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THE DENTAL PROBE

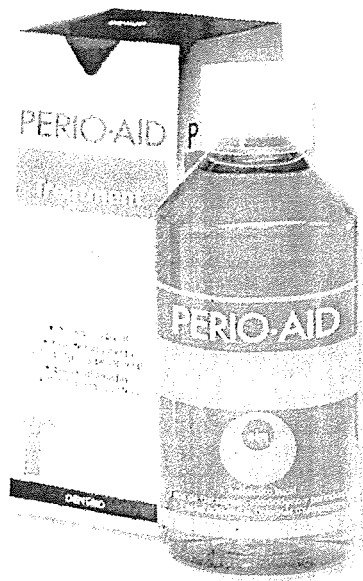
A NEWSLETTER BY THE DENTAL ASSOCIATION OF MALTA
FOR THE DENTAL PROFESSION

Issue No. 22

March 2007

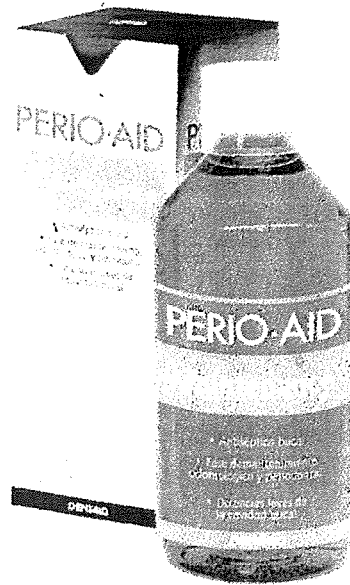


Dental Association of Malta - The Professional Centre, Sliema Road, Gzira GZR 06
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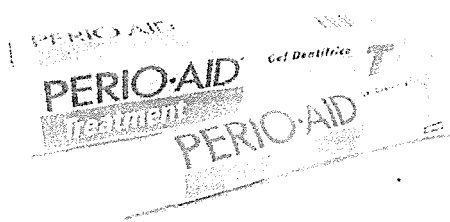
Perio-Aid Treatment Mouthwash
 Disinfect on dental interventions and in periodontal treatment.

composition:
 Chlorhexidine digluconate 0,12g
 Cetylpyridinium chloride 0,05g
 Excipient q.s. 100g



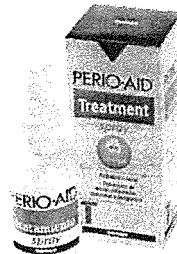
Perio-Aid Maintenance Mouthwash
 Antiseptic for daily use. Can be used after treatment phase or as a substitute for oral hygiene when normal brushing is not possible.

composition:
 Chlorhexidine digluconate 0,05g
 Cetylpyridinium chloride 0,05g
 Excipient q.s. 100g



Perio-Aid Treatment Gel-Toothpaste
 For patients with orthodontic appliances or implants, for periodontal maintenance and for patients at high risk for caries.

composition:
 Chlorhexidine digluconate 0,12g
 Excipient q.s. 100g



Perio-Aid Treatment Spray
 Disinfection in hard-to-reach areas (tonsils, tongue dorsum) or in patients with special needs.

composition:
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 Cetylpyridinium chloride 0,05g
 Excipient q.s. 100g

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Editorial

Dear colleagues,

Here's to another great year ahead with your wonderful association!

We have two new faces on the committee. We are blessed with the experience of Paula and the vitality of James. Tony has resigned but still holds his position on the Federation.

We still have Martha as our Queen Boudicca, Adam as our Machiavelli, Audrey as our Marco Polo, Edward as our Chancellor of the Exchequer; Alfred as our Bismark, and Kevin our Aristotle. I remain editor, PRO and chief whip.

We update you on our recent AGM in this issue and we wish you all a great year.

Please pay your subscriptions or I will have to chase you, and remember if your cheque bounces, so will you!

Please send remittances to :

Dr Edward Demarco
Treasurer DAM
Solemar
Triq il-Kitarristi
B'Bugia

Please send articles as Word Doc to me at :
empire@maltanet.net

Any artwork is to sent as jpg

Dr David Muscat B.D.S. (Lon)

ADAPTATION TO DENTURES **Some salient points**

by

Dr C.J. Boffa, BChD, BPharm, FICD, PhD
Formerly Consultant Dental Surgeon
Department of Health

Whilst fitting dentures, the dental surgeon does his best to satisfy three basic aims. The dentures should function well, be comfortable and look well. This acceptance by the patient depends basically on how well he or she is able to adapt to the new situation and this factor is of vital importance in prosthetics. The less adaptable the patient, the harder the dentist's task. The success of prosthetic service depends on various factors including advice, encouragement, etc. The dentures must be designed as to be physiologically compatible with the oral complex. Adding to one's knowledge helps.

With a view to looking better, certain individuals request a change in arch form or different teeth when requesting new dentures. In some cases these may prejudice the stability of the dentures especially when a patient had got used to his previous dentures for many years.

Aside this, where there has been excessive resorption in the lower jaw, the influence of the mentalis muscle should be taken into consideration. In certain cases, lip pressure should be kept in mind and it may be advisable to retrocline very slightly the incisors but allowing free movement of the tongue. It is essential beforehand to explain what the dentist has in mind and also any possible difficulties which may arise.

The retention of the full lower denture is to a considerable extent dependent on muscle behaviour and the exteroceptors in the surrounding oral mucous membrane govern this activity. As time goes on, the nervous system very gradually tends to form new reflex arcs to balance and deal efficiently with the sensory input. This varies between one individual and another. Of course continuous stress and debility can affect the level of

tolerance to dentures.

With advancing age there is progressive atrophy of the elements in the cerebral cortex and a consequent loss in the facility with which new muscular behaviour can be gradually acquired.

