The Vice Chancellor Dentist

The Man With Great Visions on Balancing the Science and Arts of Dentistry

Current Issues Impacting Dentistry in Malaysia

22nd MDA Scientific Convention and Trade Exhibition

2nd Sibu Dental Congress & Trade Exhibition
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Reference

YOUR PARTNER IN ORAL HEALTH
Message from the Editor
Financial challenges in 2015

Firstly, I am glad to inform that the Cover Story for this second issue of MDA Newsletter 2015 will feature a very prominent member, Y. Bhg Dato’ Professor Dr. Hashim B. Yaacob. He will share with us his experience of helming universities; that’s right, he was the Vice Chancellors of several public and private universities in Malaysia. Not many of us would have the knowledge and experience of doing so beside our routine bread and butter of dental works, and I am sure what he tells us will be an eye-opener.

This issue will include an update by the President and General Secretary and several reports from our different zones, not forgetting the just concluded 22nd MDA SCATE in late January 2015. In addition, it will feature three articles, namely a special report on current issues impacting dentistry in Malaysia, the second part of common medications used in medical conditions and their implications to the dentists, and lastly, a special article on financial planning which I believe is of importance to us to meet this financially challenging 2015. The final part of the article on common medications used in medical conditions and their implications to the dentists will conclude in the next issue of the MDA Newsletter. I hope you find the first issue informative and helpful. As for the trial of having a non-dental article i.e. the financial planning article, I can invite the author to provide us with more insight on financial planning in future issues if the response is favourable. Personally, I think this aspect of life is as important as our profession. A survey that I did with my current assistant editor, Dr. Bryon Ong when he was a dental student, together with a prominent taxation expert Assoc. Professor Dr. Choong Kwai Fatt some years ago found that dental students know nothing about financial planning. They did not even know the average life expectancy of average Malaysians (which is necessary to project the number of years we survive using our EPF/pension fund after retirement). This is not surprising as this subject is barely touched in curriculum of dental schools all over the world. I hope this article will make a difference to the way you manage your wealth, as I have learnt a lot from the author just by reading this article. I am contactable at ngeowy@yahoo.com and am happy to receive any feedback on the newsletter.

Thank you.

Prof. Dr. Ngeow Wei Cheong
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The 22nd MDA Scientific Convention & Trade Exhibition

‘A new year, a new beginning’… Malaysian Dental Association (MDA) had started off 2015 with a “Big Bang!” after it had successfully hosted the event at the Sunway Convention Centre from 23rd to 25th Jan 2015. The 22nd MDA Scientific Convention and Trade Exhibition 2015 was meaningful for the Malaysian Dental Association as it helped usher in the New Year 2015 after a tenuous 2014. On behalf of the Council, I would like to congratulate the Chairperson of the 22nd MDA SCATE and her organising committee for a job well done.

The 22nd MDA SCATE has once again proven itself to be one of the hottest dental events in Malaysia, with an increase in registrants, exhibitors, visitors, dental students and para-dental workers. A total of 2,500 participants for the 22nd MDA SCATE is one of the MDA records for our January event. And I want to thank all participants for making the 22nd MDA SCATE such a success!

The MDA SCATE has evolved imperceptibly over the years into a prestigious annual event for continuing professional development with a gathering of top international and local lecturers, clinicians, state of the art dental exhibition and MDA National Business and Society Leaders to discuss issues that may affect the global and local dental scene and well-being in the Malaysian dental scenario. The theme this year was the 3E’s of “Explore, Expand and Evolve.”

Forum: “Current Issues Impacting Dentistry In Malaysia”

The newly introduced Forum for the 22nd MDA SCATE to discuss issues that may affect the global and local dental scene and well-being in Malaysia, received overwhelming response from various stakeholders of dental profession. Participants found this forum timely, relevant, strategic, current, interesting and informative, and very useful for the dental profession. The only drawback is the time allocated for the forum was far too short.

The topics covered were:

a. The Medical Device Act
b. The National Specialist Registration
c. Human Resource Projection in the Oral Health Division of Ministry of Health
d. AFTA: Globalisation and Liberalisation

16th UM Dental Students Scientific Conference 2015

MDA representative Dr. Leong Kei Joe presented a poster of MDA activities in the 16th UM Dental Student Scientific Conference 2015, with the theme of “Transformation through Research Excellence”. MDA brochures and MDA membership registration form were also distributed to UM final year dental students.
The MDA Zone AGM

I attended the MDA Northern Zone AGM in Penang on the 1st March 2015, MDA Southern Zone AGM in Johor Bharu the 8th March and MDA Eastern Zone AGM on the 21st March 2015. On behalf of the Council of MDA, I wish to congratulate Dr Lim Chiew Wooi, Dr Ang Lai Choon for being re-elected as the MDA Northern Zone Chairman and Secretary; Dr Ng Ben Chuan and Dr. Lee Wei Zin for being elected as the MDA Southern Zone Chairman and Secretary; Dr Hj Abd Rashid Bin Hassan and Dr James Chu Kok Weng for being elected as the new MDA Eastern Zone Chairman and Secretary. And I want to reassure that MDA HQ will work together hand in hand with the Northern, Southern and Eastern Zone as One MDA, One Dental Family.

The 37th APDC in Singapore

A big delegation from Malaysia, consisting of 15 MDA council members and 40 MDA members, attended the 37th APDC in Singapore, held at the Suntec Convention Centre, from 3rd – 5th April 2015.

Dental South China 2015 and Dental Training Workshop for ASEAN Country

PRESIDENT Elect Dr John Ting and I were invited as VIP guests to the Dental South China 2015 in Guangzhou in early April 2015.

During the Dental South China 2015, we met up with Ms Leena Huang, the Deputy Manager of Marketing Department of the Guangdong Science and Technology Exchange Center (STE) to discuss on the collaboration between Dental South China and MDA.

GTIDEC Greater Taipei International Dental Exhibition & Conference - the 1st Asia Region Dental Association Summit ARDA

I was invited to the GTIDEC and the 1st Asia Region Dental Association Summit in the middle of March. The presidents of the National Dental Association who attended the 1st ARDA were invited to give a brief introduction on the National Health Insurance policy on Dentistry, Dental Public Health and Dental Profession present status in their country.

Oral B Silk road project on 26th-29th March, 1 Utama, Bandar Utama

MALAYSIA’S World Oral Health Day was launched by the Deputy Minister of Health, YB Dato’ Seri Dr Hilmi Bin Haji Yahya at the 1 Utama Shopping Centre, on 20th March 2015.

World Health Organization (WHO) had designated March 20th every year as World Oral Health Day to promote oral hygiene as part of overall health. The 2015 theme is ‘Smile for Life’, merging two concepts: ‘a lifelong smile’ and ‘celebrating life’.

World Oral Health Day is the one day of the year when we go that extra mile to ensure that oral health awareness reaches everyone in our community. It is the day when we let the world know about the importance of an oral health routine, and tell them it’s time to brush, rinse and chew. It is the day when we can give something back to those around us. One of the best ways to do this is by organising free dental check-ups. These check-ups can provide a huge difference for many people who find it hard to see their dentist regularly and a great way for dentists worldwide to make a big difference on the 20th of March.

A “Malaysia Book of Record” for the most number of participants in a mouthwash rinsing event (12 hours) was set during the World Oral Health Day 2015 celebration at 1 Utama Shopping Centre on 21st March 2015.
MDA-Colgate Oral Health Month

THE MDA-Colgate Oral Health Month was launched by Dr Khairiyah Abd Mutalib, Principle Director, Oral Health Division, Ministry of Health Malaysia on 9th April 2015 at Grand Hyatt Kuala Lumpur. The MDA-Colgate Oral Health Month is the Nationwide Oral Health Awareness Campaign celebrated in April throughout Malaysia. This annual campaign aims to educate Malaysians on the importance of good oral care habits and dental visits for a cavity-free future. “The call to ‘Fight Sugar, Fight Cavities’ and its subsequent activities will help us gain momentum towards a cavity-free 2020,” said Yang Berbahagia Dr. Khairiyah binti Abdul Mutalib, Principal Director of Oral Health Division, Ministry of Health Malaysia who officiated the launch. The theme for this year is ‘Fight Sugar, Fight Cavities’.

The campaign also supports the World Health Organization’s goal ‘Start Early, Healthy Mouth for a Healthier Life’. Oral Health Month will focus on driving the importance of early awareness and education to achieve the goal of ensuring that 50% of 6-year-olds are cavity-free by the year 2020. MDA had been working together hand in hand with the Oral Health Division of Ministry of Health and Colgate Palmolive to increase awareness of superior oral health.

Since its inception in 2004, the number of participating clinics for Oral Health Month has grown from 300 to over 784 participating clinics this year. Additionally, there will also be free dental check-ups at 12 roadshows across Malaysia.

