015 est.)

Average hourly wage of a dentist: \$69.60 (2015 est.)

GENERAL OVERVIEW

The American Dental industry has benefited from favorable demographic trends, technological advances and mounting awareness of oral hygiene over the past five years. However, a better preventive care and the recent economic downturn have slightly suppressed the industry revenue growth. Moreover, a limited patient access to dental care due to nearly one-half of states in the United States only covering emergency dental care for Medicaid patients, has caused some dentists to lower prices and cut into profitability.

Among several important structual changes that have occurred in the U.S. dental sector in recent years is the trend toward larger, consolidated multi-establishment dental practices. One study reported that, although relatively small in number, large multi-establishment dental enterprises grew in terms of the number of establishments and the percentage of annual receipts from 1992 to 2007. A second study reported that over a twoyear period, the number of large group dental practices grew by 25 percent. However, very large dental practices with 20 or more dentists accounted for just three percent of all dental practices in 2008. The trend toward larger, multi-establishment dental practices is expected to continue, driven by changes in the practice patterns of new dentists, a drive for efficiency and increased competition for patients. Dental practice management companies are expected to characterize the industry landscape over the next five years, as more dentists move away from operating as sole practitioners to reduce operating costs.

DENTISTRY, A PROFESSION IN TRANSITION

Dentistry is a profession in transition. Previous researches conducted by ADA (American Dental Association) and HPI (Health Policy Institute) have shown that a broad set of factors intersected in the early 2000s have caused a decline in average dentist net income. One of these factors is a steady decrease in dental care use among adults that began well before the recent economic downturn and, to date, shows no sign of reversing in any major way. Recent analysis shows that a "new normal" may be emerging in terms of dental spending, demand for dental care and dentist earnings.

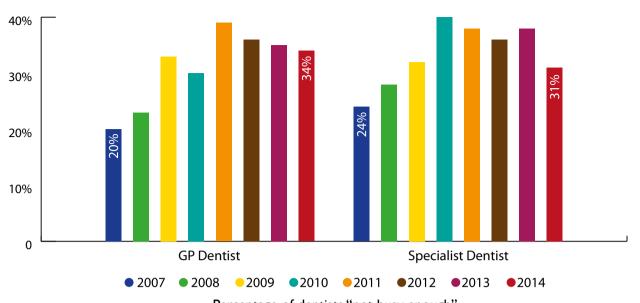
With five full years of post-Great Recession data, dentist earnings are clearly not recovering. Dentists' earnings in the period since the early 2000s have been affected significantly by the demand for dental care and aggregate dental spending. The supply of dentists also has an influence on dentist earnings, as basic principles of economics would predict. In fact, recent years have seen a stagnation of dental spending, an increase in the number of dentists and, as a result, stagnant dentist earnings.

However, recent studies showed that we could be seeing a turnaround, or at least a bottoming out, of the multi-year trend of reduced business. Appointment wait times have increased in the past two years after many years of declines, and the percentage of dentists reporting they are not busy enough seems to have plateaued and even declined slightly. Anyway, if current dental care utilization trends continue — and the most recent data show they are indeed continuing— dental spending in the U.S. will not return to the historically high, pre-Great Recession growth levels.

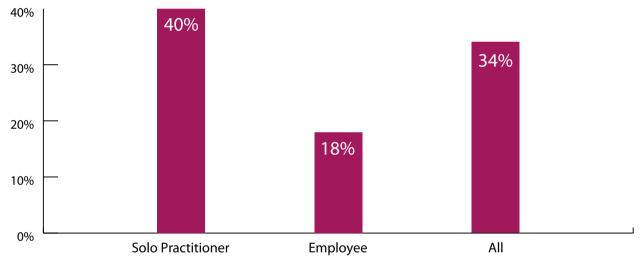
According to ADA (American Dental Association) in 2013 there were 191.347 dentists in the U.S.A. and reading a research made by the U.S. Department of Labor, the number of U.S. dentists will increase by 16% by 2022.

DENTAL PRACTICE EVOLUTION IN THE U.S.

If we look at the Dental Practice Evolution Process in the U.S., we realize that major changes have occurred in the number and distribution of dental personnel over the past 60 years. We have moved from a model tipically comprised of one dentist and one assistant per practice to one with a much larger and more diverse group of personnel. In 1950, there were approximately 155,000 dental personnel, which included dentists, dental hygienists, dental assistants and other staff (e.g., receptionists, office managers, bookkeepers, sterilization assistants, laboratory technicians). Just over 50% of these individuals were dentists. By 2012, the total number of dental personnel had risen to almost one million, nearly a sixfold increase.

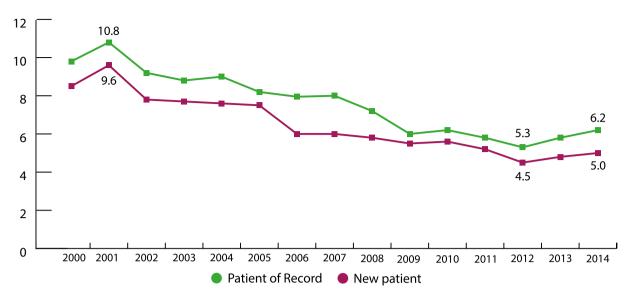


Percentage of dentists "not busy enough" Source: ADA Health Policy Institute annual Survey of Dental Practice



Percentage of general practitioner dentists "not busy enough", 2014 Source: ADA Health Policy Institute annual Survey of Dental Practice





Average wait time for general practitioner dentist appointment Source: ADA Health Policy Institute annual Survey of Dental Practice

DENTAL PERSONNEL IN THE LABOR FORCE

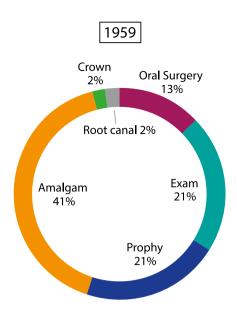
Despite a 250% increase since 1950, the number of dentists in 2012 was just fewer than 200,000, representing 20% of all dental personnel. The Bureau of Labor Statistics estimates that there were almost 190,000 dental hygienists in 2012. Dental hygienists were rarely found in the 1950s, but obviously have experienced marked growth since then. There was also an estimated 303,000 dental assistants in 2012, up from about 55,000 in 1950. The most significant growth, however, was in dental personnel who are not involved in direct clinical care. From fewer than 20,000 in 1950, these types of positions have grown to an estimated 300,000 in 2012. In 1950, practicing dentists employed an average of one additional staff member and had a net revenue of 58.4%. By 2010, the average number of employees in dental practices had risen to five, and net revenue had fallen to 27.4%. These new

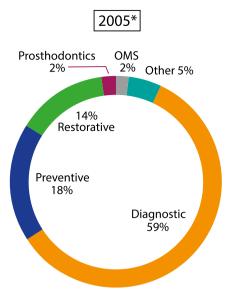
personnel were hired to accommodate a significant shift in the range of services provided in the dental office.4,5

The mix of services provided in the dental office has changed substantially over the past 50 years. In 1959, examinations and prophylaxis represented 42% of all services in the dental office, amalgam restorations accounted for 41% of services, and dental extractions made up an additional 13%.

A typical visit to the dentist in the 1950s was comprised of an examination, a cleaning, an amalgam or two, and the occasional extraction. By 2005, this profile of services for the general practitioner had changed considerably. Examinations and prophylaxis represented 78% of all dental services provided in the dental office. Restorations comprised 14% of the procedures, and there were far more plastic restorations than amalgams. The remaining 9% of procedures were com-







* General dentists

Procedures completed in the dental office

prised of other specialty-type procedures (e.g., prosthodontic, endodontic, periodontic, orthodontic, oral surgery).

Clearly, there has been a shift from disease-based practice, focused on repair and replacement, to practice rooted in routine check-ups and oral health maintenance. The dramatic decline in childhood caries is likely responsible for much of this change. In 1971, children aged 5-17 had an average of 7.1 diseased, missing, or filled tooth surfaces (DMFS) in their permanent teeth. By 2004, the average DMFS in children had fallen below 2.0. Extensive fluoridation of the public water supply has had a major impact on this decline; however, there has also been a change in public attitudes toward oral health care.