If a person mentions that his existing dentures have served him for several years and seeks new ones, because the teeth have been worn down and do not cut, it is advisable to cast a model from the fitting surface of the old dentures, so that to some extent these may help as a guide for the new one. One must ensure that the masticatory force is distributed over the denture bearing area in a balanced manner. Furthermore the phlanges should not be unduly deep to allow free movement of the tongue. Regarding the vertical height one has to be cautious. Generally speaking this should be raised slightly more than that of the old dentures, but not too much. This can be raised more where there has been a substantial loss. Some people are adaptable and some others are not. Fortunately in normal health individuals, the majority fall into the former category.

Three years ago during the "Smile for Health" conference, I was asked about a case of six years earlier when I was asked to give my opinion regarding the denture of a patient who had commenced legal proceedings against a dental surgeon (a very competent one). The patient claimed that although paying an above average fee for a new full denture, it was not functioning properly and had to revert to using the previous old denture. "We could learn from this case" colleagues told me.

The following is by no means a full account of the case. At first I was very reluctant to be involved more so when I got to know that another dental surgeon who had been asked for an expert opinion about this delicate case had not accepted to do so. In due course I evaluated the case.

It transpired that this respectable but rather tense patient had been wearing an old denture for nearly twenty years. He had some wrinkles, suffered from cheilosis and sometimes bit his tongue. The old denture was uncomfortable and

over the years its vertical height had decreased considerably. The teeth were worn down and he could not chew comfortably.

Angular cheilosis is sometimes linked with a nutritional deficiency of Vitamin B complex. However, in this case there was an indication that it was associated with a decrease of the maxillary-mandibular space or aggravated by this condition. His cheilosis had persisted notwithstanding medications. Quite rightly the dental surgeon had instructed the technologist to increase the vertical height of the new denture, but it seemed that he had not specified clearly by how much. The adjusted vertical height was somewhat excessive and this created difficulties. However, at the try in stage, the patient had not commented negatively and appeared satisfied.

I concluded that there were indications that the prognosis was unfavourable from the beginning through no fault of the dental surgeon. He had no doubt correct intentions, there was no negligence and in general terms was scientifically correct in increasing the vertical height - however this was

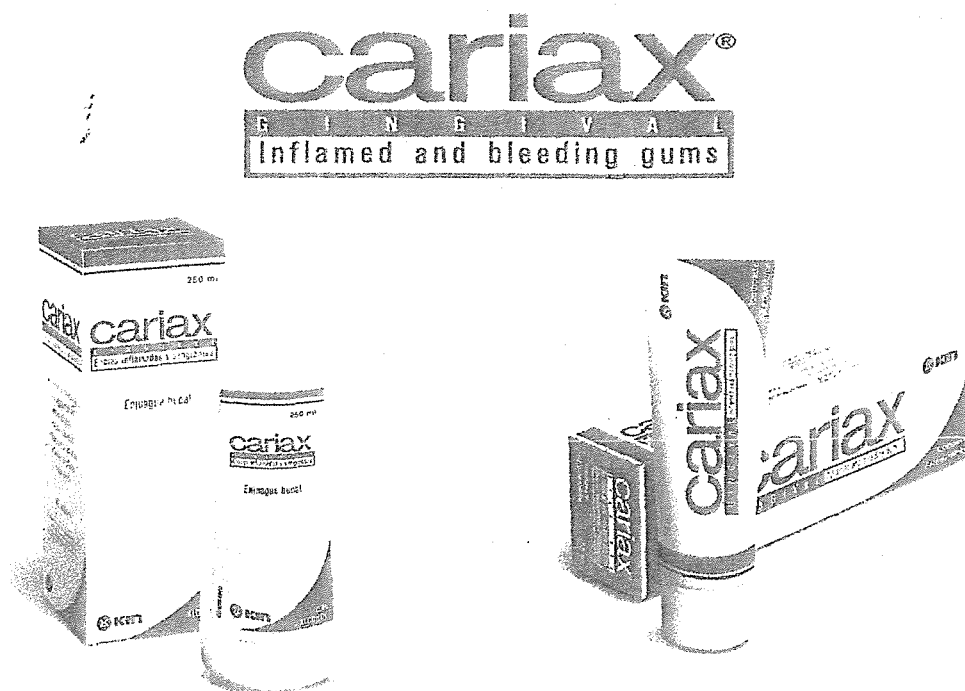
somewhat excessive, which created problems. The practitioner had mentioned to the patient that he had to exercise patience while adjusting to a new denture but the fact regarding raising the bite and increasing the vertical height could have been made more clear.