The 72nd MDA AGM in Penang

THE 72nd MDA AGM will be held on 31st May 2015 at the Eastin Hotel in Penang, being a stand-alone event. The Organising Committee of MIDEK 2015 and MDA Council are in the view that MDA AGM should not be held in conjunction with the MIDEK 2015 as MIDEK has been rebranded as “a must-come International Scientific Conference and Trade exhibition”.

Amongst the highlight of MIDEK 2015 are as follow:

* A group of world and regional renowned speakers will be brought together to share significant new developments, scientific advancements and advanced clinical techniques.

* 11 limited attendance workshops which will allow you to master clinical skills and be the first to try out the latest dental materials and equipment.

* The future-oriented trade exhibition and the biggest trade exhibition organised in Malaysia in 2015.

* MDA Gala Night where you can network and reconnect with friends and colleagues.

The stand-alone MDA AGM will allow us to work towards our goals by making MIDEK a not-to-be-missed regional event.

Many pertinent issues impacting dentistry will be discussed, deliberated and debated in AGM and we hope members will be given sufficient time to raise issues of concern to them, besides giving constructive suggestions to bring our beloved association to greater height. So do come for this AGM, and take the opportunity to make your views heard.

MDA council is looking forward to hearing your feedback.
The Malaysian Dental Association is growing from strength to strength. The World Oral Health Day celebrations on March 20th at 1 Utama Shopping Centre brought together the MDA, the MOH and the Universities with strong support of the private sector to promote the importance of oral health to total health for Malaysians throughout the country. This was achieved by putting on a great show graced by the Deputy Minister of Health with the presence of over 40 journalists plus various TV stations. The news articles and TV broadcasts generated have upped the national awareness of the importance of oral health by a few notches.

The responsibilities of the MDA in promoting the art and science of dentistry for the benefit of the public are many and varied. They range from engaging the relevant authorities over issues like the GST, DSA, PDPA, Dental Act, MyCC, NOHRI, Health Financing and many more. Concurrently, the MDA also organises two major domestic and international conferences annually together with coordinating many more regional conferences and CPD lectures by various MDA Zones. Even though we have four full-time staffs, we need many more concerned dentists to come forward in a spirit of volunteerism and worthwhile sacrifice to represent the MDA and to speak up credibly on behalf of the profession in promoting the art and science of dentistry for the benefit of all life*. (*All life because in a council discussion, it was pointed out that many other forms of life has teeth and mouths besides the human race).

In resolving issues within and outside the MDA, we should do so with this end in mind, “How will this help to promote the art and science of dentistry for the benefit of the public?” In order to be a strong, visionary and effective organisation, we need to always preserve its existence. Conflict resolutions should always be done within the family of the MDA. Resorting to higher authorities like the courts or the ROS should only be done as a last resort after all other avenues within the family has been exhausted. It is inconceivably self-defeating, suicidal and ridiculously short-sighted for a member or members to threaten the existence of the MDA with a letter to the ROS at the drop of a hat. Just because the tooth has a hole, you do not yank it out and try to put in an implant. We fill it first and try our level best to save the tooth and extract it out only as a last resort because at best, a tooth implant is only a pathetic though functional imitation of the original.

The Malaysian Dental Association belongs to all of us. We call all available, willing and able members to come forward to volunteer to help represent the profession credibly and effectively at every level in order to promote the art and science of dentistry for the benefit of all. The profession must not be inward-looking but outward-looking. The MDA has much to contribute to nation-building and to the world by getting our act together. Each member should try their best to help move the MDA forward for the common good. The Council Members have only so much extra time and energy beyond their other responsibilities to their family and practice whether in private, public, military or university. There should be little or no indulgence in actions or disputes that take away this extra time and energy from the core business of the MDA which is to promote the art and science of dentistry for the benefit of our fellow humans and beyond.

Serving together with you.

Dr. Chow Kai Foo
Honorary General Secretary
Malaysian Dental Association
25th March 2015
The MDA SCATE Meeting 2015 concluded on Sunday, 25th January 2015 after three days of frenzied intensive dental deliberations. Boasting 2000 registrants with 50 Exhibitors and 101 booths, SCATE has evolved imperceptibly over the years into a prestigious annual event for continuing professional development with a gathering of top international and local lecturers, clinicians, state of the art dental exhibition and MDA National Business and Society Leaders to discuss issues that may affect the global and local dental scene and well-being in the Malaysian dental scenario. The theme for this year was the 3E’s of “Explore, Expand and Evolve”. The hallmark of success can be clearly seen with a buzz of anticipation at the lecture halls, a hive of activity at trade booths with animated discussion and meeting of fellow dentists at all the venues. The opening ceremony was glitch-free, all pre-congress masterclass, hands-on, poster competition, scientific programme and lectures were well-subscribed and apparently major complaints were glaringly absent. My glowing compliments and sincere congratulations to Organising Chairperson, Dr. Ng Woan Tyng and President, Dr. Teh Tat Beng.

Among the current matters discussed was “Current Issues Impacting Dentistry In Malaysia”, which was held on Saturday, 24th January at Pyramid Hall One attracting an audience of a few hundred dentists.

The topics covered were:

a. The Medical Device Act
b. The National Specialist Registration
c. Human Resource Projection in the Oral Health Division of Ministry of Health
d. AFTA - Globalisation and Liberalisation

Introduction

All human beings by and large desire a happy and comfortable life. An ideal situation is hard to achieve but hope springs eternal and a recent survey among Malaysian dentists revealed the following as real concerns amongst Malaysian dentists.

a. Good business income
b. Job satisfaction
c. Reasonable working hours and optimal quality personal time
d. Good dentist/Staff/Client interrelationships
e. Legal hazards
f. Substances dependence
g. Good working environment. Take a look into health, respiratory, occupational hazards, and hypersensitivity to dental biomaterials.
h. AFTA Dental Repercussions
Global Dental Outlook

Dental soothsayers have gazed into the crystal ball and the general consensuses of important issues that will impact dentists globally will in general terms comprise the following:

a. Next generation of dentists. Points to consider are sieving bona fide accredited dental schools from profit-oriented schools commanding high tuition fees. Dental graduates will then start dubiously with high debt burden. Geographical location for schools and dental practice become important.

b. Drop in income. Dentists nationwide across the board complained of 10% drop in fee collections. With GST and higher taxes, it is a real possibility the projected income will dip back to circa 2000 level as patients defer expensive treatment.

c. Use of National Associations. MDA will be envisaged as the dental umbrella for all dentists and will have to be bold, innovative, and proactive to move with the times.

d. The future trends in dentistry. Endodontics, orthodontics and restorative dentistry is making quantum leaps in improvement with a hidden cost naturally. There will be 3D printing, reduced use of metal casting and dental alloys. Dental implants will make headway as 80% of implants inserted are in the single tooth category. In dental radiology, CBCT will become integral to a future dental practice.

e. Corporate dentistry. This is a trend in developing countries with a decrease in solo practice as bulk dentistry means shared overheads and lower fees which will attract the average patient. Corporate dentistry promises quality dentistry at lower costs. The danger herein is that dentists could become subservient to savvy elite businessmen.

f. Electronic dentistry. The consumer trend of sales of dental products and services via electronic media is slowly but surely making inroads into the fabric of Malaysian life. Be prepared. Education, information, materials, devices and dental concepts can now be gleaned from the internet.

g. Globalisation and liberalisation. MDA should initiate something to mitigate any effects of this phenomenon which will come whether we like it or not.

Forum

“Current Issues Impacting Dentistry In Malaysia” was held on Saturday, 24th January at Pyramid Hall I attracting an audience of a few hundred dentists. Showcasing MDA, the attendance was impressive comprising past, present and future leaders of MDA, including senior government dental administrators, past presidents, well-known academicians, and dental surgeons, young and old with a mix of dental undergraduates. The moderator was Datin Dr Nooral Zeila Junid, Deputy Director of Oral Health Division, Branch of Specialist Oral Health, who was most efficient and tenacious in making the speakers stick to the topic and time sequence.

The global dental implants market is expected to grow at a Compound Annual Growth Rate (CAGR) of 9.7% from 2014 to 2020. It is forecast to reach an estimated value of US$7,879.5 million in 2020.

- Source: Persistence Market Research
1. Speakers
a. Dr Khairiyah binti Abdul Muttalib, Principal Director of Oral Health Division, Ministry of Health, spoke on human resource projections for oral health, cost studies for dental procedures, development of MOH dental specialist services, legislation and regulation on the practice of dentistry in Malaysia, issues of liberalisation and globalisation especially within ASEAN and overview of health, safety and quality in Dentistry.

b. Professor Dr Mohamed Ibrahim Abu Hasan, Chairman of the Deans Council of Malaysian Dental Schools and Chairman of the National Conjoint Board for Post Graduate Education.

c. Dr Chow Kai Foo Honorary General Secretary of the MDA.

d. Encik Zamane Abdul Rahman, Chief Executive of Medical Device Authority, Ministry of Health of Malaysia is an electronics engineer, who touched on drafting of medical devices bill.