During the latter half of the 20th century, Americans established a tradition of regular dental visits. However, recent trends suggest the frequency of annual dental

visits may be declining for certain age groups. The frequency of annual dental visits for children increased for the first three years of the 21st century, then appears to have leveled out. Nevertheless, children have regular dental visits more frequently than adults. There has been an increase in funding for dental services from government sources. This funding generally benefits children, and it appears that an increasing percentage of eligible children are taking advantage of these funds. According to a recent government report, the percentage of Medicaid children with dental visits increased from 26.6% in 2001 to 39.9% in 2009. The Affordable Care Act has expanded the number of children eligible for government supported dental care.

Hopefully, it will also expand the rate at which they take advantage of this benefit. The percentage of adults with routine dental visits increased through most of the second half of the 20th century.



0

2000

2001

2002

2003

This trend continued until 2003, when the frequency of adult visits began to decline. The decline in the rate of routine adult dental visits is consistent with the declining incidence of dental disease discussed above. We will likely continue to have low rates of childhood dental disease. At least to some extent, the lower incidence of childhood dental disease will carry over into their adult years.

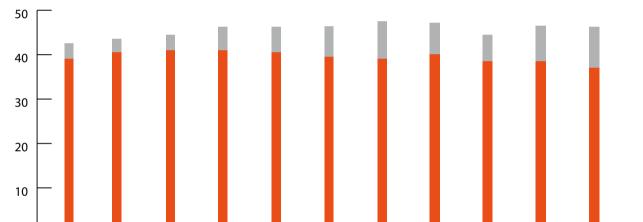
PERCENT OF POPULATION VISITING THE DENTIST WITHIN 12 PAST MONTHS

Demographics, dental disease, and personnel trends shape the future of the dental practice. The projection of these trends can be seen in the estimates of dental spending over the next quarter century. Dental spending has two major components: frequency of visits and cost of services. In 2011, older adults had

significantly higher dental expenditures per capita than other dental patients-\$767 for older adults and just under \$650 for other dental patients. In addition, older adults were visiting the dentist on a more frequent basis. Combined, we see an aging population becoming the financial core of dental practice over the next 25 years. By 2040, 62% of dental expenditures are expected to come from patients who are at least 40 years old. Expanding government programs will likely increase the overall number of children with regular dental visits, but low reimbursement levels in these programs will control the overall level of expenditures.

Young adults (20-39 years old), with a reduced dental disease experience as children and limited financial means, will continue to shrink as a source of dental expenditures.

Percent of population visiting the dentist within 12 past months Source: ADA News, Vol.44 No.6



2005

2006

2007

2008

2009

2010

■adults ■ children

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The practice of dentistry is changing. Group practices in the United States are expanding and Dental practice management companies are expected to characterize the industry landscape over the next five years.

THE GROWTH OF CORPORATE DENTAL PRACTICES

CLASSIFICATION OF DENTAL GROUP PRACTICES

Dentist Owned and Operated Group Practice (DOO)

An aggregation of a variable number and/or type of dentists in a single practice that may be located at a single or multiple sites completely owned and operated by dentists, usually organized as a partnership or professional corporation.

Dental Management Organization Affiliated Group Practice (DMOA)

A group practice that has contracted with a dental management organization to conduct all of the business activities of the practice that do not involve the statutory practice of dentistry, sometimes including the ownership of the physical assets of the practice. There are several types of dental management organizations and there can be significant variations in the nature of the agreements between the dentist and the dental management organization.

• Insurer-Provider Group Practice (IP)

A group practice that is part of an organization that both insures the health care of an enrolled population and also provides their health care services.

• Not-for-Profit Group Practice (NFP)

A group practice that is operated by a charitable, educational or quasi-governmental organization that often focuses on providing treatment for disadvantaged populations or training healthcare professionals.

• Government Agency Group Practice (GA)

A group practice that is part of a government agency. It is organized and managed completely by the agency. All dentists are government employees or contractors and operate according to agency policies.

• Hybrid Group Practice (H)

A group practice that does not clearly fit into any of the above categories and can exhibit some characteristics of several of them.

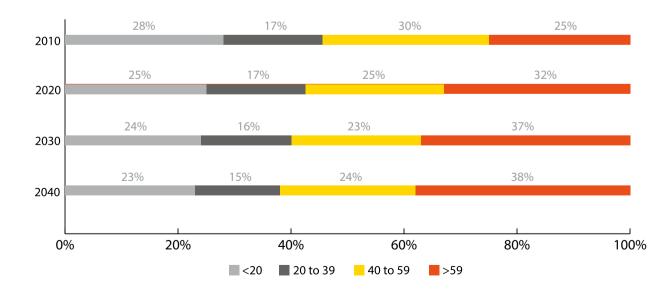
Source: ADA Health Policy Institute annual Survey of Dental Practice.

The practice of dentistry is changing. Group practices in the United States are expanding and Dental practice management companies are expected to characterize the industry landscape over the next five years. More and more dentists move away from operating as sole practitioners and join big corporate dental practices for different reasons. Considering that costs continue to go up (equipment, staff, fixed costs, variable costs, supplies), revenues are flat

Percentage of total dental expenses by age & year

Source: Nasseh K; Vujicic M.

http://www.ada.org/sections/professionalResources/pdfs/HPRCBrief_0813_1.pdf



or declining. The only way to beat this is through economies of scale, which is only available in managed group practice. Moreover dental school debt can be as high as \$250,000 or more. Who can afford to buy a practice on top of this burden? So the door is closing to entering dentists, which might explain why fewer than 20% of graduates are seeking practice ownership. And the door is closing on exiting dentists since there are fewer and fewer buyers. Managed group practice looks like the answer to both of these parties. Finally, dentistry as an industry is recessionresistant, is growing at an annualized rate of over 5% and capital investors see tremendous opportunity as well as do entrepreneurs and professional senior executives. They all see managed group practice as a very attractive future.

In addition, corporate practices have an advantage in pricing. The rising cost of services creates an environment where corporate entities can cost-compete with traditional practices in a variety of locations. The ability to provide care to walk-in patients and accept government insurance gives many of the corporate practices an advantage in a variety of practice settings. Populations in traditionally underserved and working-class areas often do not have steady sources of income and find it difficult to set up appointments weeks ahead of time. Corporate practices have been successful in many of these areas. Patients benefit from this trend due to the increasing number of traditionally underserved areas that now have relatively easy access to dental services. In corporate practice settings, the convenience of walk-in service and potentially lower cost for service can be advantageous as well.

Group dental practices are not new, but the size and nature of some of them have changed, as have the number of dentists and allied dental care professionals engaged in group dental practices. In large practice settings, providers may lose autonomy and feel enhanced pressure to produce revenue when making treatment decisions. They may have less flexible hours and schedules that could cause dissatisfaction. Conversely, they may benefit from administrative assistance, which can allow for having more predictable income and hours. Dentists working in solo or small group practices may have more autonomy; however, they are not immune to pressures to produce revenue, and they may have to perform more administrative tasks on top of their clinical duties. Running a small business may not suit every dentist; the burdens of financing, fixed costs, and reimbursement could lead to dissatisfaction even among dentists in solo practice. Each practice setting has characteristics that could lead to dentists feeling more or less satisfied.

Group dental practices are not new, but the size and nature of some of them have changed, as have the number of dentists and allied dental care professionals engaged in group dental practices.



Dentistry in the U.S.A.

12 salient trends that will affect the future

- I. The population is getting older and more diverse, leading to different disease patterns, care-seeking behaviour and ability to pay
- **2.** Consumers are becoming **more astute purchasers** of Health Care and Seeking Value for their Spending
- **3.** An increasing number of dentists are being trained, but mounting debt load and changing demographics are **altering the practice choices** for new dentists.
- 4. Pressure are growing for an expanded dental team to provide preventive and restorative services
- **5.** Care is being integrated within "Patient Centered Medical Homes" in medicine but **inclusion of** dental care services has been slow
- **6. Payment for dental services is shifting** from commercial dental insurance to public coverage and personal out of pocket payments
- 7. Commercial Dental Plans are increasingly using more selective networks, demanding increased accountability through data and performance measures, and pressuring providers to reduce costs
- **8.** The Affordable Care Act **pediatric dental benefit will provide millions of additional chidren with dental coverage** through the small group and individual markets and optional Medicaid expansions
- **9.** Public programs, with a growing number of participants, will **demand increased accountability** from dental providers
- 10. With the increased demand for value in dental care spending, practices will need to become more efficient
- **II.** The trend toward larger, multi-site practices will continue, driven by plan pressures for smaller provider networks, practice patterns of new dentists and increased competition for patients
- 12. Health Care Reform and Medicaid Expansions with an increasing emphasis on outcomes and cost-effectiveness will encourage alternative models of dental care.