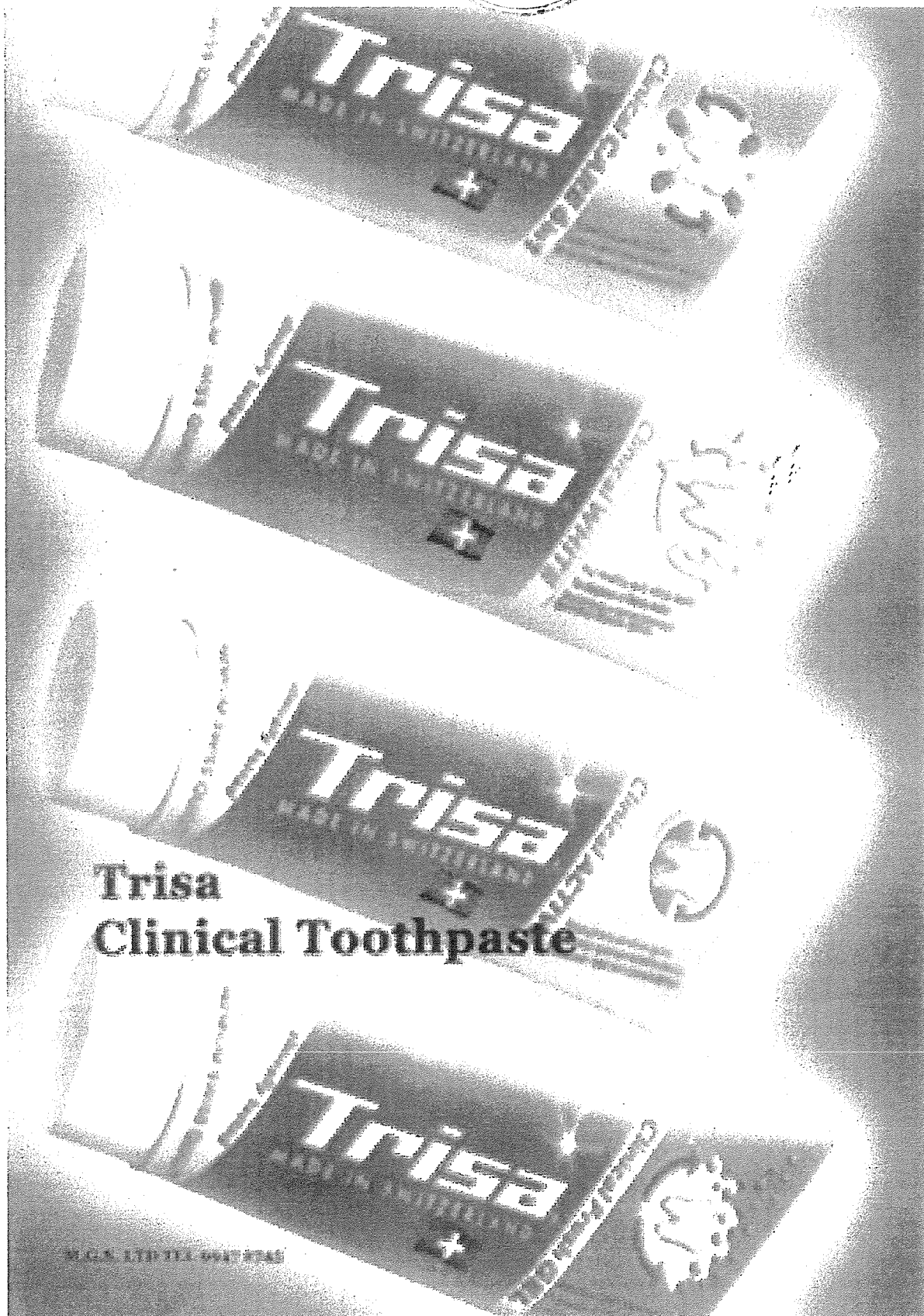
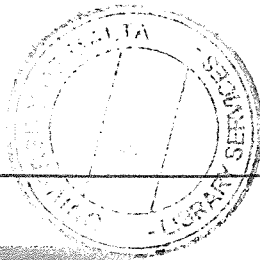
I suggested that the vertical height of a new denture - in comparison with the one which had been fitted should be reduced by almost half. The matter was settled amicably out of court. It was agreed that the patient would pay for only new expenses involved, but later the practitioner on his own initiative waived even these.

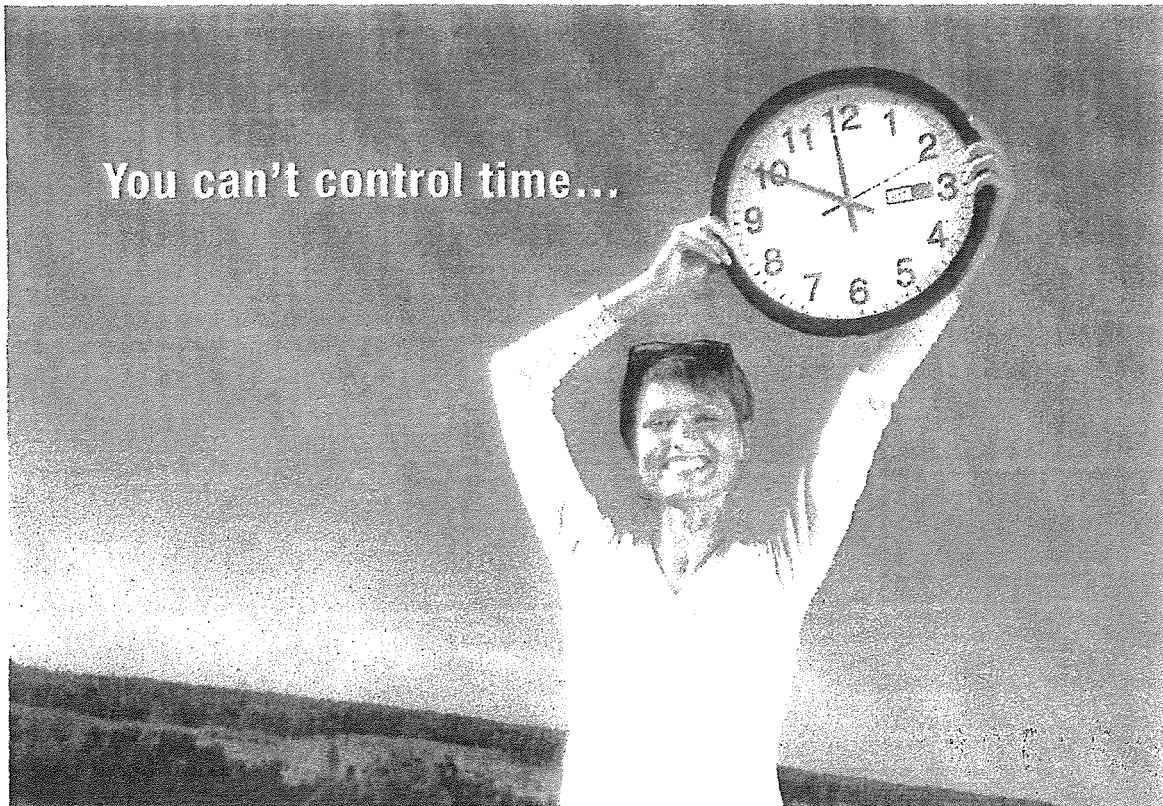
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Puzzle corner

As from this year, we are going to introduce a puzzle corner to stimulate our brain cells and relax at the same time. In this issue, we have a code breaker. For the first correct answer drawn, we are giving a *Ceram.X Mono Syringe Starter Package* kindly sponsored by **Bart Enterprises Ltd.** Send your results to the below address with your name and ID number written on the back to the following address:

The Editor
 The Dental Association of Malta
 Malta Federation of Professional Associations
 The Professional Centre
 Sliema Road
 Gzira GZR 06

The results will be drawn during one of our next lectures at the Professional Centre. Hope you enjoy.