2. Facts and Figures
a. Dr Khairiyah binti Abdul Muttalib was highly confident and in her element rolling off facts and figures without referring to a prepared script. She made the following points:

i. Dental Act 1971 needs to be updated for New Dental Act 2015 as things are progressing too little and too slowly. The AG Chambers is currently working on getting the new act formalised as soon as possible.

ii. The issue of powers of dental enforcement, unified professional qualifying examinations and removal of schedule 2 is long overdue.

iii. ASEAN Mutual Recognition Arrangement (MRA) of Dental Practitioners’ need to be addressed. Note: The ASEAN Vision 2020 on partnership in dynamic development visualise that by 2020 there would be a creation of a stable, prosperous and highly competitive ASEAN Economic Region which would result in free flow of goods, services and investment including mobility of dental practitioners within ASEAN.

iv. This then raises issues of best practices on standards and qualifications, recognition and eligibility of foreign dental practitioners, and a competent professional dental regulatory authority with the issue of mutual exemption and dispute settlement.

v. There is the spectre of 100% foreign equity in dental establishments. The Malaysian Dental Authorities are aware and will be vigilant on the impact. Unprecedented changes of too fast and too much may happen.

vi. The statistics for Malaysian citizens dental professionals graduating in 2014 is 50:50 ratio in terms of local graduates and overseas graduates.
vii. Originally human resource projection envisaged a dentist to patient ratio of 1:4000 Malaysian population by 2020. However current trends and statistics will result in a 1:3000 ratio by 2017! Needs and expressed demands for treatment all point to a glut and oversupply of dentists by 2020.

viii. There is also a need to temper numbers in the dental nursing line to rationalise numbers to justify treatment of school children. Check and balance is therefore important in human resource projections for MOH to get the correct formula in the long term.

ix. National Specialist Register (NSR) enforcement for dentists is in the pipeline and should gradually come on stream in line with our medical counterparts. Enrolment in the NSR is by application to the National Credentialing Committee managed by the Academy of Medicine Malaysia with the Ministry of Health. This will differentiate the roles and scope of general dentists and dental specialist in Malaysia. Dental specialists in public sector are gazetted by Government. Specialists are given a NSR number in the National Specialist Register with a certificate signed by Chairman of National Credentialing Committee (Current Director General of Health) and the Master of Academy of Medicine.

b. Professor Dr Mohamed Ibrahim Abu Hasan was his usual ebullient and learned self. Elaborating on Dr Khairiyah point of human resource projection by MOH, he stated that there had been a moratorium of five years in place on new dental schools since 2014. Current emphasis is on the quality of dental graduates and not quantity. In 2005, Malaysia had only three dental schools which mushroomed within three years to 10 schools in 2008. This explosive scenario culminated in a total of 13 dental schools in 2015 with two more in the pipeline awaiting the green light to start operations. We now have an infamous scenario where we have more dental schools than the United Kingdom in terms of numbers and also in terms of dentists to population ratio too!

To avoid a compromise on the quality of dental graduates, the following is considered on placement and quality of dental institution, dental lecturers, and facilities. Criteria are fairly strict in terms of dental school’s curriculum, teaching manpower, facilities and patient flow. The supply situation is that Malaysia now has 800 graduates from local dental institutions and 800 from overseas dental institutions giving a 50:50 ratio as alluded to by Dr Khairiyah earlier. There is now a need for Professional Qualifying Examination (PQE) to facilitate placement and also there should be a push to increase foreign nationals to enrol in our dental courses.

c. Dr Chow Kai Foo was statistically very meticulous and made the point that Dental Surgeons in Malaysia are a lucky lot. In the United States of America, dentists are rated as amongst the top five professions. Currently
dentistry in the world that we live in is becoming globalised and rapidly evolving in terms of clinical, patient and business practice. We are at a transition period and uncertainty invites increased regulations from the Authorities, stringent or otherwise, favourable or conducive which only time will tell. The Malaysian Dental Association is meticulously watching developments and will both be innovative and proactive.

i. Implant dentistry is promising and will continue to have a booming niche market. At a ballpark rate of US$3000 per implant to cover more than 20% of the US population who are missing one tooth or more and currently wearing dentures. In Malaysia too, the potential for implants growth is tremendous.

ii. Dental tourism and business volumes. World-wide dental care overall is worth US$ 100 billion a year currently. Dental tourism has a current world-wide market of US$20 billion. ASEAN numbers of 2012 revealed that Thailand dentists grossed US$5 billion in foreign dental income whilst the Malaysian medical and dental tourism sector grossed a mere RM600 million; Singaporeans grossed SG$2 billion in implant dentistry alone

iii. Freedom to practice freely at lower costs. Foreign health care in dentistry is projected to increase by 20% a year.

d. Encik Zamane Abdul Rahman, our MOH top electronics engineer turned medical devices expert, was very reassuring and competent with regards to materials and equipment used in dentistry. He stated that Medical Devices Licences (MDL) will cover all levels from manufacturers, local representatives, distributors and importers. The priority of MOH is safety of medical devices designed to be used appropriately and effective in the correct situation they are indicated/intended for. The following was alluded to:

i. Currently 70,000 to 100,000 dental products are under MDL and in order to facilitate smooth enforcement of Act 737, it is important for the Medical Devices Authority to issue draft guidelines on customs clearance, renewal requirement for product registration and change notification, including Class “A” notification so that all parties involved have sufficient time and resources for preparation.

ii. With reference to Malaysian Device Authority Circular No. 3/2014 on Exemption of Medical Device from Registration Requirements, the Medical Device Authority will abolish the List of Low-Risk Medical Devices Exempted from Registration (Appendix 1) due to the length of evolving medical device list and time-consuming for both regulators and industry. The recommendation for implementing Exemption of Low-Risk Medical Device from Registration should be rule-based on all Class “A” Non-Sterilise and Non-Measuring devices. Authorised representative should be given the responsibility and discretion on deciding the exemption of registration on this rule to comply with ACT 737.

iii. There are a lot of dental devices and equipment in the market and whilst all efforts are made to standardise approval and usage, some problems can still occur and feedback is welcomed.

e. Q & A: Professor Toh Chooi Gait raised the question of CPD courses conducted by the Private Dental Sector with two considerations of award of CPD points and legitimacy of the skills taught to enable general dental practitioners to perform complicated dental work which may be beyond safety concerns and their skill levels. Dr Khairiyah informed that CPD points have to go through the appropriate channels and MOH is monitoring short courses conducted by Dental Traders and suppliers.

2. Discussion

The topic itself is very strategic, current, relevant and excellent, and is very important for the dental profession. Unfortunately, the time allocated for the forum was far too short hence proceedings were rushed as time is of essence. Although the panel of handpicked forum speakers were all highly eloquent and impressive, there was no room for input, feedback and discussion with the floor and audience. Some senior MDA members have suggested that perhaps a proper forum could be conducted at an appropriate time and place to be discussed to its rightful conclusion with the proceedings recorded giving an official document for posterity. Input and feedback from the audience could then be factored and some recommendations made for presentation to the various stakeholders and governmental agencies.

3. Conclusion

Overall it must be mentioned that the Organising Committee was most proactive, efficient and did a wonderful job. I could detect an air of optimism, eagerness and genuine dental professionalism at the meeting. It therefore meant that the 22nd edition was a productive, successful and meaningful SCATE for the MDA. Once again congratulations to Dr Ng Woan Tyng and her merry committee, MDA staffs and the usual thoroughbred dental workhorses.
The MDA Scientific Convention and Trade Exhibition (SCATE) is an annual and much anticipated event on the scientific/dental educational conference calendar. The recent 22nd MDA SCATE was held at Sunway Convention Centre (SCC) in Petaling Jaya, from 23rd to 25th January 2015. Over 2,000 delegates from all over Malaysia and international dental professionals attended the 3-day conference.

The event was officiated by our Deputy Health Minister Datuk Seri Dr. Hilmi Yahaya. The main conference provided a wonderful balance of local and global experts, with 21 renowned speakers who shared their knowledge and experiences in various multidisciplinary lectures, very much befitting of our theme this year, “Explore, Expand and Evolve”. Among the notable speakers were Professor William Saunders from Scotland who lectured on Surgical Endodontics; brilliant orthodontist and smile artist Dr. Derek Mahony from Australia, Professor Dr. David Ngeow on Dentoalveolar Surgery from the Universiti Malaya, and also many other leading national and international specialists. Our event was also graced by the presence of Dr. William Cheung from Hong Kong, FDI CE Programme Director, who also lectured on Fiber Posts. The lecture halls were certainly filled to the brim with our deeply passionate and attentive dentists present at the convention.