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digital trends for 2016

This report sums up what we think will be the key digital trends in 2016 when it comes to #tech #business #culture & #communication. As always, the future is already here, and we have focused on 16 things that we believe will hit it big in the coming year. So if you haven't started developing in the direction of this report, you'd better start now. Enjoy!

Digital trends on different levels

Macro trends

Digital solutions & services

Enabling Technology

SPOTLIGHT

digital trends

2016

1. Technology that sharpens your senses

Sensors allow our gadgets to pick up on and register things happening in the physical world around them, such as movement, location, light, sound and temperature. The technology has become less expensive, more accessible, and combined with smart algorithms an enabler of a number of other emerging macro trends, like wearables, internet of things and the sharing economy. The idea of "a quantified self" or "lifelogging" has in the last few years become a hot topic, with the purpose to measure and collect data from various aspects of your daily life. The technology has now become reliable enough that the products and services being created can make a real difference, to for example, individuals' health.

2. Controlling your personal data

User data is one of the most valuable assets to many digital services, and people are beginning to realise that it is important to understand how their personal data is being used and shared with others. Google lets you see exactly what information they saved based on your search history and places visited, e-health services can give you full access and ownership over your test results and health reports, and we are even starting to see services that offer an opportunity for individuals to negotiate a price for their personal data directly with companies that

want to buy it. However, in a world where Facebook knows its users on such a detailed level that

can manipulate our mood, the question is if we want to share our personal data with anyone at all?

3. Helpful software robots

Artificial and beneficial intelligence? We have been starting to see a rising army of software robots whose sole task it is to make our day-to-day lives easier. In reality they are obviously not truly intelligent; they lack self awareness and would never pass a Turing test. However, they are able to quickly help us find and utilise data and services in the cloud. Apple's Siri is an example of the type of Al-assistants that people in general find more annoying than helpful; there is a challenge for them to interpret language correctly, and the tasks they are able to perform are pretty limited. This is why we now see an increasing number of more specialised services, which are limited to a defined contextual problem; for example booking meetings, making travel arrangements, ordering food, or finding specific information.

4. Brand VS service

What is traditional brand building actually worth in our new digital world? On the one hand we see examples of strong brands who lose market shares on a playing field where customers are going for the player who offers the service that creates the most value. One the other hand, software technology is easy to copy and when a number of companies offer similar digital services a credible brand becomes extremely important. Nonetheless, we see that the user experience equals the brand experience in this era so if you want to avoid being perceived as slow, boring and impersonal, your digital user interface should reflect that. Make sure to put that in your budget.

Technology has become less expensive, more accessible, and combined with smart algorithms an enabler of a number of other emerging macro trends, like wearables, internet of things and the sharing economy.





WHERE DENTAL WORLD MEETS INNOVATION





Content-blockers
give consumers the
option to ignore
what they deem as
irrelevant, forcing
publishers to explore
new business models
- some actually moving towards depth
and quality rather
than speed and
clickbaiting.

5. Virtual reality = Enhanced storytelling

We have not yet arrived in the futuristic future where we are able to fully live in a virtual reality. However, by using relatively simple means such as 360 video and Google Cardboard glasses we can now enjoy filmed experienced really close up and with a high level of involvement. Augmented reality is all about "enhancing" the world around us by adding information as an additional layer on top of the reality, which follows you when you look around. A good example of this is when you look through the Sky Map app and are able to see the star constellations and planets drawn across the sky. This allows you to create a truly impressive experience and add new dimensions to your story telling.

6. Making sense of the channel chaos

We need media channels to communicate through and the digital era has brought a total transformation to what kind of channels are available, who owns them or who you should pay to communicate through them. Our analysis is that a sense of something being "live" is the key to linear tv getting acceptable ratings. We also believe in increased communication in digital sub-culture channels where the power that bloggers, YouTube stars and podcast profiles possess is growing rapidly (for example, online retailer Nelly.com recently refocused their entire marketing budget to social media). Additionally, companies and organisations are starting to build their own channels where they exclusive format to their followers- a good example of this is IKEA's "Vad gafflar ni om?". If you had to stop buying traditional marketing tomorrow, what would you do instead?

7. Media consumption on new terms

It is difficult to define what it means to consume media today. And it is even more tricky to distinguish channels from each other in the same way that we used to. Which screen is secondary? What should be classed as radio? Facebook has become the go-to-source for both news and entertainment and ad-blockers and content-blockers give consumers the option to ignore what they deem as irrelevant, forcing publishers to explore new business models - some actually moving towards depth and quality rather than speed and clickbaiting. Critical thinking may have become a rarity in the digital age, but people are increasingly coming to the conclusion that it's better to be late to the party rather than being wrong. As communicators we need to adapt the format for the new generation of media consumers; how do you make your storytelling "snappable"?

8. Advertising goes digital business development

A few years ago we saw an inflation in advertising apps, i.e. companies wrapping their creative campaigns in mobile applications, for no real reason. In 2016 we predict that advertising yet again will be disguised, but this time as actual services - such as Björn Borg's Sprinter and Whiskas' Catstacam. And it makes us a bit worried. If these efforts do not include a long term plan, the end result could be self-condemned apps with disappointed users, and a low return on investment. Great services require focus, financial investment, a product owner, and continuous development. And, it is too bad if exciting business development would be botched by campaign, focused marketing departments.

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Lean startup
methodology, design
sprint by Google,
Customer life, AARRR
metrics, Prototyping
and Minimum viable
product.
Realise that in your
organisation it must
be allowed, and
even encouraged,
to fail.

9. Instant status tools

Status is today less about showing what you own, and more about showing who you are, what you actually do, and what your passions are. That is why we love services that lower the threshold and make it super easy to show what you are all about in social media. Good examples of this are Instagram, which transformed us all into life logging professional photographers, and the Kickstarter financed drone HEXO+ that follows you around filming you doing stunts. Who do your consumers and users want to be? And more importantly, how can you help them?

10. Help people change

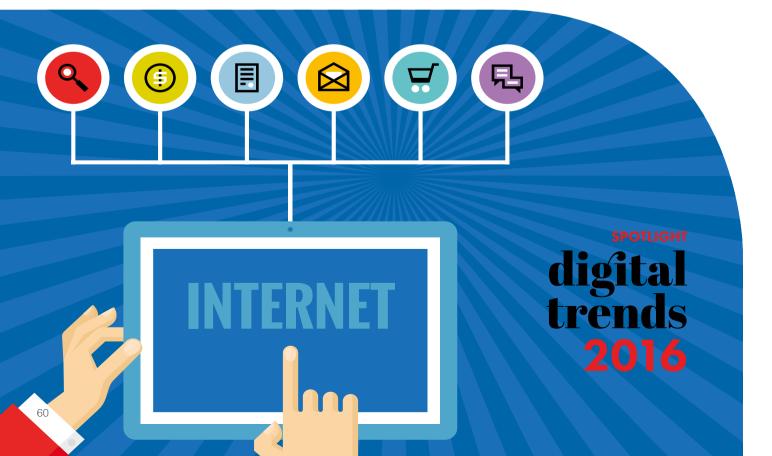
The winds of change are blowing. 2016 will be the year when consumers become even more obsessed with personal development and self realisation connected to food, health, exercise, lifestyle and life-balance. The brands and services that will help them reach this higher purpose - gamification style - will win their hearts, minds and social media updates. Notable examples are the mindfulness app Headspace, simpler services such as ICUKOO which allows you to donate money to charity every time you snooze, or why not the Swedish retail giant ICA giving discounts on shopping to customers who demonstrated physical activity via the app Hälsorabatt. How can your company help people become the person that they want to be?

11. Technology platform as a competitive advantage

The technology stack you choose to build your digital service on, and how you input and output data, is vital when it comes to being able to scale, change things quickly, and optimizing across all units. So, you should choose your technology platform carefully. A startup would never build its core service on a CMS such as Wordpress or EPiServer, and neither should you as a corporate brand. The web services of the future are built on APIs and frameworks such as Python/Django (Pinterest, Disqus, Prezi, Instagram), Ruby on Rails (Twitter, Soundcloud, AirBnb), Node.js (Uber, Medium) or .Net MVC. Is your IT department up to speed on this?