26	23	22	19	4	17		18	4	10	7	21	21	13	4
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14	15	16	17	18	19	20	21	22	23	24	25	26

CUCCAGNA QUIZ

1. How many types of Sensodyne toothpaste are there?
2. What is the active ingredient in Sensodyne toothpaste that decreases sensitivity by blocking dentinal tubes?
3. What is the colour of the original classic pro Sensodyne toothpaste?
4. Does the original Sensodyne contain flouride?
5. After how many weeks using Sensodyne should a patient see a dentist if the sensitivity persists?
6. Is Augmentin bactericidal or bacteriostatic?
7. Is penicillin best taken before or after a meal?
8. Besides being excreted in faeces and urine how is clavulanic acid in Augmentin removed from the body?
9. What does Panadol Extra contain besides paracetamol?
10. What type of anaemia is contraindication for the use of Panadol?
11. How may Panadol interfere with anti-coagulant agents?
12. What does Panadol sinus contain besides paracetamol?
13. Below what temperature should panadol ideally be stored?
14. Mention a good denture cleansing tablet starting with the letter C ?
15. What constituent of a local anaesthetic solution may a patient be allergic to?
16. Does paracetamol work on the central or peripheral prostaglandin synthesis inhibition or on both?
17. Is Panadol safe during pregnancy?
18. What is the maximum dosage of 500mg Panadol tablets an adult can take over a 24hr period?
19. What is the maximum dose for children aged eleven?
20. Which organism can proliferate in the human gut if clindamycin is used too often?

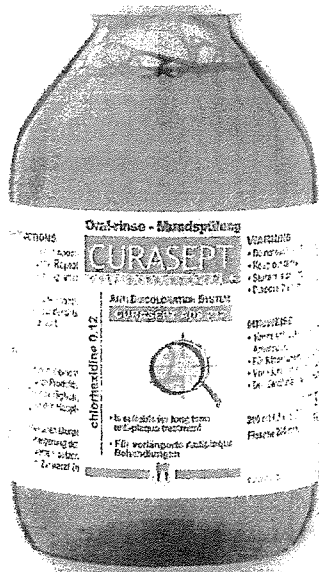
Cuccagna quiz answers

1. 10
2. Strontium chloride, potassium nitrate
3. Pink
4. No
5. 3
6. Bactericidal
7. Before
8. As CO₂ in expired air
9. Caffeine
10. Haemolytic Anaemia (G6PD deficiency) (This is now going to be amended on the instruction leaflet as thanks to DAM, the company has noticed it made an error in its contraindications after two members of DAM pointed out error.)
11. Affects Prothrombin time
12. Pseudoephedrine Hydrochloride (30mg)
13. 25 Degrees C
14. Corega
15. The preservative (a sulphite)
16. On both
17. Yes
18. 8
19. 4
20. Clostridium Dificile

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QALA
A PLACE FOR THE URBAN DENTIST
TO UNWIND

By David Muscat

As noon approaches on a sunny Saturday afternoon, we are queuing for the Gaudos .Ftira Maltija and cappuccino in hand, I am filled with sustenance and expectation.

As we enjoy the beautiful scenery of the inlets, stacks and coves of Comino, I realize just how lucky we are simply being able to do this, and how great it is to be alive!

In Nadur, I pop into the ironmongers in the quaint piazza behind the magnificent church and purchase the DIY items I intend using that weekend.

At Qala square I cannot resist some take-out Gozitan pizzas, "bl-ancovi u l-patata", and some ice cold export beers from D bar, as I make my way slowly up the meandering hill to the highest point in Qala where I have my hide-away.

As I park my car in the piazzetta in the shade, the cheeky ginger cat and the kelb tal-fenek eye me lazily with indifference from the pavement and then curl up again and go back to sleep. This is not a time to be disturbed!

We then walk up the steep alley avoiding canine droppings and are greeted by a fierce gust of wind. There is a sweet smell of fennel and the cicadas are shrilling.

This noise is complimented by the intense buzzing of the wasps. The wasps are crazily encircling the open figs and pomegranates on the adjacent trees and getting into a drunken frenzy on the fermented juices as the lizards dive for cover in between the layers of the "hajt tas-sejjieh."

We pass under an ancient arch supported by massive "tal-kantun" slabs in which are embedded scores of white shells.

As I open the tiny front door, two golden-eyed

geckos dart across the courtyard and a giant black beetle hides shyly in the corner.

An earwig squares up to another using its "mqass" "under the bougainvillea as some pink petals fall slowly onto the "cangatura" floor.

The walls are about a metre thick and over 400 years old, u "rega beda jfarfar".

Since last weekend some arachnoids have again shyly spun more webs and their prey of cocooned wasps just hang there. All that remains of them is a transparent exoskeleton where the insides have been disengorged.

I look up through the conservatory and I wince as the glare of the sun is intense.

The red dragonflies mate happily just skimming the surface of the pool whilst in mid-flight. The beautiful yellow butterflies dance across the water and the garden, having happily metamorphosised in peace undisturbed, in the vast jungle of cacti, prickly pears, yucca fig and pomegranate trees nearby.

The sparrow "frieh" nesting at the top of the palm tree chirp hungrily away, and the smelly woodpigeon from the nearest "barumbara" deposits another pellet near the ledge!