Hands-on workshops provided our delegates with further opportunity for interaction and peer-to-peer learning. Dr. Michael K. Koceja from the United States, a foremost expert on lasers provided a half-day learning session on Laser Dentistry. Two other full-day workshops included the topics of Digital Dental Photography and Single-visit Clinical Digital crowns, as

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well as a Masterclass Programme on Invisalign Practice. Participants provided positive feedback from these workshops as they were able to acquire practical knowledge and skills from the experts first-hand.

More than 50 dental trade exhibitors participated in the Trade event and corporate symposiums were held to introduce cutting-edge technological advancements in various fields pertaining to dentistry and oral health. The main sponsor Colgate-Palmolive, Gold sponsor Invisalign and Silver sponsor GSK, Johnson & Johnson and also all members of the dental trade industry gave undivided support to the event, as well as contributing generously to the Wisma MDA Donation Drive.

A forum was held in this convention to deliberate upon recent national issues, including the potential impact of GST implementation and also the Medical Devices Act in the field of dentistry. In a similar light, the Medical Devices Act, AFTA: Globalisation and Liberalisation and the issue of the National Specialist Register (NSR) were also discussed by a panel of speakers from the Ministry of Health, Malaysian Dental Council and MDA. Delegates were updated with the recent development and implementation of our country policies to ensure that our healthcare remains ever efficient and sustainable.

President of the Malaysian Dental Association, Dr. Teh Tat Beng and the 22nd MDA SCATE Organising Chairperson, Dr. Ng Woan Tyng wish to acknowledge the considerable ongoing support of Sponsors & Exhibitors who assist in making this event successful. This year’s convention was notable for the positive tone struck by the speakers, delegates and traders as they consider future potential for new growth in technology and quality of dental care for our patients. MDA will continue to lead our dental community with more of such constructive events in the years to come.
For the first time ever in Sabah, Persatuan C.H.I.L.D Sabah organised the Walk For Autism in Sabah to raise awareness of this condition to the public. This event was held simultaneously at Tawau and Sandakan. Dr Leong Kei Joe, member of the MDA Eastern Zone, sat in the committee as Assistant Treasurer, to help organised this event and at the same time promoted this activity to all medical – dental colleagues. In Kota Kinabalu, this event was held at Perdana Park, Tanjung Aru, on 5th April 2014. A staggering total of 1765 individuals registered for this event. Sabah Women and Children Hospital alone sent in a total of 500 participants. Dr Leong took this opportunity to meet up with families with this group of special children to provide advice on oral health care and avenue for seeking oral health treatment.

The most entertaining part of the show was the mascot of the event, The Blue Iron Man. It has been a wonderful event and the participants enjoyed the walk and had an impact on how this group needed our attention as another entity of the society.
A Visionary on Balancing the Science and Arts of Dentistry

Born in a family of rubber tappers, Hashim Yaacob studied in the pre-university course at Institut Teknologi Mara (1968-1969) and was the first and only ITM and UITM alumnus to become the Vice-Chancellor of the University of Malaya (2003). He has been considered the Father of Modern Dentistry for Malaysia as he founded and established the Specialist Dental Surgery examination of the Royal College of Surgeons of England in Malaysia; founded the various postgraduate qualifications in Dental Surgery at the University of Malaya Malaysia; and engineered the recognition of the Bachelor in Dental Surgery degree of the University of Malaya by the General Dental Council of the United Kingdom. MDA News sat down with Dato’ Prof Dr Hashim Yaacob to find out the secrets to his success.

Interviewee:
Dato’ Prof Dr Hashim Yaacob
Ex Vice-Chancellor of the University of Malaya

Interviewed by:
Kashini Krishnamurthy
Paul & Marigold
What compelled you to choose dentistry in the beginning?

I did not choose to do Dentistry. Fate put me into it. When I went to Otago University New Zealand, I wanted to do a Bachelor Degree in Biochemistry.

How did your career in dentistry take off?

When I arrived at Otago University in New Zealand, I saw there were already many students doing Bachelor Degree in Biochemistry. In Otago, I met students Mazlan Othman doing Physics (later became Director General of the Government’s new Space Science Studies Division); Sri Nurestri doing Chemistry (currently Professor at UM); Mohd Noor Embi doing Biochemistry (later became Deputy VC of UKM); Mohd Noor Yusof (currently Chairman of MAS); Wong Tat Men doing Zoology (later became VC of Wawasan Open University); Lee doing Pharmacy (now famous Pharmacist); Balachandran doing Physical Education (later became Trainer of Sports for Singapore); Azimmudin Ghani doing Commerce (later became wealthy); and many more doing Accountancy, Economics, Botany, and many others.

No one was doing Dentistry! I wanted to be different so I chose to do Dentistry.

What were your hopes and dreams for the future when you first finished your dentistry degree?

I wanted to become a Specialist in Dentistry and wanted to be the Dean of a Malaysian Faculty of University. I was inspired by the Dean of the Otago Dental School who was famous for his invention of the Dental turbine. He was a Specialist Oral Surgeon with a number of Degrees. I wanted to be like him.

What are some of the key principles you have upheld throughout your career?

Honour, integrity, fairness and keen listening ear.

How does your family contribute towards your success?

Caring, for this is the heart of humanity. My family has not only been supportive of my professional career but also of the many other interests I very keenly pursue. My love of art, theatre and music is one that runs deep and this is also
reflected in how much time I invest in pursuing my other interests. I think that becoming a dentist is only one aspect of who I am. All the facets of what I love and enjoy make the person I am today and art is a very huge part of it.

If there was one thing you could have done differently, what would it have been?

I can’t say that I would have done things differently as the experiences, challenges and successes have led me to where I am today and I am grateful for this. I think as Malaysians, it would be in our best interests to be kinder to one another and foster stronger relationships without the prejudice of race and religion but that is my personal hopes for the country I cherish.

Has there been any significant events in your career that have made you alter its natural course?

Yes. The following are the events during my career that was significant:

I founded and established the Specialist Dental Surgery examination (FDSRCSEng- Part 1 and Final) of the Royal College of Surgeons of England in Malaysia; founded the various postgraduate qualifications in Dental Surgery (PhD, MDS, MDSc, MClinDent, MComDent, and MOrth) at the University of Malaya Malaysia; and engineered the recognition of
the Bachelor in Dental Surgery degree of the University of Malaya by the General Dental Council of the United Kingdom. I have established working relationships between the University of Malaya with over 50 world class Universities such as Cambridge, Oxford Centre for Islamic Studies, Frankfurt, Ohio, Peking, Xiamen, Fudan, Beijing Foreign Studies, Seoul and Cairo.

I am the only Dental Surgeon in Asia who has become a Vice-Chancellor of any University (four universities all together i.e. University of Malaya, Kuala Lumpur Metropolitan University College, Quest International University Perak, and Meritus University).

The above contributions have been significant in shaping up the course of the Dental Profession and Education.

What can the industry hope to see from you in the future? Any big plans?

I do not know. If the industry hopes to see anything from me in the future, then it would be fair to say that the industry and, my friends and I, in the Dental Profession should sit together to strategise for the development to the next level of the Profession.

Do you have any advice for young dentists entering the industry?

My definition of Dental Surgeon is one who works with his hands, mind and heart. Therefore, a Dental Surgeon should regard that his Profession is second to none and has its own place and part to play.
The 5th Borneo Dental Congress 2015 (5th BDC 2015) and trade exhibition cum 6th Malaysian Dental Association Eastern Zone (MDA EZ) Annual General Meeting was held at the Ming Garden Hotel & Residences, Kota Kinabalu from 20th-22nd March 2015. This year’s event had ‘Exploring Beyond the Boundaries of Conventional Treatment in Dentistry’ as its theme whereby the congress offered a platform for knowledge exchange, discussion and also networking among delegates from all over Sabah, Sarawak, West Malaysia, Brunei, Singapore and Australia. A total of 396 delegates have registered for the 5th BDC which marked the highest record of participation over the past five years since the 1st BDC meeting in 2011. The total number of dentists registered was 180 and another 150 were dental auxiliaries which exceeded the expected amount. The overwhelming response was also due to the unwavering support and encouragement given from the Deputy Director of Dental Health Services Sabah, Dr Misliyah binti Ahmad.

This year, the committee members had aspired to incorporate the Corporate Social Responsibility project (CSR) to 5th BDC by organising “Zipline for Hope” on 20th March 2015, we had 26 participants among whom 10 were from two orphanages - Rumah AS Sakinah, Kinarut and Rumah Anak Kesayangan, Sembulan. They were given the opportunity to experience a breathtaking bird’s eye view above the sea with the world’s longest island to island zipline at the Tunku Abdul Rahman Park, Kota Kinabalu. The children of these orphanages were also given a complimentary dental check-up and screening at the Ming Garden Hotel by volunteers from the Ministry of Health supported by the Deputy Director of Dental Health Services Sabah, before the opening ceremony. The Malaysian Dental Association Eastern Zone with the sponsorship of all participating traders and individuals had contributed a donation of RM3,400 to each of the two orphanages.