12. Frictionless or total mess

One out of four online purchases are made on mobile devices. Add a small drop of friction and the user experience as well as conversion rate will drastically decrease. Speed trumps "design" on the purpose-focused web, and today it is possible to adapt the experience to the context in other ways than just adapting to the size of the screen. For example, sensing if the user has a slow internet connection, and serving compressed content that loads faster creates true responsivity. It is also getting even more important to use location services to find relevant information based on geographical position; up to 40% of all Google searches are local, looking for something close by! For people to be able to find what they are looking for fast can be crucial to your business.



13. A circular mindset

The circular economy is an extremely hot topic right now. It is all about developing business models and services from a renting-, borrowing- or recycling perspective- sustainable and cost-efficient as they remove unnecessary middlemen. In the meeting of the internet of things and the sharing economy we find disrupters such as Uber and Car2Go as well as simpler services like Umbrella Here. A side track connected to the same trend is collective ownership. where we see variations of crowdfunding, crowd equity and crowd lending. In 2016 we will start sharing everything - knowledge, things and money. How can your business start working circular? How can you reduce ownership?

14. Sustainability from the inside out

CSR is big business and no longer a side function or something that you can fake your way around, or pay your way out of through strategic sponsorship deals. This means that you need to start from the inside out, putting your internal company culture in the spotlight. We change jobs more often today than we did 20 years ago, but in order to get people to stay because they like their employer, and to attract new talent, companies need to be brave and take a long term view on both development and creating a healthy work/life balance for employees. Social awareness is one of the most exalted qualities of our time, and a key to a good reputation and better business. Paragons are Spotify who have introduced parental leave globally, and the Swedish PR firm Westanders who arrange executive company culture courses in "being nice".

15. The secret sauce of startups goes mainstream

We get to meet an increasing number of companies saying that they want to become more like startups. Which basically means that they want to start working smarter. So how do you go about making the change? More than anything it's about changing processes and culture, and creating a new mindset that has to be shared with everyone in the organization. But there are also tons of clever tools and models which the startup evangelists have created, curated and refined - for you to start using right away! Start by googling and read more about these topics: Lean startup methodology, design sprint by Google, Customer life, AARRR metrics, Prototyping and Minimum viable product. And last but not least, realise that in your organisation it must be allowed, and even encouraged, to fail.

Fröjd

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16. Hack your business- starting nov

We know that you have heard this before, but have you actually ever done it? In 2016 everything will be "hacked" and questioned -from business models and marketing departments to internal processes and Monday meetings. Spend some time thinking about who and what players could disrupt your business model - and more importantly: why don't

you take that position instead? If you think that your product or service is too complex to sell online we promise you that the problem is not the internet. All manner of things are being sold, borrowed, rented and consumed via online channels as you read this, across B2B as well as B2C. So, stop going to breakfast seminars and be horrified to hear about what Uber is doing to the taxi industry, and start realising that soon this will be your problem. Start doing something about it. Now.

SUMMARY

1 6 digital trends



- 1. Technology that sharpens your senses
 - 2. Controlling your personal data

5. Virtual reality = enhanced storytelling

4. Brand VS service

- 3. Helpful software robots
- - 7. Media consumption on new terms
 - 8. Advertising goes digital business development

10. Help people change

6. Making sense of the channel chaos

9. Instant status tools

- 11. Technology platfor
- 13. A circular mindset

15. The secret sauce of

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12. Frictionless or total mess

14. Sustainability from the inside out

startups goes mainstream





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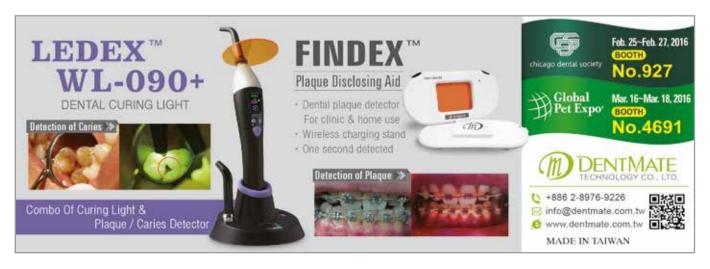


The Dentist's Biggest Challenge

A dental office is where a dentist operates An enterprise is where an entrepreneur operates

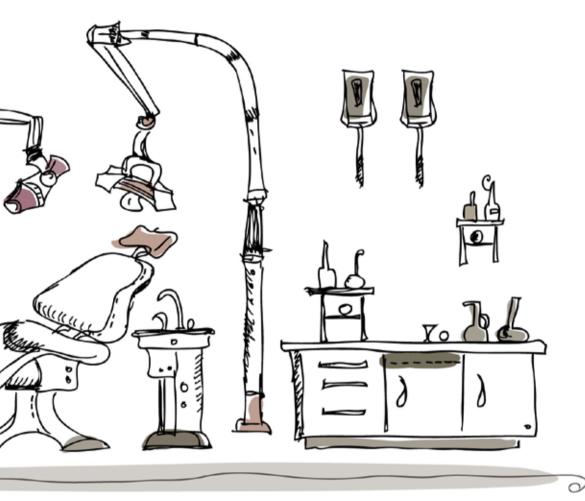
Author: Antonio Pelliccia





HOT TOPIC

dentist's challenge



If the dental office is a business-oriented enterprise, it should set up its strategic intent taking into consideration that it is operating within a health system, where people's health is taken care by the people one trusts.



he institutional goal for a dental office (enterprise) is to create value and economic wealth for the dentist through an organized and planned entrepreneurial management system.

The dentist's professional goal (entrepreneur) is to satisfy patients' therapeutic needs through clinical and relational skills based on ethic.

Both goals require specific knowledge and capacity. Common sense and "copy-paste" training are not sufficient. In healthcare both goals need to coincide, balancing the economic outcome together with the principles of professional ethic. It is from these binomials, apparently dichotomous, that Ethic Marketing and the Ethic of Marketing, as well as Quality, are coming from.

Such goals, in fact, are not achieved by chance, control on expenses is not enough, nor is the advice of a friend with dental management experience.

First of all, in order to create clinical value and economic wealth it's important to be able to ask oneself some questions. Such as, why do we study? To be able to ask ourselves the right questions! Those not studying are not capable of asking themselves any questions and they

will realize of economic, market or relational crisis only when the symptoms are evident. Right questions, focus, commitment, planning, organization, knowledge and management capacity are what is needed to create value. Experience is not enough. In fact, copying what a colleague suggests is risky, it might not work in your case and create adverse effects. Just like a drug that shouldn't be taken without a diagnosis, without consulting a doctor first...

If the dental office is a business-oriented enterprise, it should set up its strategic intent taking into consideration that it is operating within a health system, where people's health is taken care by the people one trusts. We are talking about "trust" necessarily linked to: vision, mission, values and principles. A business strategy is set up and measured and needs to converge towards a vision, creating a strategic management system architecture and key strategies to reach its mission and vision, which is Ethic, such as "satisfying therapeutic and patients' needs through clinical and relational capabilities".

There are several conceptual, mental and applied models indicating how to tailor business and consequently how to tailor management architecture as well as enterprise processes.



2. Here is the first challenge: knowing and managing the analysis criteria of a dental office

If we compare a dental office to an enterprise, even if it's not so appropriate, we can use similar criteria of analysis and distinguish two macro-areas:

Managerial factors (what the enterprise-dental office does to reach good results):

- •Leadership (knowledge and management involvement)
- Personnel management
- Policies and strategies
- Human resources
- Processes

(rules and procedures, monitoring of activities)

Operating results (what the enterprise-dental office produces):

- Personnel satisfaction (professional growth, motivation, involvement)
- Customer satisfaction (satisfaction and customer loyalty)
- •Impact on society (Ethic, reputation, CRM Customer Relationship Management)
- Business results (financial and economic results)

Knowledge of these two macro-areas is a strategy in itself. Fulfilling it becomes one of the solutions to obtain professional success.

