



Dental PBRN Newsletter

September 2005

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Welcome to the Dental PBRN

Welcome to our first quarterly Dental PBRN newsletter! This first newsletter is designed to provide you a synopsis of the contents of our website, <http://www.DentalPBRN.org>. The website has been updated with exciting new features, including new literature articles, a poll, a helpful tip of the month, and our discussion forum. This will give you an opportunity to chat with other dentists participating in the network and discuss the latest trends and newest materials in dentistry.

You can also view the projects we are currently recruiting dental practitioners for as well as suggest and view new research ideas. When you visit our website you can complete your online training course that will provide the foundation for you to begin on a project.

Please make sure to visit our website often.

News Items

A Dental PBRN orientation session was held with Permanente Dental Associates (PDA) and the Kaiser Permanente Center for Health Research in Portland, Oregon on July 21. A total of 51 PDA dentist practitioner-investigators attended. Drs. Ivar Mjör and Gregg Gilbert gave presentations and discussed the Dental PBRN's activities to date and planned activities. Drs. Dan Pihlstrom and John Snyder of PDA also made comments and provided an update to the attending PDA dentists. Ms. Sally Jo Little and Dr. Jeffrey Fellows of the Kaiser Permanente Center for Health Research also provided an update about the process that KP-PDA will use for getting practitioner-investigators certified in conducting human subjects research. As part of the ongoing effort to improve and measure the impact of these presentations, a pre- and post-presentation survey was completed by the dentists in attendance. The survey was the first attempt at such an effort and asked three questions regarding dentists' clinical judgment in treating recurrent caries. The results of the pre- and post-presentation surveys suggested that the presentation had a significant impact on how dentists answered the post-presentation survey.

In April we were selected by NIH-NIDCR to receive one of three \$25 million grants to fund the Dental PBRN:

The National Institute of Dental and Craniofacial Research (NIDCR), part of the National Institutes of Health, today announced it has awarded three grants, totaling \$75 million, that establish "practice-based" research networks to investigate with greater scientific rigor "everyday" issues in the delivery of oral healthcare.

*Our Mission:
"To improve oral health by conducting dental practice-based research and by serving dental professionals through education and collegiality."*

News Items continued

The NIDCR awarded the three seven-year grants to: New York University, which will oversee the East Coast research network; the University of Alabama at Birmingham, which will work jointly with the University of Florida in Gainesville; and the University of Washington in Seattle, which together with the Oregon Health and Science University in Portland will operate a network in the West.

Each network will conduct approximately 15 to 20 short-term clinical studies over the next seven years, comparing the benefits of different dental procedures, dental materials, and prevention strategies under a range of patient and clinical conditions. The networks also will perform anonymous chart reviews, as allowed by the Health Insurance Portability and Accountability Act (HIPAA), to generate data on disease, treatment trends, and the prevalence of less common oral conditions.

The Dental PBRN is an effort to help dental professionals directly improve the efficiency and effectiveness of dental care. Essentially, it is research done about and in the "real world" of daily clinical practice.

Tip of the Month-September

Courtesy of John M. Coke DDS, Professor and Director, General Dental Residency, UAB School of Dentistry. Email: jmcoke@uab.edu

On patients who have a history of asthma that requires an inhaler and patients who use nitroglycerine for their angina pectoris, have your front office person remind them to bring their medications when their appointment is confirmed. This way these medications are handy to both the patient and dentist should an asthma attack or chest pain arise during their dental visit. Sometimes patients, in the rush to get to their dental visits, will forget to bring these important medications and an easily managed medical problem can turn into a medical crisis.