The Pre-congress workshop of 5th BDC was held on the 20th March 2015 with two concurrent workshops; with Dr Loh Kai Woh sharing his knowledge and experience on ‘Management of Malocclusion in Mixed Dentition’ and Dr Shalini Kanagasingam showing ‘A Complete Endodontic Solution with Rotary Protaper Next’. We have recorded a total of 37 attendees at these workshops.

This year, the committee members also made a difference to the 5th BDC opening ceremony by incorporating the element of forensic odontology by inviting renowned Forensic Odontologist from Malaysia like Brig. Gen. Dato’ (Dr) Mohd Ilham bin Haji Haron and Dr. Norhayati bt Jaffar as the Chief Minister of Sabah, Datuk Seri Panglima Musa Bin Haji Aman has shown profound interest in this aspect of dentistry. Dr. Norhayati enlightened the floor with the roles and protocols involved in the Ministry of Health for Disaster Victim Identification (DVI). While Brig. Gen. Dato’ Dr Mohd Ilham Haron, who is also the Expert Working Group in Forensic Odontology (EWG-FO) Chairperson, shared his experience in DVI involving the fatal incident of MH17 and also QZ8501 disaster. The 5th BDC was officiated by the Right Honourable Chief Minister of Sabah.
In his speech, he showed support to organisation like MDAEZ which contributes to the betterment of Sabah and society. His speech text was read by the Honourable Assistant Minister to the Chief Minister, YB Dato’ IR Edward Yong Oui Fah.

The 5th Borneo Dental Congress 2015 Trade Exhibition kicked-off with the ribbon-cutting ceremony and this trade fair provided an expanded showcase of the latest dental equipment from across the globe. A total of over 60 traders with 30 booths from 25 companies presented exhibits ranging from preventive and restorative treatment materials to surgical equipment and laboratory tools. As such, we were pleased to receive many visitors from the dental trade fraternity and dentists from all over the world.

Apart from the scientific programmes and exhibition, the 5th BDC 2015 informal night also added fun and laughter to the congress with various interesting and fun games involving all participants who attended this reception. There were almost 90 delegates who attended the informal night including congress speaker Dr Loh and wife, MDA president Dr Teh and wife, MDA council members, EXCOs and also delegates from all around the globe. The dinner was sponsored by the Right Honourable Chief Minister of Sabah, YAB Datuk Seri Panglima Musa Bin Haji Aman.

The MDAEZ AGM was held on Sunday afternoon and the new office bearer elected are as follows:

Chairman – Dr. Abdul Rashid Hassan

Hon. Secretary – Dr. Chu Kok Weng

Hon. Treasurer – Dr. James Chhoa

Exco members – Dr. Alex Lo Shen En, Dr. Edric Chik-Eurn Kho, Dr. Chen Yu Nieng, Dr. Cindy Chong Ei Yen, Dr. Stephanie Sim Wen Sann

Internal Auditor – Dr. Nurshaline Pauline Hj Kipli,

Advisor – Dr. Leong Kei Joe and Dr. Hu Chang Lek.

There were a total of three participations for the poster presentation and the poster presentation was won by Dr. Soo Nyuk Tsen with the title “Patients’ Knowledge and Expectations Regarding Dental Implants”.

The 5th BDC 2015 ended with a closing speech by the Organising Chairperson Dr. James Chhoa Jau Min and a lucky draw session. The congress also promoted the upcoming MIDEC which will be held from 10th to 15th June 2015 at KLCC Convention Centre, Kuala Lumpur.

The 5th BDC 2015 was indeed a success and history was made for MDAEZ. The 5th BDC 2015 provided an all-rounded experience with a good combination of trade fair, scientific conference and also hands-on workshop at the very door step for delegates from Sabah and Sarawak. The knowledge, insights and networking gained from this congress is important to keep all delegates up-to-date with the latest innovation in dental sciences, and allowed them to continue exploring beyond the boundaries of conventional dentistry for the benefit of the people.
The Malaysian Dental Association Eastern Zone had once again successfully organised another dental congress in Sibu, Sarawak i.e. the 2nd Sibu Dental Congress & Trade Exhibition 2014 at Grand Jasmine Ballroom, RH Hotel, Sibu from 22nd to 24th August 2014 with the theme “Aesthetic Dentistry: Where Beauty & Oral Health Meet”. This congress was officiated by the Guest of Honour, YB Dato’ Sri Wong Soon Koh, Minister of Finance (II), Minister of Local Government & Community Development, Sarawak.

Under the leadership of local organising chairman Dr Chu Kok Weng, a total of 105 registered delegates from Sarawak, Sabah, and Peninsular Malaysia as well as from overseas like Singapore and Brunei had participated in this dental congress for the second time in this beautiful Swan City of Sarawak. Besides scientific programme for dentist delegates, the organising committee had also organised an allied dental health seminar for the first time for our allied health auxiliaries like matrons, sisters, dental nurses, dental surgery assistants and dental technicians. There were a total of 118 allied health delegates registered for this congress. We had 10 renowned speakers sharing their expertise in Restorative and Aesthetic Dentistry, Endodontics, Orthodontics, Implantology, Oral Medicine and Oral Surgery. There were two pre-congress workshops conducted. The first one was conducted by Dr Jean Ong on “How To Make Patient Have Beautiful Smile” and the second workshop was conducted by Dr Chew Hooi Pin on “Posterior Composite Restorations: How To Enjoy Making...
It received overwhelming response from delegates.

Support from the dental traders had played an important role in making this event a successful one. A total of 20 traders had participated in this congress with GSK Sdn Bhd being the main sponsor and GC Asia as the sponsor for the Allied Dental Health Seminar, whereas speaker sponsors were Ultradent, AltisPro and Osstem Malaysia Sdn Bhd. The congress bag was sponsored by Advantechs Dental Laboratory.

An informal-night was organised by the co-organising chairman of this congress, Dr Mohamad Gurmeet together with Dr Law Siaw Wee, the Informal Night Chairperson where all the delegates and traders enjoyed themselves in the evening after a heavy lecture and workshop of the day. The informal-night was fully sponsored by Mayor Datuk Tiong Thai King, Chairman of Sibu Municipal Council.

Following the success of this event, we hope that all dental profession in eastern zone will continue to strike our team spirit towards the benefit of all people in this region.
Introduction

This was the first MDAEZ project with the Felcra Foundation which aimed to outsource the health facilities in the Felcra settlement and the population neighbouring its vicinity. This project was held exclusively during the school holiday (29th-30th November 2014) and gave the MDAEZ its first exposure in witnessing the “SUNATHON”, a circumcision procedure for the children, and also a ceremony prior to this occasion. This programme received the greenlight from the Malaysian Dental Council with Temporary Annual Practising Certificates granted to all the dental practitioners involved. This programme also awarded the dental surgeon with four CPD Points.

Date: 29th November 2014 (Saturday)

Venue: Sukau Health Centre, Kinabatangan, Sabah

Four Dental Surgeons, one dental nurse and four Dental Surgery Assistants were involved in this project with around 450 patients turning up for the programme. The dental team comprised Dr. Liaw Choo Nee, Dr. Faireeza Asmat, Dr. Abd Rashid, Dr. Hon Yan Ding, D/Nurse Femelia Fevestly Bakang, DSA Rosie Rose Anun, DSA Alicia Lisius, DSA Mary Anthony Golod and DSA Emenual Paulinus.

Since the main programme involving the medical team was the Sunathon, there had been a significant reduction in the number of children patients having their teeth checked. The dental team however, helped out during the circumcision procedure and witnessed a ceremony (see below under the heading - Sunathon) prior to the event.

Around 450 people stormed the vicinity to get their treatment done and also to gain more information on their health status. Puan Fadhilah Ariffin, The Secretary of Felcra Foundation told the MDAEZ team that she had never seen such a good turn up and she was surprised that the public was not afraid of seeing the dentists. Our dental team was always smiling and gave their best even though it was a boiling hot
Saturday. Besides giving the treatment, our dental team displayed their posters and dental models to relay information to the public on various dental health conditions.

Sunathon

The “mandi berbumbung” was a ceremony where the patients, mostly children were asked to bathe under a big cloth to commemorate purification and welcoming of adulthood with the least complexity in the future. It was also aimed to cool down their anxiety before the procedure. Most children enjoyed the occasion but later cried out during the procedure. It was a memorable event for our dental team.

Date: 30th November 2014 (Sunday)

Venue: Surau Felcra Settlement, Kg Beluran, Sandakan.

The team then continued their journey to Sandakan where they saw beautiful sceneries along the way. The treatment provided continued with the “Dentathon” and “Sunathon” with another good turn-out from the nearby society. Our Dental booths were visited by children, who were brought in class by class by their teacher to gain an update on their dental status even though it was a Sunday. Some of the children participated in the brushing drill with our dental team leading the session.