Health Management and Ethic Marketing always need to operate within the enterprise-dental office by necessarily keeping under control the economic aspect but an increase in profits comes only if the focus is on customer satisfaction. For example doing some advertising is not enough...on the contrary.

So, let's get working! First of all, acquire knowledge and then monitor Managerial Factors and Operating Results.

3 Successful husiness

If a dental office runs its activity by keeping under control number of patients, quality of service and economic aspect, linking profits increase to patients' satisfaction. Now, if we ask both dentists (owners of their own activity) and good entrepreneurs, as well as their patients (the ones financing the dentist's activity) which is the reason of success for a dental office, most likely they would answer "the mission of a dental office is creating value for patients' health". This means that success of a dental office depends on the Quality Perceived by its patients.

Dental offices reach long lasting success, profits and stay in business in the long term only if they offer value to all stakeholders and assure customers' loyalty.



The Quality Perceived is the sum of four different qualities:

- I-Clinical,
- 2-Organizational,
- 3-Communicational,
- 4-Economic.

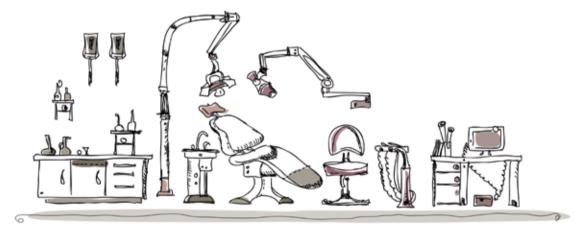
Such different qualities cannot be taken singularly, especially the clinical aspect. For example, being good is not enough and measuring success only through profit is a mistake. Not considering so and measuring success of a dental office just by economic aspect without focusing on marketing and management is inadequate, according to the author and to other emerging theories. Exclusive attention to capital, profit or just to patients' satisfaction can divert management's attention from what really counts: a balance between economic, human and market resources. Attention to profits is important but it cannot be the only focus of an enterprise, for instance an exclusive focus on Clinical Quality is not enough. It is not even enough to be in a good environment. A market, if it's not attractive, cannot be a good one!

Some dental offices use marketing and its different tools, such as advertisement and price, to obtain success. The risk of dental advertisement is to communi-

cate to patients that the dentist's objective is creating profit and, even if it is absolutely nothing new, it will lead to the impoverishment of the spirit and patients' motivation. Sooner or later the initial therapeutic, organizational, communicational and economic objectives will fail.

The success of an enterprise fails if the right balance is missing, alignment and orientation of all values constituting the strategic intent. Dental offices reach long lasting success, profits and stay in business for a long time only if they offer value to all stakeholders and assure customers' loyalty. Single focuses, or primarily on one of the Qualities, only bring to non strategic targets leading to short lasting success both in business and image and they surely do not guarantee competition in the long term. Professional and ethic marketing can be extended to the concept of satisfaction, amplifying the meaning of marketing and overcoming the common mistake of confusing "advertisement" with "marketing" and with "communication" without looking at the Quality Perceived by patients/customers.

We can agree that the mission of a dental office is to create value to patients' health, reaching the dentist's business and satisfying all those linked to the dental



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office (assistants, workers, partners, secretaries and technicians); in this way, such organization is perfectly in balance with times and with one's strategic intent.

4. A Business Excellence Management model

The origin of success in business could be attributed to the ability, awareness and sensitiveness of dentists (freelance entrepreneurs). Today their management becomes necessary to run a dental office with innovative means and criteria, developing new capacities of learning about the past, organising the present, seeing into the future and taking decisions. There are many problems preventing dentists-entrepreneurs from performing their duties. One is surely the lack of professional managerial knowledge, essential to really understand the different situations and problems and to avoid cognitive illusions, typical of most do-it-yourself dentists-entrepreneurs. In any case, it is important to remind to each dentist that reality is very different from perfection and that a perfect enterprise-dental office does not exist. There should be only an organization modelled to satisfy one's own business goals. Actually, it's important to introduce the concept of ideal reference organization, intended as an excellent organization, characterized by the capacity to maximize results and to reach, harmonically and coherently, stakeholders' satisfaction by measuring results. The ideal reference organization (or excellent) should not be intended as an undefined perfect organization, but it should have a good and coherent management system with specific targets to reach so as to remain competitive in the long term.

The organization as planned and conceived is suitable for its task as it does not carry any problems. It is characterized by adequate learning and communication and free from all infrastructures usually created to take care of the mess due to such errors.

In an excellent organization downtimes and mistakes don't exist, planning and decisions are correct, appointments are regularly taken. Targets, values and execution capacity are well defined.

The quote "words and deeds are often oceans apart" expresses the difficulty encountered on the way to excellence. The different recipes given by experts and the proposed organizational models towards excellence are theoretically considered valid but a real application of them meets great difficulties.

A dentist and his/ her management are in direct contact with reality every day. This means managina a real organization, full of problems and contradictions.



It is the value given to organizational processes that creates the path leading to the accomplishment of business targets and image.

A dentist and his/her management are in direct contact with reality every day....this means administrating a real organization, full of problems and contradictions. The results of a real organization often differ from the targets fixed by the business excellence model (ideal reference model) which defines its mission expressing its excellent ability. For such reason it's fundamental to always draft a Business Plan! The wider is the gap (performance gap), the more numerous and difficult are the problems in the real organization. Often the management lacks a systemic global vision of the management and business. The initial step is to be aware of the fact that the accomplishment of business targets and strategic intent (enterprise mission and vision) depends on the accomplishment of all stakeholders' expectations, each with different roles and participation within the organization. In any case, in order to reach business targets and image, the fulfillment of patients'/customers' satisfaction is a fundamental mission for a dental office-enterprise. Therefore, the ideal reference model to reach excellence in business, adjustable and customized, should include three basic elements linked to each other by a cause-effect relation: systematic factors (characterizing the organization as a system, leading the dental office towards its own strategic intent and targets), processes (through which a dental office organization accomplishes its own strategic intent and targets) and business and image results (expressing the accomplishment of the strategic intent and targets).

5. Processes Performances

Daily work occupies most managerial resources. Dentists tend to manage their activity and plans in the short term. Often the amount of problems, delays or deadlines forces them to focus and take care of emergencies only. Consequently the dentist ends up not having time for planning and managing processes effectively and efficiently but running after the most urgent and tangible problems, carrying with him/her assistants, secretary, collaborators and so on. In this way working in emergency strengthens, becoming the dentist's daily approach to work. In such a situation dentists forget that a managerial organizational process is where value comes from. In such bleary moments many dentists are unaware of the fact that if a managerial and organizational process is missing, Clinical Quality as well as business processes quality will be missing too.

Supply Chain Management means that the dental office carries out its strategic intent reaching its targets and those of its patients/customers.

Decisions must be rational and balanced by experience; they must be founded on real facts and on sufficiently accurate and reliable information. Efficient decisions are founded on the analysis of real data and information, logic and intuition. Lack of aims and of monitoring real results leads to a chaotic management, in such a situation a comparison between expected targets and final results is missing and any possible intervention to reach the expected results and a consequent process management is completely missing. The quality of decisions taken depends on the efficiency of the decisional process which depends on the ability of the dentist-manager to take decisions and on the conditions of uncertainty in which decisions are taken (coherence and stability, accuracy, speed, relevance and amount of available information).

It is the value given to organizational processes that creates the path leading to the accomplishment of business targets and image. An organization is capable of reaching competitive advantages only if it is capable of managing processes as a whole and not just one single strong factor. To guarantee a competitive advantage the management of the dental practice-enterprise must study and carefully comply with the processes, controlling and improving them all the time. Business success is, in any case, the result of an excellent process. To obtain excellent process results you need a first-rate structure, the right people and the right environment to operate in. Research and Team training are essential!

6. Conclusion

The perfect organization does not exist. Each organization has its own DNA, its own features, organizational architecture, resources, capability, leadership and strategic intent. Instead of looking for the perfect organizational structure, dentists-managers must learn to create their ideal reference model, the organization's excellent model, suitable for their task. It is the dentist-manager's responsibility, as well as the Team's organization, to lead the dental office as much as possible towards the ideal reference model, expressing excellence for one's own business. Regarding this matter, management training is fundamental today, in a market environment where patients' decisional processes are subject to constant changes and evaluations, thanks to access to new resources such as the Web, where the economic and financial management of medical activities is always more businessoriented with investments and risks and where excellence and quality are more and more the result of organization, investments, training and monitored procedures and where ethic marketing also represents an essential value to professional success.