A scorpion raises its tail as I approach the "spiera". I pick several pomegranates from the "tar-rosa" trees, planted years ago to ward off the evil eye (Qrun). The fruit is ripe-we have after all had the first lightning showers.

Under a roof supported by kileb and a pastaz I stare out into the fields where hundreds of white snails line up like soldiers on the fennel stems sucking the elixir of life from the stomata, and hoping they will not end up as fishing bait.

Facing south I glimpse the bay of Comino and to the north the magnificent cliffs overlooking Dahlet Qorrot where once an exiled priest first sailed into Gozo and whence the bay derives its name.

Qala once inspired Anton Buttigieg, and his modest birthplace remains untouched yards



from Zeppis Pub.

The remains of the three hermits who were the first Qala settlers can be found within the church.

Early evening and a herd of goats is busy eating away at the leaves of the trees at the end of the alley and in the fields nearby a woman in a faldetta with a tal-kacca dog tends to her grazing sheep wielding a stick.

After working for a couple of hours, followed by a well deserved swim, the family head down to Marsalforn to enjoy some Gozitan fare just feet from the dghajjes, whilst the gentle waves lap the shore.

Late evening on the terrace one can witness the bats dancing as they fly under the lanterns in the piazza below, as the festa fireworks light up the sky over the Citadel.

After a peaceful night, the cockerels wake me at the crack of dawn, followed by the barking of dogs and the fishmonger's cries of "ara hajjin". It is lampuki season.

The church bells are playing the "Ave Maria" agonizingly and tantalizingly slowly, and in the distance the sound of gunshot echoes off the cliffs. Breakfast at Café Royal is followed by mass, where one is spoilt for choice.

Mass at Qala church at 8am on a Sunday is co-celebrated by an unfortunate priest who seems to have a large pleomorphic adenoma growing on the left side of his face. Several attempts to quiz him about this were quickly dispelled by my better half.

A swim in the glorious sandy beach of San Blas, or the far extreme of Ramla bay or the pebbly beaches of Dahlet Qorrot or Hondoq ir-Rummien is usually followed by some great pasta at ta Vestru. Otherwise diving off Mgarr ix-Xini and climbing back up using the coarse rope dangling from the side of the sharp cliff can be followed by fresh fish grilled outside at the bar at the shore.

After a refreshing shower, I head back to the

urban sprawl, reinvigorated, to face another week of battling caries and staring down root canals and again dabble in spittle, counting the days till we return to the charming island that captivated Ulysses.

TREASURER'S REPORT 2006

Thank you all for attending this year's annual general meeting. This past year has been another positive year for the dental association, thanks mainly to the hard work put forward by the committee. We've had numerous lectures organized and various activities that have been kindly sponsored by the dental companies.

We've had 129 total members last year, which would total out to about 75% of all local dentists. That is a very encouraging target. However, I must confess that had it not been for the hard work and persistence from David, that number would have been much less. As such, as from this year, the committee has decided to include a deadline for membership enrollment, after which non-members will not be sent the dental probe, invites to lectures or activities. I would thus urge your collaboration to try and make being members in the association something to look forward to. The fee is negligible when one considers the amount of work that is carried out throughout the year.

This is a breakdown of the accounts during this past year:

Income:	
Members	Lm 2174.00
Activities	Lm 1837.65
Lectures	Lm 534.04
Dental Probe sponsors	Lm 1116.00
EU government funds	Lm 560.00
<i>Sub-total</i>	Lm 6288.92
Expenses:	
Membership and Federation fees	Lm 1788.53
Activities	Lm 1848.06
Lectures	Lm 1315.57
EU Member trips	Lm 647.82
Postage & Stationary	Lm 305.00
<i>Sub-total</i>	Lm 6411.89
BBF 2005	Lm 3491.67
Balance	Lm 3368.70

I thank all the committee members for the efficient running of the association and hope that this year we'll have the same success.

Dr. Edward Demarco
Hon. Treasurer DAM



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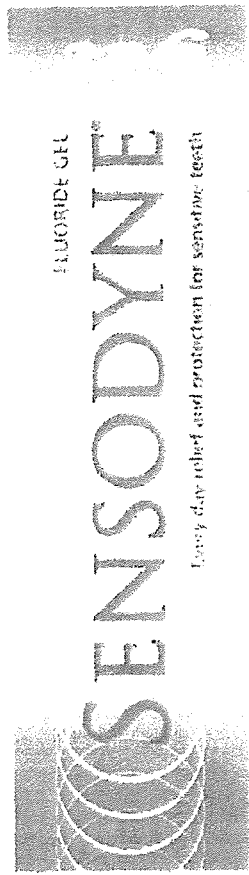


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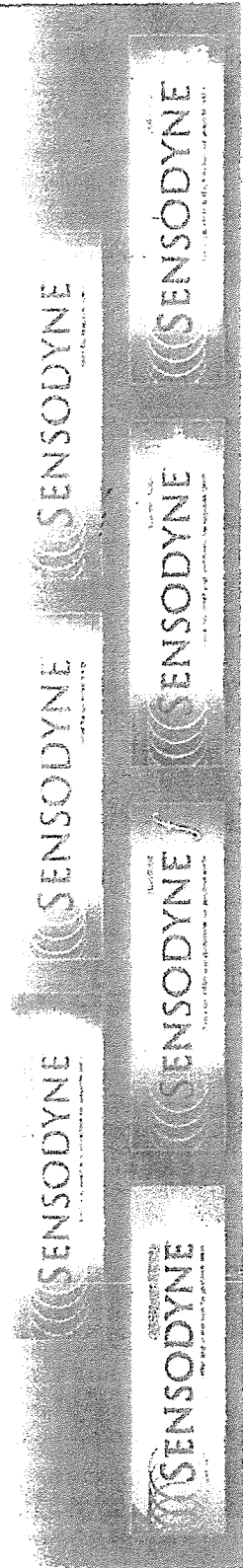
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**REPORT OF INTERNATIONAL
LIAISON OFFICER 2006
AGM JAN 2007**