The team was satisfied with the outcome and hoped to return for a similar project next year. The MDAEZ wishes to thank Felcra Foundation, Kesura, Haluan, Martreck and other NGOs that made this programme a success. Most patients were very happy and hope the same programme will continue in the future. It received a good coverage by the local newspaper with the Daily News highlighting the event with comprehensive reports.
Foreword

The second part of this series looks into medications commonly prescribed for heart conditions. As stated in the first issue, it is the aim of the Editor to provide a quick update of some of the commonly prescribed drugs that are taken by our Malaysian patients, with a highlight of their implications in dentistry. So, this list is not exhaustive, and is not meant to be authoritative. Instead, it is my hope that some of the generic and brand names provided here will assist dentists to work out why their patients are on these medications. Dentists are advised to refer to the patients’ medical practitioners and pharmacist for details prior to embarking on invasive dental procedure. The Editor wishes to thank Dr. Nor ‘Izzati and Dr. Syahir Hassan for their kind contributions to this series. The final issues of this series, dealing with antihypertensive and asthmatic drugs will be published in the next issue of the MDA Newsletter. Happy reading!

Prof. Dr David Ngeow
BDS, FFDRCS Ire, FDSRCS (Eng), MDS, PhD, FAMM
Editor, MDA Newsletter

Common Medications Used In Medical Conditions & Their Implications To The Dentists: Part II

Drugs for cardiovascular diseases
Written by:
Dr. Nor ‘Izzati binti Mohtar BDS (Mal)
Post-graduate Resident in Oral and Maxillofacial Surgery
Faculty of Dentistry,
University of Malaya

Contribution on sympathomimetic drugs by:
Written by:
Dr. Syahir Hassan BDS (Mal)
Post-graduate Resident in Oral and Maxillofacial Surgery
Faculty of Dentistry,
University of Malaya
Drugs for Cardiovascular diseases

Cardiovascular disease (CVD) is a broad term used to describe a range of diseases affecting the heart and blood vessels. Abnormality in the blood vessels affects the lungs, brain, kidneys or other parts of the body. Being one of the commonest non-communicable diseases in the country, the Ministry of Health Malaysia has identified four modifiable causative risk factors for the disease which are unhealthy diet, tobacco use, harmful alcohol consumption and physical inactivity. However, it is important not to ignore other causes such as congenital and hereditary factors. CVD can be divided into:

- Hypertensive heart disease
- Ischaemic heart disease (a.k.a coronary artery disease)
- Heart failure
- Peripheral vessels disease
- Cerebrovascular disease
- Rheumatic heart disease
- Inflammatory heart disease
- Congenital heart disease
- Cardiac benign and malignant tumours

The National Health & Morbidity Survey (NHMS) 2011 depicted in the cardiovascular diseases highlights the followings:

- 15.2% (2.6 million) of adults 18 years and above have diabetes mellitus Type 2
- 32.7% (5.8 million) of adults 18 years and above have hypertension
- 35.1% (6.2 million) of adults 18 years and above have hypercholesterolemia

It has been shown scientifically that all these three diseases are linked to the cardiovascular disease. Due to the increasing trends in these situations, we as dental surgeons need to equip ourselves with adequate knowledge on all possible medications that these patients are taking and are knowledgeable on how it affects our dental management and treatments.

The first part of this column deals with drugs that affect the ability of the heart to pump.

### Nitrates

**Mode of action:** Potent coronary vasodilator. Causes reduction of venous return and reduces left ventricle pressure during systole to improve cardiac output.

<table>
<thead>
<tr>
<th>Class &amp; Mode of Action</th>
<th>Generic Name (Brand name)</th>
<th>Indications</th>
<th>Side Effects</th>
<th>Implications in dentistry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nitrates</td>
<td>Glyceril Trinitrate (GTN 300mcg Suscard) Isosorbide Dinitrate (Upsha, Isoket) Isosorbide Mononitrate (Duride, Elantan, Imdex CR,Imdur, ISMN 20/40 STADA)</td>
<td>- Prophylaxis &amp; treatment of angina - Adjunct in unstable angina - Heart failure - Induction of hypotension anaesthesia - Control HPT &amp; myocardial infarction (MI) during cardiac surgery</td>
<td>Tachycardia, throbbing headache, dizziness, nausea &amp; vomiting, syncope &amp; temporary hypoxemia, orthostatic or postural hypotension</td>
<td>1. NSAIDS antagonise the hypotensive effect of nitrates. 2. Orthostatic (postural) hypotension - Excessive fall in BP when an upright position is assumed. The consensus definition is a drop of &gt; 20 mm Hg systolic and &gt;10 mm Hg diastolic, or both. - Symptoms of faintness, light-headedness, dizziness, confusion, or blurred vision occur within seconds to a few minutes of standing and resolve rapidly on lying down. - Management include positioning patient to supine, monitor BP, HR and SPO2, and administer high flow O2 15litre/min - If baseline reading is achieved, allow patient to sit, then stand. - Refer to medical team for assessment.</td>
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<tr>
<td>Class &amp; Mode of Action</td>
<td>Generic Name (Brand name)</td>
<td>Indications</td>
<td>Side Effects</td>
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<tr>
<td>Calcium channel blockers</td>
<td>Nifedipine (Adalat LA, Adifen SR, Calcigard,Fenamon, Nifecip,Nifedipine LA/STADA)</td>
<td>- Propylaxis of angina</td>
<td>Throbbing headache, dizziness, nausea &amp; vomiting, syncope &amp; temporary hypoxemia, gingival hyperplasia, dry mouth, altered taste, orthostatic or postural hypotension</td>
<td>Calcium channel blockers are known to produce gingival enlargement, resembling that observed with phenytoin (Dilantin). While many agents have been implicated, isradipine is a notable exception and may be suggested to the patient’s physician if this problem evolves.</td>
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<td>Amlodipine (Amlodipine Winthrop, Amlong, Amvaz, Caduet, Camlodin, Covasc, Exforge, Lofral, Nordipine, Zynor)</td>
<td>- Treatment of angina</td>
<td>GIT disturbances, throbbing headache, dizziness, nausea &amp; vomiting, gingival hyperplasia, bradycardia, heart block &amp; hypotension</td>
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<td>Diltiazem HCL (Mono-tildiem SR,Herbesser)</td>
<td>- Hypertension and arrhythmias</td>
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<td>Verapamil HCL (Isoptin,Verpamil)</td>
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<td></td>
<td>Others (Israpidine, Lacidipine Felodipine, Lercanidipine)</td>
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</table>

| Beta Adrenoceptor Blockers | Carvedilol (Apo-carvedilol, Cavel, Carvepan) | - Treatment of angina | GIT disturbances, dizziness, vertigo, bradycardia, heart failure, postural hypotension, conduction disorders, peripheral vaso-constriction, broncho-spasm, thrombocytopenia, sexual dysfunction | |
|                          | Atenolol (Apo-tenidone Apo-atenol Normaten,NotenTarget, Tenoret, Tenormin) | - Hypertension and arrhythmias | | |
|                          | Bisoprolol (Lodoz,Concor) | - Migraine prophylaxis | | |
|                          | Others | - Adjunct in heart failure | | |
|                          | (Metoprolol, Logroton Pindolol, Labetalol, Sotalol, Propranolol TBetaxolol) | | | |

1. In non-selective beta-blockers, there is significant risk for acute hypertensive episodes in patients receiving vasoconstrictor contained in local anaesthetics, i.e. epinephrine/adrenaline. Advisable to record blood pressure and heart rate before administering LA- vasoconstrictor formulations and reassessment of those parameters 3–5 minutes after each cartridge is administered before giving another.  

2. Propranolol increases risk of bupivacaine toxicity. 

3. NSAIDS antagonise the hypotensive effect of beta-blockers.
The following part of this column deals with drugs that affect the concentration of blood, hence affecting its ability to stop bleeding/to clot. Please note that there are some duplication in this part with the drugs used to treat patient suffering from stroke, as has been published in the Jan-March 2015 issue of the MDA Newsletter.