HOT TOPIC

dentist's challenge

15 MINUTES WITH

Antonio Pelliccia



- Economist, business strategies direction and HR strategic management consultant. Some of his clients: Pfizer, Glaxo GSK, Sanofi Pasteur, Difa Cooper, Cantabria.
- Teacher in 5 prestigious italian universities.
- Author of more than 260 publications on II sole 24 ore, Infodent international, mediamix and so on.
- Members of scientific boards, such as Dental Tribune.
- TV chairman for Sky channels.
- CBO member of ClO (Italian Congresses of Dentistry); National consultant for ANDI (Italian National Dental Association); International Member of AMA (American Marketing Association).
- Lecturer in over 470 courses, seminars and international and national congresses.



What is WOHD?

World Oral Health Day (WOHD) is celebrated every year on 20 March. It is an international day to celebrate the benefits of a healthy mouth and to promote worldwide awareness of the issues around oral health and the importance of oral hygiene to looking after everyone old and young.

World Oral Health Day (WOHD) is celebrated every year on 20 March. It is an international day to celebrate the benefits of a healthy mouth and to promote worldwide awareness of the issues around oral health and the importance of oral hygiene to looking after everyone old and young. It is a day for people to have fun – that should be a day full of activities that make us laugh, sing and smile!

Why is WOHD Important?

Because 90% of the world's population will suffer from oral diseases in their lifetime and many of them can be avoided with increased governmental, health association and society support and funding for prevention, detection and treatment programmes. In addition, World Oral Health Day offers the dental and oral health community a platform to take action and help reduce the overall disease burden.

What is the theme for 2016 WOHD?

WOHD 2016 aims to get everyone to recognise the impact their oral health has on overall physical health and wellbeing to help inspire this change, the overall campaign platform will be: It all starts here. Healthy mouth. Healthy body

This powerful and engaging messaging is rooted in a global truth of oral health's wider importance, galvanising the audience to drive a movement for change. The flexible platform gives the opportunity to discuss multiple topics and audiences under one core message.

Who is the audience for WOHD 2016?

Everybody can take part in this initiative: health associations, specialist groups, member organizations and partners, governmental groups, students, teachers, the public generally, and to large and so on.

This year we want to be sure everyone is taking time to promote oral health in their communities and reach as large an audience as possible.

FDI World Dental Federation serves as the main representative body for more than one million dentists worldwide, developing health policy and continuing education programmes, speaking as a unified voice for dentistry in international advocacy, and supporting member associations in overall oral health promotion activities. Over the years, it has developed programmes, initiatives, campaigns, congresses and policies, always with a view to occupying a space that no other not-for-profit group can claim. IDF works at national and international level activities through its own and those of its member dental associations. It is in official relations with the World Health Organization (WHO) and a member of the World Health Professionals Alliance (WHPA).





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"Pay if you can" dentistry project launched in Dewsbury

People suffering appalling dental pain who couldn't register with a dentist have received emergency treatment thanks to the UK's first "Pay If you Can" dentistry project. Dentists are volunteering their time to help the most vulnerable people in their local communities who find it difficult to access NHS dental care.

The Real Junk Tooth Project has been launched by international dental charity Dentaid which is committed to eradicating dental pain across the world.

At Dewsbury Dental Centre on Thursday a steady stream of patients had teeth extracted, ending months of misery for many of them.

The scheme was launched after Paul Burr from community food initiative The Real Junk Food Project Dewsbury realised that many people in need could not enjoy the free meals the charity was providing because they were suffering toothache. He approached local dentists and Dentaid to set up the pilot project.

Dentaid has already been contacted by dental professionals across the country who are interested in establishing similar schemes in their areas. Andy Evans, strategic director of Dentaid added: "Dentaid is committed to eradicating dental pain whatever people's circumstances might be. We know the NHS does a wonderful job but some people are still missing out and they

are often those with the greatest dental needs. We're very excited about the prospects for this project as it moves forward." The Real Junk Tooth Project will run every Thursday evening at Dewsbury Dental Centre on Halifax Road (excluding December 24th and 31st) from 6pm - 8pm. No appointments are necessary, people just turn up and wait to be seen and only make a donation if they can afford to.

- To support the scheme please visit https://mydonate.bt.com/events/dentaiddewsbury/256492
- For more details about volunteering for the scheme email info@dentaid.org
- For press inquiries please contact press officer at Dentaid Jill Harding on 01794 324249 or jill@dentaid.org



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Jental Expo St.Petersburg

PRESS RELEASE ON EXHIBITION RESULTS

10 November 2015, Saint Petersburg

On 27- 29 October 2015, the 8th International exhibition of equipment, instruments, materials and services for dentistry Dental-Expo St. Petersburg was held in St. Petersburg, Russia. The exhibitors presented the equipment for dentistry and dental laboratories, dental

units and facilities, disinfectants, orthodontic construction materials, dental surgical instruments, modeling materials, dental cements, tooth whitening systems, appliances, etc. The leading Russian and foreign companies took part in the exhibition. Among them there were: Adin Dental Implant Rus, Alvic Medexpress, Amrita, Vladmiva, GlaxosmithKline, Medresurs, Olimp Dental, Raudentall, Techno-Dent-Group, TS-Denta, Center Coral , Eur-Med Neva and others.

The business programme covered:

- International Conference of Maxillofacial Surgeons and Stomatologists 'Modern Dentistry'
- Symposium 'Modern trends, technologies and innovations in the practical dentistry'
- Conference 'Integrated rehabilitation for patients with periodontal diseases with the use of implantation'
- Conference 'Innovative methods of diagnosis and treatment in dentistry and endodontics. The use of cone-beam com-

puted tomography and microscopy - a guarantee of the quality of endodontic treatment of any complexity'

- Master class 'Modern possibilities of endodontic treatment'
- Doctor E.A. Goncharov seminar 'The diagnostic system of integrated planning in dentistry. Understandable occlusion: physiologically based practical approach in the system of Dr. John Kois'

On 29 October Day of St. Petersburg Dental Association was held with participation of A.I. Yaremenko, President of Association, Dr. L. Orekhova, Professor, Vice-President of Association, and leaders of private medical centers, head doctors of dental clinics, members of St. Petersburg Stomatology Association.

The experts discussed the issues of dentist accreditation, continuing medical education, the Russian legislation amendments in the field of education. The special interest of restorative general practitioners was attracted by the reports of K. Redko and V. Zhirnovoy, lowers in the field of medical legislation.

St. Petersburg and Leningrad region were also discussed, as well as establishing the Association Expert Board. Mechanisms of interaction of the St. Petersburg Stomatology Association members and medical lawyers were offered.

Dental-Expo St. Petersburg was organised by PRIMEXPO, the Part of ITE Group, and DENTALEXPO. Among the organisers` joint projects there is the International Exhibition Dental-Expo St. Petersburg which will be held in St. Petersburg, Russia in spring 2016.





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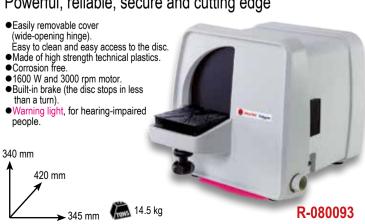
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BULMEDICA / BULDENTAL - the largest Bulgarian and regional exhibition for human and dental medicine is to celebrate its 50 years anniversary in 2016. The jubilee edition of the international exhibition will be held from 17 to 19 May

Every year, the exhibition showcases the best achievements and latest novelties in medicine, dentistry and dental technology. In the course of already half a century, generations of doctors and dentists come together to meet and share experience and discuss innovations in their practice.

This year's BULMEDICA / BULDENTAL will once again demonstrate new opportunities, achievements and best practices of specialists from the global medical community. "We will offer not only the latest generation of systems, technologies and equipment, but also a business program of useful events for the experts" commented Mr. Ivaylo Ivanov, Managing Director of Inter Expo Center.

The exhibition in 2015

In 2015, nearly 180 companies from Bulgaria and 12 other countries participated in the exhibition, including companies from Germany, Greece, Spain, Italy, Poland, Hungary, Romania, China and others. They presented more than 120 new products in 20 countries, including Australia, Austria, Belgium, Denmark, Korea, Japan, USA and others.