The role of international liaison officer principally involves maintaining good contacts with FDI, ERO and CFD (Council of European Dentists) and in providing constant update from the DLC Brussels office. I will proceed to provide you with information on EU developments that are of interest to the dental profession and concerning health policy

Meetings attended:

CED meeting Porto May 2006

CED meeting Brussels November 2006

**Forum Malta fl-Ewropa meeting –
Civil Society funds**

**EU UPDATE ON TOPICS RELEVANT FOR
DENTAL ASSOCIATION**

**1. PARLIAMENTARY REPORT ON
CONSEQUENCES OF EXCLUSION OF
HEALTH FROM SERVICES DIRECTIVE**

In Feb 2006 Health Services was excluded from the Services Directive. The Internal Market and Consumer Protection committee (IMCO) of the European Parliament (EP) is preparing a report on the impact of excluding health services from the Services Directive and it focuses on the questions of legal clarification in the area of patient and professional mobility and highlights that there are specific difficulties relating to private health services, which have to be dealt with separately. Since much patient mobility in the area of dental care is managed and paid for privately, it is clearly possible that dental care will be the focus of this question. The Environment and Public Health committee (ENVI) emphasises that “free movement of patients will contribute to the improvement of health outcomes”, and that Member States must remove unjustified barriers to the freedom of movement.

**2. PARLIAMENTARY RESOLUTION ON
EU ACTION ON CROSS-BORDER
HEALTHCARE**

The draft resolution calls on the Commission to “develop common principles and basic guidelines for health care in order to guarantee patient safety” and considers it “necessary to create a mechanism for appeals on malpractice in cross-border health care”. The draft correctly states that “in almost all cases, health care... require follow-up, which may take a long time”, but considers that the solution is “clear rules on the division of tasks and responsibilities between health care providers during the different stages of treatment and care”. It is by no means clear at present how such a solution could be practicable in the area of dental care. The CED is preparing a report analyzing the impact of this cross border health care and looks at the issues of cost, dentist liability and continuation of care.

3. PROFESSIONAL SERVICES REFORM

European Parliament has stressed that regulation could be justified but must always be the least restrictive option available. MEPs also took the view that fixed fees “might be detrimental to the quality of service” to the public and to competition; and that most advertising restrictions are not necessary.

**4. CONTINUING PROFESSIONAL
DEVELOPMENT**

A consensus statement promoting the importance of continuing professional development to improving healthcare quality and ensuring patient safety has been adopted. Whereas CME generally has an academic and knowledge-based approach, CPD is much broader, covering CME itself, but also non-medical areas, such as personal, managerial and social skills. The consensus statement adopted was on the benefits of CPD for high quality healthcare: patients benefit from doctors maintaining and improving their medical competence and clinical performance. Most

EU countries already have mandatory CPD and it is the responsibility of the national dental association to regulate it.

5. MEDICAL DEVICES DIRECTIVE

The following amendments to the directive were suggested by the CED:

Ensuring medical confidentiality for patients using custom-made devices (amendment 31):

The patient can also be identified by acronym or numeric code on the statement of conformity accompanying a custom-made device, and does not need to be explicitly named as suggested in the Commission proposal.

Avoiding excessive data collection on medical software (amendment 64):

The obligation to validate medical software has been deleted. Also, amendment 64 clarifies that the concept of validation should always be based on the relevant risk classification of the medical device concerned.

5.3. Simplifying post-market control of custom-made devices (amendment 73).

6. PROFESSIONAL QUALIFICATIONS DIRECTIVE

The Professional Qualifications Directive has to be transposed into national law in the EU Member States by 20 October 2007. To assist Member States in the transposition, the Commission has established an "implementation group" composed of representatives of all Member States' ministries leading on this dossier. The aim is to ensure there is a coordinated approach between the Member States when implementing the provisions of the PQD. This is of particular importance as some of the articles of the directive are difficult to be interpreted.

An example for the lack of clarity of some of the articles of the new directive is the issue of language testing as set out in Art. 53 of the

PQD. According to this provision, the knowledge of languages is not part of the procedure for the **recognition of professional qualifications** of a migrating professional, but only represents one of the requirements for the **exercise of the profession**. Moreover, systematic language testing is not allowed because of the application of the principle of proportionality as a result of ECJ case law (judgment of 4.7.2000 in the case Haim-KZV Nordrhein).

It is not yet clear how the Member States are going to implement the provisions of Art. 53, and decisions taken in this respect will depend on discussions of the leading ministries with competent authorities and/or professional organisations.

7. TOOTH WHITENING PRODUCTS

The CED had several meetings with the Commission, at which we expressed the CED's concerns about the proposal to make products with up to 6% H₂O₂ available over the counter. The Commission had finally decided not to go ahead with the proposal, but instead to ask the Scientific Committee on Consumer Products again for its opinion on the safety of the 6% limit. The CED had made clear in a recent letter to the Commission that if tooth-whitening products are to be made available over the counter, the upper H₂O₂ limit should be 3.6%, the lowest – and therefore safest – concentration to achieve the desired results. ISO was also taking interest already in tooth-whitening products and that a result could be expected in mid-2007.

8. BANNING THE USE OF AMALGAM

The Commission mentioned articles which suggested that amalgam separators were not actually 95% effective, as manufacturers suggest, but only 80%. The FDI resolution on amalgam waste, emphasizes the point that dental staff should be trained to take appropriate measures to minimise the amount of waste and to properly dispose of the waste in accordance with applicable environmental legislation. CED would be looking into that statement and see if they could provide guidance for training of

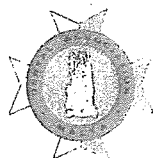
dental staff to make sure dentists and patients remain safe in the disposal of waste of amalgam. The dental profession should not give in to pressure from commission re the effectiveness of the amalgam separator

Recently I was approached by Malta Resource Centre to attend a meeting with the aim of setting up a network of Health NGOs which will represent a stronger voice when health policies are being set up and when individual NGOs have certain issues to deal with

Many thanks for the constant support in my work as EU/International Liaison officer and if any member needs further clarification or advice on EU matters relevant to dentistry please feel free to contact me

Audrey Camilleri

EU/International Liaison officer
Dental Association of Malta



Dental Association of Malta

Dental Association of Malta Committee
2005-2007

Minutes of the Annual General meeting held on Monday 29th January 2007 at the Professional Centre, Gzira.