<table>
<thead>
<tr>
<th>Class &amp; Mode of Action</th>
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<th>Indications</th>
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<tr>
<td><strong>Anti-platelets</strong></td>
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<tr>
<td>Decreases platelet aggregation and inhibits thrombus formation in arterial circulation</td>
<td>Irreversible COX Inhibitors</td>
<td>- Secondary prevention of thrombotic cerebrovascular event following bypass surgery, atrial fibrillation, stable angina, stroke &amp; MI</td>
<td>Bronchospasm, GIT bleeding &amp; other haemorrhage thrombocytopenia, prolongation of bleeding time, hypotension</td>
<td>1. Avoid concomitant use of aspirin with NSAIDS - Ibuprofen reduces antiplatelet effect. Based on this information, one solution is to instruct patients to take their daily aspirin upon rising and delay the first dose of ibuprofen for 1–2 hours. By this time the antiplatelet influence of aspirin will have been established.</td>
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<tr>
<td></td>
<td>Aspirin (Triflusal Grendis)</td>
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<td>2. Risk for gastrointestinal bleeding increases twofold to threefold in patients medicated with clopidogrel who are prescribed an NSAID concurrently.</td>
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<td>3. Ciprofloxacin, chloramphenicol and erythromycin reduce antiplatelet effect of clopidogrel.</td>
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<td>4. In general, it is unnecessary to interrupt antiplatelet drug therapy prior to dental surgery; risk for thrombotic events outweighs any slight risk for postoperative bleeding, which can be controlled with local measures. However, if the surgical procedure is so extensive that antiplatelet therapy poses a concern, consultation with the patient’s physician is essential.</td>
</tr>
<tr>
<td><strong>1. Irreversible COX Inhibitors</strong></td>
<td>ADP Receptor Inhibitors Clopidogrel (Plavix) Ticlopidine (Ticlid) Prasugrel (Effient) Ticagrelor (Brilique)</td>
<td>Prevention of atherothrombotic events, MI, ischaemic stroke, - adjunct to aspirin for patient unsuitable for warfarin</td>
<td>GIT bleeding, dyspepsia, abdominal pain, eosinophilia, hypersensitivity reaction (Stevens-Johnson), arthropalgia, lichen planus</td>
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<td>Used in combination with warfarin to prevent thromboembolism in prosthetic heart valve case.</td>
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<td>Dipyrimadole (Assasain Retard, Persantin)</td>
<td>(Aggrenox - aspirin/extended-release dipyridamole)</td>
<td>Note*: It inhibits platelet adhesion to endothelial surface by increasing cAMP</td>
<td></td>
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</tbody>
</table>

April-June 2015
### Oral Anticoagulants

#### 1. Vitamin K Antagonists

**Mode of action:** Reduces synthesis of functional clotting factors II, VII, IX and X via inhibition of vitamin K cycle, hence decreases platelet aggregation and inhibits thrombus formation in venous circulation.

<table>
<thead>
<tr>
<th>Generic Name (Brand name)</th>
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<th>Implications in dentistry</th>
</tr>
</thead>
</table>
| Warfarin (Warfarin sodium) | - Prevention of emboli in rheumatic heart disease and AF.                    | Haemorrhage, nausea & vomiting, diarrhoea, jaundice, hepatic dysfunction, purpura | 1. Many antibiotics enhance the anticoagulant activity of warfarin. However, the most significant evidence implicates metronidazole, tetracycline, and macrolide derivatives.  
2. The use of NSAIDs and COX inhibitors by patients receiving warfarin therapy increases the risk for gastrointestinal bleeding rather than antithrombotic events.  
3. The risk of significant bleeding in patients on oral anticoagulants and with a stable INR in the therapeutic range 2-4 is very small and the risk of thrombosis may be increased in patients in whom oral anticoagulants are temporarily discontinued. Oral anticoagulant should not be discontinued in the majority of patients requiring out-patient dental surgery including dental extraction. The risk of bleeding may be minimised by:  
   a. The use of oxidised cellulose (Surgicel) or collagen sponges and suture  
   b. 5% tranexamic acid mouthwashes used four times a day for two days  
4. For patients who are on warfarin which is usually stable, a check of INR is recommended 72 hours prior to dental surgery.  
5. Precaution in patients on oral anticoagulants with co-existing medical problems e.g. uncontrolled INR, liver disease, renal disease, thrombocytopenia or who are taking anti-platelet drugs. Such patients may have an increased risk of bleeding. They should be referred to a dental hospital or hospital-based oral and maxillofacial surgery department. |
| Acenocoumarol (Nicoumalone) | - Prophylaxis after insertion of prosthetic heart valve                      | Haemorrhage, hepatic dysfunction, renal damage, hypersensitivity reaction (e.g. dermatitis, leucopenia) |
| Phenindione (Phenindione)   | - Prophylaxis & treatment of venous thrombosis and pulmonary embolism        |                                                                               |                           |
|                             | - Transient Ischemic Attack (TIA)                                            |                                                                               |                           |

#### 2. Direct Thrombin (IIa) Inhibitors [DTI]

**Mode of action:** Direct competitive reversible inhibition of activated factor X and thrombin. There are three types of DTIs, dependent on their interaction with the thrombin molecule. Bivalent DTIs bind both to the active site and exosite I, while univalent DTIs bind only to the active site. The third class of inhibitors is the allosteric inhibitors.

<table>
<thead>
<tr>
<th>DTI</th>
<th>Indications</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis of venous thromboembolism m after total hip and knee replacement</td>
<td>Haemorrhage, nausea &amp; vomiting, diarrhoea, dry mouth</td>
<td></td>
</tr>
</tbody>
</table>
3. Direct factor Xa inhibitors

Mode of action: A class of anticoagulant drugs which act directly upon Factor X in the coagulation cascade, without using antithrombin as a mediator.

Xabans (Rivaroxaban)

Indicated as substitute of warfarin for stroke prevention in atrial fibrillation and a substitute of low-molecular-weight heparin for treatment and secondary prevention of venous thromboembolism or for initial treatment and prevention of venous thromboembolism in patients undergoing hip or knee replacement.

Side Effects

"Medically, there is uncertainty about dosing in patients with renal dysfunction or marked extremes of body weight, and their lack of specific antidotes and assays to measure drug levels in case of severe bleeding.

Implications in dentistry

1. Avoid concomitant use of aspirin with NSAIDS - Ibuprofen reduces antiplatelet effect. Based on this information, one solution is to instruct patients to take their daily aspirin upon rising and delay the first dose of ibuprofen for 1–2 hours. By this time the antiplatelet influence of aspirin will have been established.

2. Risk for gastrointestinal bleeding increases twofold to threefold in patients medicated with clopidogrel who are prescribed an NSAID concurrently.

3. Ciprofloxacin, chloramphenicol and erythromycin reduce antiplatelet effect of clopidogrel.

4. In general, it is unnecessary to interrupt antiplatelet drug therapy prior to dental surgery; risk for thrombotic events outweighs any slight risk for postoperative bleeding, which can be controlled with local measures. However, if the surgical procedure is so extensive that antiplatelet therapy poses a concern, consultation with the patient’s physician is essential.

References:


The last part of this column deals with drugs which promote the function of the heart, namely the sympathomimetics. Sympathomimetic drugs mimic the effects of sympathetic activation on the heart and circulation. Sympathomimetics stimulate the heart and cause vascular smooth muscle contraction and vasconstriction. They are indicated in conditions where it is appropriate to raise blood pressure by stimulating the heart and inducing vasconstriction. They are used for short-term treatment of refractory heart failure, cardiogenic shock, and hypotension caused by haemorrhage or sepsis. Because these drugs mimic sympathetic adrenergic stimulation, they can produce hypertension, excessive cardiac stimulation and cardiac arrhythmias. Sympathomimetics should be used with caution in thyrotoxicosis.
## Class & Mode of Action

<table>
<thead>
<tr>
<th>Inotropic sympathomimetic</th>
<th>Vasoconstrictor sympathomimetics</th>
</tr>
</thead>
</table>

### Inotropic sympathomimetic
- **Mode of action:** Stimulate the beta1 receptors in cardiac muscle.

**Generic Name** (Brand name):
- Dobutamine
- Dopamine
- Dopexamine Hydrochloride (Dopacard®)

**Indications**
- Inotropic support in infarction, cardiac surgery, cardiomyopathies, septic shock, and cardiogenic shock; cardiac stress testing

**Side Effects**
- Nausea, vomiting, chest pain, palpitation, tachycardia, vasoconstriction, hypotension, dyspnoea, headache; less commonly bradycardia, hypertension

**Implications in dentistry**
- Patient is too unwell to receive dental treatment.

### Vasoconstrictor sympathomimetics
- **Mode of action:** Act on alpha-adrenergic receptors to constrict peripheral vessels.

**Mode of action:**
- Adrenaline (epinephrine) acts on both alpha and beta receptors and increases both heart rate and contractility (beta1 effects); it can cause peripheral vasodilation (a beta2 effect) or vasoconstriction (an alpha effect).