Nearly 13,000 physicians and dentists, dental technicians, nurses, health professionals, managers of healthcare facilities and businessmen paid visits to BULMEDICA /BULDENTAL.

The exhibition is organized with the support of professional organizations such as Bulgarian Medical Association, Bulgarian Dental Association and Bulgarian Pharmaceutical Union.



DenTech China is China's leading professional event for the dentistry technology industry. As the pioneer event of its kind with the inaugural event commencing in 1994, DenTech China has since grown 20 years in experience in organizing the must-attend conference for dentists seeking continued accredited education as well as international buyers, traders, and distributors looking to source high-quality and costs efficient products and equipment produced in China and throughout Asia.

Shanghai UBM Showstar Exhibition Co Ltd is a joint venture company formed in 2011 between Shanghai ShowStar Exhibition Service Co., Ltd. and UBM Asia Ltd. UBM Showstar organises DenTech China, serving the exhibitors and professionals from the dental industry and is committed to building an efficient communications platform for the industry around the globe.

With almost 20 years history, DenTech China achieved its unprecedented success in 2013 with over 630 exhibitors, including the German National Pavilion hosting 57 exhibitors, USA National Pavilion featuring 26 exhibitors and Korea National Pavilion featuring 24 exhitors. The 2013 event attracted over 69,100 and 15,500 visits for the exhibition and conference respectively. All the exhibitors who participated in 2013 have already confirmed their bookings for the 2014 show.

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Singapore Reaffirms Itself as the Hub for Dental Innovation

IDEM Singapore 2016 is the leading showcase in Asia Pacific for global innovations in dental technology.

IDEM Singapore 2016 is a key driver for clinical excellence and adoption of innovation in oral health and dental care throughout Asia-Pacific.

With technology developing at such a rapid rate, it is imperative that all dental professionals update their knowledge and skills in order to provide the safest and most effective care for the public. Modern dentistry is also undoubtedly dependent on advanced technologies in ensuring that dental care and oral health is easily accessible to consumers. As a result, dental professionals need to constantly upgrade, update and familiarise themselves with the technological advances in dental care. In recent years, dental professionals in the Asia-Pacific region have been early adopters of emerging technologies in their laboratories, dental practices and dental teaching. According to iData Research, the investment by the Asia Pacific market in digital dentistry products is valued at over U.S. \$10 billion.

To enable dental professionals, take advantage of the critical benefits of new digital technologies, IDEM Singapore 2016 has expanded its broad offering of education to include The Digital Dentistry Forum. The theme for the new forum is 'A Primer in Digital Dentistry - Practice and Laboratory Development for Clinical Excellence'. This introductory full day forum, to be held on the 10th of April, is open to dentists and dental technicians and its goal is to help dentists and dental technicians to navigate their way to the adoption of digital dentistry through understanding the process of change and the development of new skills necessary to harness the tremendous benefits of areas such as CAD/CAM, 3-D printing, and CAT scans. The forum will feature internationally-recognised experts in private practice and dental laboratories, who will be addressing, not just the benefits of digital technologies, but how to adopt them and transition to the delivery of dental care in the digital world. Dr. Jonathan Ferencz, world-leading prosthodontist from New York University College of Dentistry, and Mr. Lee Culp, CDT and CEO of Sculpture Studios, and other renowned experts and authors will lead the forum. To further cement its aim in striving for clinical excellence and highlighting the importance of innovative technologies, IDEM Singapore 2016 will also provide visitors with the opportunity to view the latest dental technologies and innovative products during the exhibition. Visitors can expect 550 exhibitors and, among them, more than 20% of current exhibitors are focused in the field of digital dentistry, including Creatz3D, 3Shape, Dentsply Implants, Planmeca, Sirona and many others.

"IDEM Singapore 2016 features the truly top-class clinicians from all corners of the globe who will share the latest skills and techniques in striving for clinical excellence," IDEM Singapore 2016 Scientific Programme Director, Dr. David Alexander, said, "With the mix of lectures, workshops, forums and roundtable discussions, IDEM Singapore provides a great opportunity for all dental professionals to interact with one another, gather new knowledge and information needed to make informed decisions about best practices and delivery of the finest patient care. IDEM Singapore has a proven track record of providing some of the finest learning opportunities in Asia-Pacific Dentistry. The 2016 conference is no exception, and presents an unsurpassed opportunity to gain knowledge and learn new skills from the world's finest clinicians."

Online registration for trade visitors and conference delegates is now open. Exhibitor list and conference details can also be found online. Please visit the website www.idem-singapore.com for more information.

About IDEM Singapore

IDEM Singapore, a specialised dental trade fair accompanied by a professional congress, has developed since its premiere in 2000 into the No. I dental event in the Asia-Pacific region. At IDEM Singapore 2016, participants will meet key decision-makers, strengthen valuable contacts with customers and partners, and explore the potential of an exciting growth market. For more information, please visit: www.idem-singapore.com.

IDEM Singapore 2016 8 - 10 April 2016 www.idem-singapore.com

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www.bulmedica.bg



Portugal will be the Guest Country of EXPODENTAL 2016

Madrid 10 December 2015- Portugal will be the Guest Country for the next edition of EXPODENTAL, an international exhibition of equipment, dental products and services. Organized by IFEMA in collaboration with the Spanish Federation of industry and healthcare technology (FENIN), EXPODENTAL will be held from the 10th to 12th march 2016 into the pavilions of the FERIA DE MADRID.

This initiative aimed to empower the invitation to the professionals of the neighbour country. This is supported by the proximity of both markets, by the opportunity to celebrate EXPODENTAL every two years, and by the special conditions that offers IFEMA to the guest country to encourage the visit into the exhibition. Not uselessly, in the last edition, the presence of Portuguese buyers represented the 45% of the international visitors

that come to the exhibition.

Expodental Madrid

In addition, EXPODENTAL 2016 will be bigger than ever, with the participation of 300 exhibitors and a large offer that for the first time will involve three pavilions of the IFEMA area (3, 5 and 7). An opportunity for the Portuguese professionals to meet the avant-garde technology and the international innovation of this industry, a context of a large sectorial representation that declares EXPODENTAL as the second exhibition of the European calendar.

Between the biggest novelties of this edition, we find the incorporation of the training area where is possible to find the job offers for the dental field for university students and professionals, a continuous education for professional and future professionals. Furthermore, Thursday 10th march will be celebrated the day of the student.

Moreover, as usual, at the same time of the commercial exhibition will occur the SPE-AKERS' CONRNER, a program that will presents the last treatments and technological progress of an industry that is in continuous development.





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Coelnmesse

Dental Technology from Germany @ Greater New York Dental Meeting 2016

Koelnmesse is organizing a comprehensive show case of the German dental industry at the well-established Greater New York Dental Meeting in 2016

The German dental industry will be demonstrating its capabilities in the USA in 2016. With an exhibition titled "DENTAL TECHNOLOGY FROM GERMANY," the Federal Ministry for Economic Affairs and Energy (BMWi) will present high-tech companies from the globally leading German dental industry at the Greater New York Dental Meeting from November 27 to 30, 2016. On the 600 square meters of the German Pavilion, about 30 exhibi-tors will showcase their latest products and cu-

stomized technologies for the growing US healthcare market. In parallel, an interactive special show called the Science Lab will enable visitors to experience at first hand the latest innovative solutions provided by the German dental industry for dentists' practices and dental laboratories.

These new products and processes have been developed to the point of market readiness in cooperation with scientific institutes. A high-caliber German guest speaker will make special-ist presentations at the convention accompanying the trade fair. The sector exhibition "Dental Technology from Germany" will be organized and conducted by Koelnmesse in close cooperation with the Federal Ministry for Economic Affairs and Energy and the Association of the German Trade Fair Industry (AUMA). A high-ranking representative of the ministry will open the "Dental Technology from Germany" exhibition in New York.

The Association of German Dental Manufacturers (VDDI) supports the activities of German dental companies all over the world. In 2016 the association will be celebrating its 100th anniversary. This special occasion was a major factor in the VDDI's decision to stage a special show of high-end products and treatment methods next year in a well-established buyer country such as the USA.