Members Present:

Dr M Vella, Dr K Mulligan, Dr A Charles, Dr A Magri Demajo, Dr D Muscat, Dr A Bartolo, Dr A Camilleri, Dr E Demarco, Dr A Pace Balzan, Dr R Vella, Dr E Galea, Dr C Galea, Dr K Frey, Dr J Zahra, Dr W Debono, Dr V Gauci, Dr P Vassallo, Dr J Portelli, Dr H Bonnici, Dr R Borg, Dr K Spitei.

Matters Arising:

Minuted of last year's annual general meeting read and approved.

Treasurer's report (Dr E Demarco): see page 12

Dr Demarco ended by thanking Dr D Muscat for all the hard work and perseverance he put in during 2006.

Secretary's report (Dr K Mulligan):

Eight committee meetings were held in 2006 and one annual general meeting in January 2006.

A total of twelve lectures were organised by DAM which were listed and speakers mentioned.

On the social front, 2 quiz and pasta nights were organised in the summer months, together with the Christmas activity day in Gozo and the traditional St Apollonia day in February.

President's report (Dr M Vella): see page 19

Dr A Magri Demajo's address:

As DAM representative on the Federation of Professional Bodies' Council, he mentioned how hard DAM fought in the past for the present Gzira premises and how most advantage could be made out of the present premises by the Federation.

He also stated that the fate of MFPA representation in "Malta in Europe" is as yet unknown.

He mentioned the fact that as he is also a member of the Medical Council, for a licence to practise the profession in Malta to be awarded, any foreign applicant would need to prove that they command a good use of the Maltese language.

He ended by thanking all past committee members for their work in 2006.

International Liason officer report (Dr A Camilleri): see page 16

Vice President report (Dr A Bartolo):

The specialist accreditation committee met once in 2006 with no new developments.

As regards the autoclave issue, he stated that ultimately it is the dentist's responsibility to ensure effective sterilisation of dental instruments.

As regards professional indemnity, this is not yet obligatory in Malta, though it is obligatory in a number of other European countries.

Regarding fees to be charged by dental surgeons, DAM will not issue any guidelines.

Regarding amalgam waste separator permits, this was discussed with the competent authorities. DAM is still awaiting a decision on this matter.

Committee Member Elections

Candidate: Paula Vassallo
Nominated by Kevin Mulligan
Seconded by Edward Demarco

Candidate: James Portelli
Nominated by Paula Vassallo
Seconded by Ro'Anna Borg

Candidate: Kevin Mulligan
Nominated by Paula Vassallo
Seconded by Audrey Camilleri

Candidate: Martha Vella
Nominated by Anthony Charles
Seconded by Ro'Anna Borg

Candidate: Audrey Camilleri
Nominated by: Martha Vella
Seconded by Kevin Mulligan

Candidate: Edward Demarco
Nominated by Hugh Bonnici
Seconded by Paula Vassallo

Candidate: Adam Bartolo
Nominated by Martha Vella
Seconded by Paula Vassallo

Candidate: David Muscat
Nominated by Anthony Charles
Seconded by Audrey Camilleri

Candidate: Alfred Magri Demajo
Nominated by Roger Vella
Seconded by Kevin Mulligan

Election officers: Dr C Galea and Dr K Spiteri

No direct elections were held

There being no other matters for discussion, the meeting was closed and adjourned. Next meeting scheduled for Monday 19th February 2007.

Dr. M Vella, President
Dr K Mulligan, Secretary

**Dental Association of Malta (DAM)
President's Report 2006**

The Dental Association of Malta has had another successful year of activities, thanks to the diligent work of all committee members as well as the encouraging feedback of members. Committee members have been a fantastic team. Thank you, it has been a pleasure working with you.

Membership

DAM counts 130 members out of a 140 practicing dentists. We have seen a sharp rise in the increase of membership in the last few years. Membership is managed by DAM treasurer Dr Edward DeMarco and PRO Dr David Muscat. As of this year a direct debit facility was established for membership fee renewal.

Committee meetings

DAM committee meets once a month. DAM secretary Dr Kevin Mulligan manages minutes and correspondence. Daily inter committee correspondence over a yahoo group speeds up committee work.

Sponsorship

Dr David Muscat DAM PRO and Dr Edward Demarco treasurer manage sponsorship for CPE events and publication of the Probe.

Continuing Professional Education.

CPE is not mandatory in Malta, however DAM has provided 20 hours of lectures as part of its CPE program. All lectures were very well attended with an average turnout of 65%. Dr Adam Bartolo manages CPE certification and feedback forms.

Publications

DAM has continued publication of its quarterly journal the PROBE. Dr David Muscat is Probe editor. A special issue of a Maltese/English Dictionary and Thesaurus of Dental terminology was also published in September.

Specialist Accreditation Committee SAC

Dr Adam Bartolo is DAM representative on the SAC, regulating oral surgery and orthodontics specialist lists.

Medical Council

Dr Alfred Magri Demajo is DAM representative on the Medical Council, regulating dental practice.

Malta Federation of Professional Associations

Dr Tony Charles and Dr Magri Demajo are

DAM representatives on MFPA managing liaison with other professional associations in Malta.

International Liaison

Dr Audrey Camilleri is DAM liaison officer. DAM is a member of FDI, CDA and ERO.

Dr Martha Vella and Dr Audrey Camilleri represented DAM at the CDA CHOGM and EU consultation meetings.