**Generic Name** (Brand name): Adrenaline/Epinephrine

**Indications**
- Used as an emergency method for elevating blood pressure when other measures have failed

**Side Effects**
- Nausea, vomiting, anorexia; tachycardia (sometimes bradycardia), arrhythmias, anginal pain, vasoconstriction with hypertension, vasodilation with hypotension, dizziness and flushing; dyspnoea; headache, anxiety, restlessness, confusion, psychoses, insomnia, tremor; difficulty in micturition, urine retention; sweating, hypersalivation; changes in blood-glucose concentration; very rarely angle-closure glaucoma

**Implications in dentistry**
- Patient is too unwell to receive dental treatment.

**Dry mouth** - lead to caries, oral mucosa easily traumatize, denture becoming loose

**Use in cardio-pulmonary resuscitation**
- Nausea, vomiting, dry mouth, hypersalivation; arrhythmias, syncope, angina, pallor, palpitation, cold extremities, hypertension (risk of cerebral haemorrhage); dyspnoea, pulmonary oedema (on excessive dosage or extreme sensitivity); anxiety, tremor, restlessness, headache, weakness, dizziness, hallucinations; hyperglycaemia; urinary retention, difficulty in micturition; metabolic acidosis; hypokalaemia; tissue necrosis at injection site and of extremities, liver and kidneys; mydriasis, angle-closure glaucoma, and sweating

**References:**

1. MIMS Malaysia. (2013)
We spend our lifetime accumulating wealth and I am sure most will definitely strive to work harder this year to meet the challenge of the low petrol cost but weak currency climate and of course, the GST. Having said so, in our “business” in accumulating wealth, have you ever stopped to think of the need to plan for its conservation? Life is full of uncertainties and what is worth today may be reduced or lost with just a mere hiccup in financial system. Even if you are able to hold on to it, have you made sure your loved ones will be able to benefit from it?

This is where “Estate Planning” comes into picture. Estate planning which involves the drawing up of Will and/or setting up Trust, plays an important role in preserving your assets to protect and provide for your loved ones. It ensures an orderly transfer to your beneficiaries when we are no longer around. In essence, it relates to the preparation for the smooth succession, distribution and transfer of your assets to those whom you wish to benefit. The aim of this article is to clarify some common misconceptions that cause delay or at times failure to execute Estate Planning.

Q1: What will happen to my estate if I die without a Will?

In general, all assets will be ‘frozen’ upon death. Without a Will, unfortunately it may take years for your family to inherit your estate… …think of your dental clinic(s) being held up, and your loved ones not being able to hire a dentist to run it or to sell it to another dentist - scary, isn’t it? That’s your bread and butter, and theirs too. This happens because the estate would have to pass through a long drawn and tedious legal process to apply for Letters of Administration to administer the estate.

The following are the causes for this delay:

i. Firstly, your beneficiaries will have to determine who has the right to administer the estate. Problem may arise in appointing an administrator if your beneficiaries cannot unanimously agree on a candidate and refuse to renounce their right to act.

ii. Secondly, your beneficiaries may have difficulty to find two Sureties who can provide security for the administration of your estate. Please note that the purpose of providing securities is to protect and secure the creditors and beneficiaries against losses caused by improper administration of the estate, in case it happens. Hence, failure to find these two willing persons will cause further delay obtaining the Letters of Administration.

Worse, without a Will, the Law (Distribution Act 1958, amended in 1997) takes over and controls your estate distribution, which may not be according to your wishes. Table 1 below outlines the distribution accorded.
Table 1: Distribution to your loved ones in accordance to the Distribution Act 1958 (amended in 1997) if you have not drawn up a Will.

<table>
<thead>
<tr>
<th>In accordance to Distribution Act 1958 (amended in 1997)</th>
<th>ENTITLEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse only (no Issues and Parents)</td>
<td>Spouse – whole estate</td>
</tr>
</tbody>
</table>
| Spouse and Parents (no Issues)                           | Spouse – ½ of estate  
Parents – ½ of estate |
| Issue only (no Spouse and Parents)                       | Issues – whole estate |
| Parents only (no Spouse and Issues)                      | Parents – whole estate |
| Spouse and Issues (no Parents)                           | Spouse – 1/3 of estate  
Issues – 2/3 of estate |
| Parents and Issues (no Spouse)                           | Parents – 1/3 of estate  
Issues – 2/3 of estate |
| Spouse, Issues and Parents                               | Parents – ¼ of estate  
Spouse – ¼ of estate  
Issues – 2/4 of estate |

*Intestate refers to you upon demise. Please see Table 2 to understand details of the legal terminologies used in this table.

If you are a member of the sandwich generation, and in the event that you are called to meet your Creator without a Will and leaving behind surviving spouse, issues and parents, the distribution of your estate can become tricky when your parents are involved. As the deceased’s surviving parents, they will inherit ¼ of your estate. However, upon the demise of either one of your parents without a Will after inheriting the ¼ share from you, this ¼ portion will not be passed on to your spouse and issues. Instead, it will be passed on to your siblings (who are the issues of your parents). In this case, the interest of your spouse and issues may not be fully protected under Distribution Act 1958, and worse, not one or any of your (feuding) siblings inherit a portion of your dental clinic(s).

Table 2: Terminologies use in Distribution Act 1958:

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surviving spouse</td>
<td>Refers to a spouse who has survived the intestate and must have been legally married to the person at the time of the death. A divorced spouse is not entitled to a share in the inheritance.</td>
</tr>
<tr>
<td>Issue</td>
<td>Refers to legitimate child. A child born during the subsistence of the marriage to parents who subsequently divorced is legitimate. A child born after the parents are divorced will only be regarded as legitimate if it can be shown that the child was conceived during the subsistence of the marriage. An adopted child does not have the rights of inheritance unless that child is adopted legally pursuant to the provisions of the Adoption Act 1952. Stepchildren are not entitled to an interest in the intestacy unless they have been legally adopted.</td>
</tr>
<tr>
<td>Surviving parents</td>
<td>Refers to biological parents. Stepparents and parents by marriage are excluded.</td>
</tr>
</tbody>
</table>
Q2: What is the Probate Process? How long does it take to ‘unlock’ the frozen assets and distribute them to your beneficiaries?

The Probate Process is the application for the court order called Grant of Probate that allows for the administration of estate when death occurs. In summary, there are six steps for the Probate and Administration process:

Step 1-Filing petition to Court for Grant of Probate/Letter of Administration

Step 2-Notice to Creditors

Step 3-Compile Assets and Liabilities listing

Step 4-Payment of Debts, Liabilities and clearing of Taxes

Step 5-Distribution of Assets

Step 6-Compiling the accounts and report for closing of Estate

When the Creator has decided to call you home, it is important to determine whether you have left a Will. So, please indicate this to your loved ones if you have done so while you are still around. When there is a Will present, a petition for the Grant of Probate is made to the court by your personal representative (known as the Executor). Normally, it would take between 6 and 18 months and another 6 to 12 months to complete the administration of the estate. This is provided that you have drawn up a proper Will and all documentations are in order.

If there is no Will, a petition for Letters of Administration (LA) can be made by the beneficiaries of the estate as set out under Distribution Act 1958 (Amended in 1997). The process to apply for LA takes a very long time and the cost to administer the estate is a lot more expensive. Worse, the delay in transferring our estate to our loved ones may cause them further financial hardship.

Q3: Upon death, what are the expenses and cost of execution involved for the administration of an estate?

Firstly, your loved ones have to pay for your funeral expenses using their own fund, as your estate is frozen upon demise. Next, they must take steps to obtain a court order and locate your assets. The expenses incurred (which include lawyer’s fees and disbursements as well as court filing fees) usually depend on the fact whether you left a Will or otherwise. Generally, extracting Letters of Administration (in case of no Will) costs more than Grant of Probate (when there is a Will). In addition, your loved ones may need to appoint a professional body, usually a lawyer or Trustee company to do the estate administration work.

In accordance to Probate and Administration Act, state for Executor’s or administrator’s commission 43., the Court may, at its own discretion allow the executors or administrators a commission not exceeding five per cent of the value of the assets collected by them, but in the allowance or disallowance of the commission the Court shall be guided by its approval or otherwise of their conduct in the administration of the estate. In most cases, your loved ones have to initially pay the above mentioned cost and wait for reimbursement when the LA or Probate is extracted. Does your loved ones have ‘immediate’ cash to pay for all these expenses and the execution cost before inheriting your estate?

Q4: Do you wish to leave Assets or Liabilities to your loved one?

In accordance to the Probate process (Step 4) as discussed above, the estate needs to pay debts, liabilities and taxes before distributing your assets to your loved ones. Debts/liabilities include medical bills, credit card bills, housing loan, car loan, dental chair lease, personal loan or any other acts that have financial implications (e.g. as guarantor for a study loan). Upon death, if your assets are insufficient to cover debts, liabilities and taxes, the executor of your estate will attempt to sell whatever collateral you have (including your dental clinic & chairs) and pay off your creditors to the extent possible. The good news, is if this is still not enough to pay your creditors, your loved ones have NO responsibility to pay your debt further, unless your loved ones is joint account holder for a loan/credit card.

However, if your assets are insufficient to cover debts, your beneficiaries (loved ones) may get nothing after paying off your creditors. After losing their bread earner, do you wish to put them in this financial hardship? Thus, to ensure that you leave some Assets to your loved ones, please note that Trust planning is equally as important as Will drafting to protect the rights of your loved ones.

In conclusion, regardless of your net worth or age, it is your responsibility to ensure that your loved ones will not suffer emotionally and financially upon your sudden demise. Take the first step by completing your Estate planning, as it is a Gift of Love to your loved ones…Have a good year ahead. Please feel free to contact me at wenlee@faadvisory.my if you need further clarification
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