Tip of the Month-August

Courtesy of Ken Tilashalski, DMD, Associate Professor, Department of Diagnostic Sciences, University of Alabama at Birmingham School of Dentistry. Email: drt@uab.edu



Figure 1



Figure 2

Tip of the Month continued

45 year-old black female presents for routine dental care. Bony lesions noted on full mouth radiographs. There is an absence of signs or symptoms associated with the lesions. The teeth tested within normal limits on pulp vitality tests. These radiographs were taken seven years apart. Figure 2 is of the same patient seven years after the initial radiographs show how these lesions often “mature”. The most probable possibility for these lesions is **periapical cemento-osseous dysplasia**.

Periapical cemento-osseous dysplasia is a common lesion that is most often found in the anterior mandibular region in middle-aged black females. The bone in this area is replaced with a fibrous tissue that contains bone and/or cementum. An older term for this lesion is cementoma, but since this is not a neoplastic process, this term has fallen out of favor. The associated teeth are almost invariably vital and seldom have restorations. Early lesions usually appear as circumscribed areas of radiolucency involving the apical area of one or several teeth, and these lesions often develop central areas of dense calcification over time.

Some have referred to much of dental research conducted to date as “scientifically valid, statistically significant, but clinically useless”. We would like to change that.

Tip of the Month-July

Courtesy of Andrei Barasch, DMD MSD FAAHD, Associate Professor, Department of Diagnostic Sciences, University of Alabama at Birmingham School of Dentistry. Email: abarasch@uab.edu

Recent reports have associated the use of bisphosphonates with development of bone necrosis in the jaws. This class of drugs is currently used for prevention and treatment of osteoporosis (e.g. Fosamax) as well as for treatment of bone lysis in cancer patients (e.g. Zometa). Novartis, the maker of two such medications, has released information on this topic and issued a warning to patients under current therapy.

The main concern for dentists is infection of necrotic bone secondary to invasive procedures. Patients with a history of bisphosphonate treatment should be warned about the possibility of poor healing of surgical sites as well as formation of osseous defects. Antibiotic premedication/treatment and surgical debridement have not been successful in preventing or treating bisphosphonate-induced bone necrosis. Careful surgical technique, primary wound closing and antimicrobial rinses are recommended for this group of patients.

Upcoming Tip of the Month segments will provide tips about Restorative Dentistry!

Current Protocols

“An Internet Intervention to Improve Oral Cancer Prevention”. This is an internet-based clinical trial of oral cancer prevention. To

be eligible to participate in the study, you must have internet access in your dental practice. The project is directed at prevention of oral cancer in dentistry by offering internet education and tools for your practice and support for all members of your practice. The project is not very time-consuming, does not require training beforehand, and should enhance preventive care and risk management in your practice. To participate, you must: (a) complete a series of internet continuing education modules; (b) encourage your staff to support the project by also completing the modules; (c) designate a staff member to distribute 100 postcard surveys to patients at four different times for total of 400 postcards; (d) use the educational tools to enhance the preventive care in your practice. In addition to other benefits, your practice will be paid an honorarium for its participation. We can only enroll 140 dentists, and as of the date of this newsletter, only 15 slots remain because this project began before we received the large NIDCR grant to fund our Dental PBRN.

Contact Us

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“Practice-Based Root Canal Treatment Effectiveness Among Diabetics and Non-Diabetics”. This a retrospective cohort study to test the hypothesis that endodontic treatment failure is significantly higher among dental patients with diabetes mellitus type II when compared to non-diabetic controls. The idea for this research project was a result of ideas provided by dentists who completed the Dental PBRN enrollment questionnaire. All that is required from you is to assist our Research Specialist, Ms. Jackie Love, to allow her to abstract treatment record information on these patients. Currently this protocol is only open to Alabama dentists because this project was funded before we received the large NIDCR grant to fund our Dental PBRN.

Protocols Being Considered

Any practitioners performing restorative dentistry are eligible to participate. These protocols will be open to all dentists in the Dental PBRN from all regions!

Study 1: Questionnaire about caries risk assessment methods.

Study 2: Reasons for placement of restorations on unrestored surfaces.

Study 3: Reasons for replacement of existing restorations.