German dental companies have become reliable and outstanding trading and cooperation partners of the US healthcare industry. According to a VDDI study, in 2014 the German dental industry had a turnover of €4.637 billion* and an export share of over 62 percent. The USA is the second largest trading partner of the German dental industry, after the rest of Europe.

Through the German special show at the Greater New York Dental Meeting in 2016, as well as an evening reception that will be held by the German consul general for invited guests from the USA and Germany, the Federal Ministry for Economic Affairs and Energy aims to emphasize the excellent long-term economic relations between Germany and the USA.

* (\$5.17 billion)



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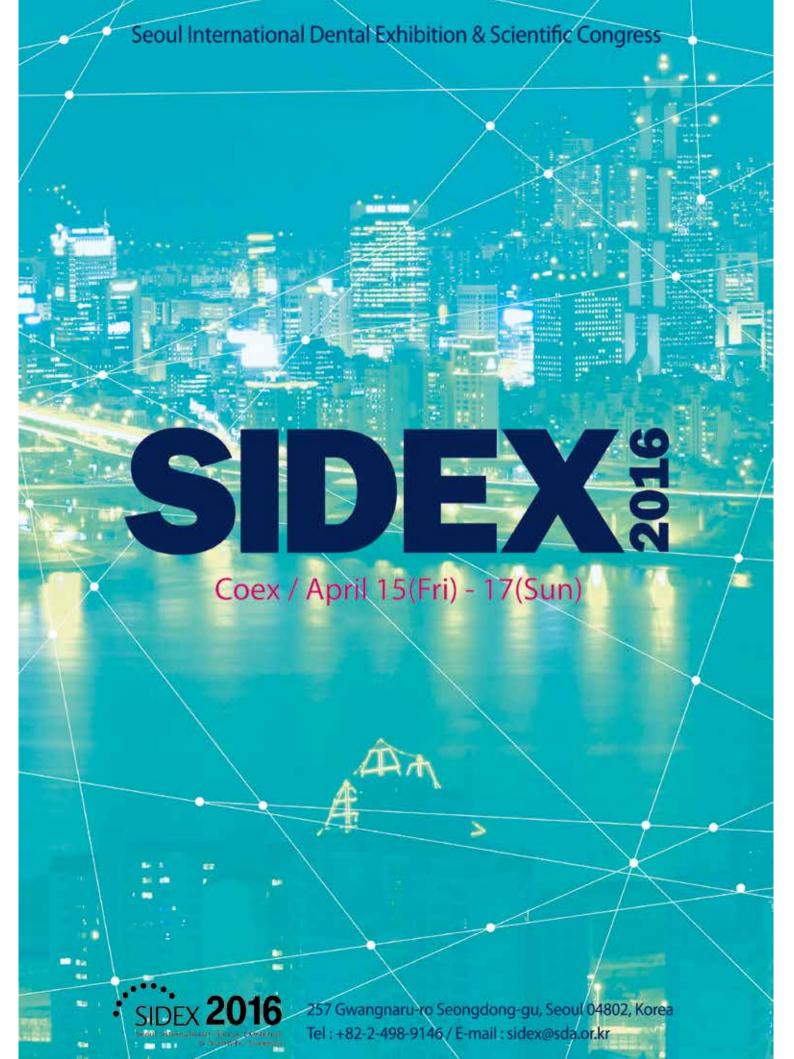
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· 02-04/02/2016

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Infodent Booth: G04 Hall: 3



· 25-26/02/2016

CDAMEX 2016 - Cambodia Dental Association Meeting and Exhibition

(Phnom Phen - Cambodia)

Cambodia Dental Association PO Box 1157, Corner of Preah Monivong Blvd & Preah Mohaksatreyani Kosamak Street

Phnom Penh Tel:+855 23 88 55 95 www.cambodent.org

March

• **02-05/03/2016**

Dental South China 2016 -The 21st Dental South China International Expo

(Guangzhou - China)

Organised by: Guangdong International Science & Technology Exhibition Com-

Address: c/o Department of Science & Technology of Guangdong Province, 171 Lianxin Road,

Guangzhou, 510033, P.R. China Phone: +86 20 83549 | 50 - 8355827 | -83561174 - 83517102 - 83547321 Fax:+86 20 83549078 E-mail: dental@ste.cn

Website: www.dentalsouthchina.com

- Exhibiting Contact: Cherry Wu, Christine Su, Hui Li

Phone: +86 20 8354 9150 - 8356 1174 -8355 8271

- Visiting Contact: Mabel Mai Phone: +86 20 8356 1589 - Email: dentalvisit@ste.cn

- Customer Service: Cathy Zeng, Kirsten

Phone: +86 20 8351 7102 - 8354 7321 -Email: Dental@ste.cn Venue: Area C, China Import & Export Fair Complex, Xin Gang Dong Road, Guangzhou, P.R.China

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April

· 08-10/04/2016

IDEM 2016 Singapore - International Dental Exhibition and Meeting

(Singapore - Singapore)

Organized by: Koelnmesse Pte Ltd
152 Beach Road
#25-05 Gateway East Singapore 189721
Ms Stephanie Sim
Phone: +65 6500 6723
Fax: +65 6296 2771
Email: s.sim@koelnmesse.com.sg
Ms. Corrine Zhang
Phone: +65 65006742
Fax: +65 6296 2771

Email: c.zhang@koelnmesse.com.sg Venue: Suntec Singapore Convention & Exhibition Centre Add: I Raffles Boulevard, Suntec City, Singapore 039593 www.idem-singapore.com

Infodent Booth: Level 4 Stand 4N-25



· 15-17/04/2016

SIDEX 2016- The 13th Seoul International Dental Exhibition & Scientific Congress

(Seoul - Korea, South)

Organized by:
Seoul Dental Association (SDA)
Managed by:
SIDEX Organizing Committee
81-7 Songjeong-dong Seongdong-gu
Seoul 133-837, Korea
Tel: +82 2 498 9146
Fax: +82 2 498 9147
E-mail: sda@sda.or.kr
Website: www.sidex.or.kr
Exhibition Venue: COEX
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2

• 14-17/04/201**6**

IDEX 2016 - 13th Istanbul Dental Equipment and Materials Exhibition

(Istanbul - Turkey)

Organised by: Cnr Kongre Ve Fuar Alani, Isletmeciligi A.S.
Cnr Ekspo Fuar Merkezi Yesilkoy-Bakirkoy-Istanbul
Tel: +90 212 465 74 74
Fax: +90 212 465 74 76
Website: www.cnrexpo.com
Venue: CNR Expo
Istanbul, Turkey
www.cnridex.com/Default.aspx?In=2

Infodent Booth: Hall 5 5L-18



May

1

17-19/05/2016

2016 Bulmedica - Buldental -50th International Specialized Exhibition for human and dental medicine

(Sofia - Bulgaria)

Organized by: Inter Expo Center Sofia, Bulgaria Tel: +359 (2) 9655 220 // + (359 2) 9655 279 Fax: +359 (2) 9655 231 Email: iec@iec.bg Website: http://bulmedica.bg/en Project Manager: Gabriela Lubenova Email: glubenova@iec.bg Tel: + (359 2) 4013 279 Fax: + (359 2) 9655 231, + (359 2) 4013 231 Venue: Inter Expo Center Add: 147, Tsarigradsko shose blvd Sofia - Bulgaria www.bulmedica.bg/en

• 18-21/04/2016

2016 Dental Salon Moscow -39th International Dental Forum & Exhibition co-located event 2016 DDS World Moscow

(Moscow - Russia)

Organised by: Dental Expo Postal Address 119049 Moscow, P.O. BOX 27, ZAO "DE-5" Currier Address B. Yakimanka 38A, I staircase, 2 floor (Metro "Oktyabrskaya", "Polyanka") Tel: +7 495 921 4069 Fax: +7 495 921 4069 Email: info@dental-expo.com Director of Moscow exhibitions: Natalia Khokhlova Email: rus@dental-expo.com Venue: International Exhibition Center "CROCUS EXPO" - Pavilion 2 Halls 8, 7 Moscow - Russia

www.dental-expo.com/dental-salon/eng/

· 27-31/05/2016

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Canada
Tel: +1 514 875 8511
Fax: +1 514 875 1561
E-mail: congres@odq.qc.ca
Website: www.odq.qc.ca
Venue: Palais des Congrès de Montréal ground level, room 220 BCDE
201 Viger Avenue West
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