Clinic Licencing Regulations

Following a hepatitis dental visit related cross infection report, The Department of Public Health PHD had issued new licencing regulations enforcing the indiscriminate use and testing of vacuum autoclaves in dental practice. DAM proposals that autoclaves used within a practice should be capable of sterilizing the nature and size of the load as per manufacturer's certification was accepted as an alternative. DAM is also conducting consultation meetings on amalgam waste management with the environmental regulatory authority MEPA. DAM representatives managing these issues are the president Dr Martha Vella and Vice President Dr Adam Bartolo.

Dr Martha Vella
DAM President

Articles by Dr Tony Charles

Paraphrasing what Tony Blair said at his last Davos Economic Forum before retiring as prime minister of the UK, I will be at a distance giving free advice to the newly elected DAM Council and can always say that it was very easy to be part of this Council. As the sixteen (yes only 16) members of DAM who attended the annual general meeting know, I have not contested the Council elections. I hoped some young

dentist would have taken my place but they were very absent from this once yearly important meeting. I am on the way out. After all those years as a dental surgeon and the new continual changes in the management of dental clinics and treatment brought about by Malta's membership in the EU, I naively thought that a young member elected to the Council would be of benefit to the profession in general and would give a new perspective to this continually evolving profession. I was hugely mistaken; there are no young dentists from the last two courses on the newly elected DAM Council.

As everybody can see, I am disappointed with the indifference shown by the majority of members of the dental association. The out going council worked hard to bring any new piece of changes envisaged by the rules and regulations of the EU and make it more palatable to our

needs. In general they succeeded, and I can say succeeded very well, but we are always approached by dentists whose one continual lament is directed at the DAM Council for not doing enough. Coming to think of it, complainers are usually those who do not attend any DAM activity. We should give our opinions and advice to the Council, but sometimes explanations are immediately disregarded by the same person who forwarded the criticism.

I was only joking when I started this article. I will continue to be proud to be a paying member of the Dental Association of Malta, will continue to be present for any lecture and activity organised by DAM, and I hope that I will continue to give my support to the Council when needed.

I thank all the members of the Council of the Dental Association for their hard work and camaraderie. I learned a lot.

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- for the treatment of capillary haemorrhages, in dentistry effects observed a considerable reduction in the duration of post-extraction bleeding (63%).

Etamsylate is a synthetic antihaemorrhagic and angioprotective drug acting on the first step of haemostasis (endothelium-platelet interaction) By improving platelet adhesiveness and restoring capillary resistance, it is able to reduce bleeding time and blood losses.

Etamsylate has no vasoconstrictor action. It does not influence fibrinolysis nor modify the plasma coagulation factors.

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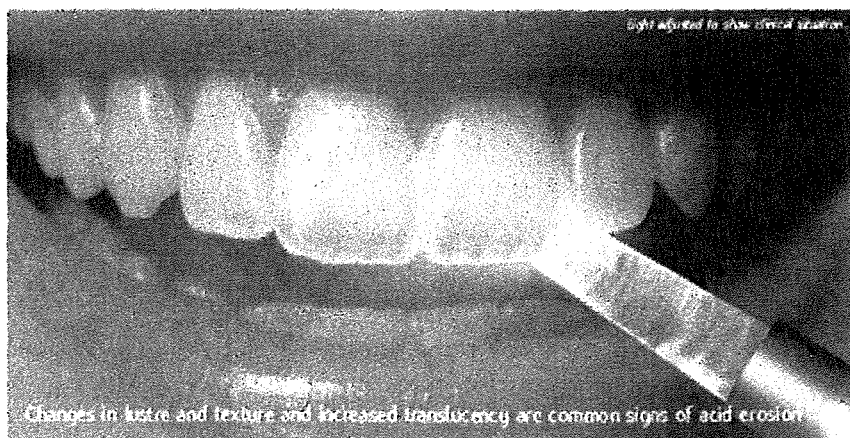
FORTHCOMING DAM EVENTS

- Farewell dinner for Prof John Portelli
 - Lecture on Paedodontics
- Cataflam lecture/dinner on NSAIDA

Acid Erosion. Exposed.

Evolving challenges in oral health

One of dentistry's many successes is to have reduced the prevalence of caries and periodontal diseases, extending the longevity of the natural dentition. Infectious diseases have given way to a spectrum of degenerative conditions, one of which is the multifactorial challenge of tooth surface loss.



The healthy diet paradox

Tooth wear has much to do with the modern, health-conscious lifestyle. Diets today are often high in acid from sources including certain soft drinks and fruit juices. These demineralise and soften the tooth surface making it more susceptible to physical damage and tooth wear. Acid erosion is normally an insidious process, often only highlighted by clinicians when restorative dentistry is indicated.

Early intervention is key

Increased awareness of routine examination added to lifestyle advice may help prevent sensitivity, changes in colour and tooth shape; and ultimately the need for major restoration.

Expert advice is now available

As awareness grows, acid erosion is featuring increasingly significantly in the management of long-term dental health. With this in mind, product innovation and public education are high on our agenda.

Recognising the early stages of acid erosion can be as simple as switching on a light. For expert guidance on signs, symptoms and management, visit www.aciderosion.com



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Proven in post-surgical patients (n = 13)

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Difflam™ Oral Rinse showed significant improvement
(compared with placebo), in:

- gingival inflammation
- pain score
- healing index
- plaque index

Proven in community patients (n = 41)

In a double-blind, crossover study of patients with
aphthous ulcers,

Difflam™ Oral Rinse showed:

- pain relief score
- and
- duration of pain relief
- significantly superior to placebo

**61% of patients
reported at least
50% improvement
in pain relief
after using
Difflam™ Oral
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- in post-radiation mucositis¹
- in post-chemotherapy mucositis¹
- in gingival inflammation¹
- relieving pain associated with aphthous ulcers¹

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- Sugar free
- Doesn't stain teeth

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anti-inflammatory and local
anaesthetic action.

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