

13th International Conference and Exhibition on

# DENTAL MEDICINE

August 08-10, 2016 Toronto, Canada

## **Keynote Forum**

Day 1



**Dental Medicine 2016** 

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Hance Clarke

University of Toronto, Canada

#### The role of hyperbaric oxygen therapy within oral and maxillofacial surgery

Hyperbaric oxygen therapy (HBOT) is a medical treatment defined as an intermittent inhalation of 100% oxygen in a hyperbaric chamber at a pressure higher than 1 absolute atmosphere. Physiological effect of HBOT is based on a dramatic increase in the amount of dissolved oxygen and leads to a net gain in oxygen concentration in tissues and subsequently induces growth of new vessels, restores tissue homeostasis, enhances white blood cells function and enhances effect of antibiotics. Health Canada has approved HBOT for several indications such as air or gas embolisms, carbon monoxide poisoning, decompression sickness, compromised grafts and flaps, nectoritizing infections, osteomyelitis and delayed radiation injury. HBOT is an established intervention in prevention and treatment of early osteoradionecrosis. Tooth extraction, dental implants and dental disease in irradiated areas can lead to the development of jaw and mandibular necrosis that could be prevented by the administration of a series of hyperbaric oxygen therapy before and after extraction or dental surgery. Besides its prophylactic role, HBOT has a remarkable therapeutic effect in established osteoradionecrosis. It promotes healing of the oral lesions, decreases pain, and improves truisms and muscle stiffness. HBOT should be considered in early infective processes that are resistant to initial treatment and must be considered as an adjuvant treatment in refractory mandibular/jaw osteomyelitis. It should be used in combination with antibiotics and debridement. HBOT is a safe and reliable treatment with very few contraindications and side effects. Clinical indications, common side effects and contraindications to therapy will be discussed.

#### **Biography**

Hance Clarke is an Anesthesiologist and Hyperbaric Physician. He has received his BSc in Physiology and Psychology from the University of Western Ontario and MSc in Neuroscience from the University of Toronto, Canada. After his Medical Doctor (MD) and Anesthesia Subspecialty training in Toronto, he received his PhD from the Institute of Medical Sciences at the University of Toronto. His areas of interest include the transition from acute to chronic pain and hyperbaric medicine.

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### Shiela M Strauss

New York University, USA

#### Intra-oral screening for diabetes among periodontal patients at dental visits

In the U.S., 29.1 million people have diabetes, including 8.1 million who are undiagnosed. An additional 86 million adults have pre-diabetes and are at risk for developing diabetes, but only 11% know that they have it. Fortunately, if they are aware of their pre-diabetes/diabetes status, people with pre-diabetes can delay and even prevent diabetes and early diabetes detection can lead to earlier treatment and lifestyle changes that may help prevent, delay and reduce its complications. Because of the bi-directional relationship between periodontitis and diabetes, some have supported screening for pre-diabetes/diabetes among periodontal patients, especially because millions of people in the U.S. visit a dentist each year but not a primary care provider. In addition, knowing patients' diabetes status enables dentists to optimize oral health care, as uncontrolled hyperglycemia increases risk of oral infections, medical emergencies during dental surgery and delayed post-surgery healing. One way to screen periodontal patients for pre-diabetes/diabetes involves collecting gingival crevicular blood (GCB), allowing it to dry on a blood collection card and sending it for laboratory testing. We describe our experiences using this approach to screen for pre-diabetes/diabetes with GCB. We implemented it with >400 patients who were receiving dental care at the NYU College of Dentistry. Results showed a correlation of 0.99 between screening results using finger stick blood and GCB and demonstrated the acceptability and feasibility of our screening approach to both dental providers and dental patients. Challenges and opportunities for dentists and their patients in implementing this screening approach will be described.

#### **Biography**

Shiela M Strauss has joined the NYU Rory Meyers College of Nursing Faculty in September, 2007, having begun her research in Public Health shortly after earning her PhD in 1996. Since coming to NYU, her research has especially examined the feasibility, acceptability and consequences of screening for diabetes at dental visits. She is also the author of over 80 papers in peer-reviewed scientific journals.

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## James L Ratcliff

Rowpar Pharmaceuticals Inc., USA

#### Oral care for and aging population: Evolving concepts of clinical and home oral care for seniors

In North America, Asia and Europe, the adult population is aging, and the prevention and treatment needs of this aging population are changing. In this Keynote address, Dr. Ratcliff reviews identified needs of the growing senior (adults +55 and older) population from selected research studies, examines implications for the changes in oral care practices in clinics, in home oral care and in home oral care products. Key issues to be examined include: The lack of medically measurable standards for oral health care (OHC) in many assisted care facilities, the apparent disparity in OHC among seniors as indicated by the prevalence of adult caries and DMFT scores in elderly patients, despite the recommendations of professional associations, the recommendation, prescription and use of fluoride treatments like pastes, varnishes and oral rinses with senior populations, is not consistent across senior populations receiving OHC, there is great variability in oral health literacy (OHL) among certain senior populations, yet the validity, feasibility and benefit of OHL instruments on intake have limited implementations, and seniors tend not to complete treatment plans. Quality audits of senior compliance with treatment plans can improve standards of OHC. We can conclude that OHC to seniors can be improved through better establishment of treatment standards, use of OHL instruments, quality audits and consistent use of high quality home oral care products to address the twin problems of adult caries and oral mucositis as well as lower the risk of broad systemic diseases among elderly populations.

#### **Biography**

James L Ratcliff is Chairman and CEO of Rowpar Pharmaceuticals, Scottsdale, AZ, makers of the CloSYS and Dentists' Choice brands of oral care products. He was a Professor and Senior Scientist at the Center for Higher Education at the Pennsylvania State University (1990-2000), Professor of higher education at the lowa State University (1979-1989), President of Performance Associates Consultants (1976 to present), Associate Professor, Florida Atlantic University (1977-1978) and Assistant Professor, Washington State University (1975-77). He is an author of over two dozen books and over hundred articles and has consulted with universities, research centers and higher education agencies on six continents. He is also a Co-Inventor with Elena Young of a patent application entitled, "Method for prevention and treatment of oral fungal infections".

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