Dental PBRN Newsletter

Fall/Winter 2007

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Welcome to the Dental PBRN quarterly newsletter! This newsletter is designed to provide you a synopsis of the contents of our website, http://www.DentalPBRN.org.

You can also view the projects for which we are currently recruiting dental practitioners, 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 if you have not already done so.

News Items

Dr. Patrick Foy elected to the DPBRN Executive Committee

Patrick Foy, DDS was elected as the new practitioner-investigator representative on the DPBRN Executive Committee for the HP/MN region at its annual regional meeting in Minneapolis, MN on October 25, 2007. Dr. Foy will begin this position after the November 30, 2007 meeting of the Executive Committee and his term will run from 2007-2010. He will be replacing Brad Rindal, DDS, who has served as the HP/MN representative from 2005-2007. Dr. Foy has been in full-time private practice in Minneapolis for 26 years and served as President of the Minnesota Dental Association from 2004-2005. He is currently serving as a delegate for the American Dental Association House of Delegates

The DPBRN Protocol Review Committee approved DPBRN Studies 4 and 6

On August 28, 2007 the DPBRN Protocol Review Committee approved DPBRN Study 4 ("Patient satisfaction with dental restorations") and DPBRN Study 6 (“Questionable occlusal carious lesions”).

Study 4 will comprise a patient satisfaction questionnaire that will be given to patients once their restorations are done in Study 3 (“Reasons for replacement and repair of restorations”). Additionally, because of recommendations from DPBRN practitioner-investigators while Study 4 was being designed, practitioner-investigators who are doing Study 3 will also complete a brief questionnaire about the dental visit and this will be linked (but reported anonymously) to what patients report about their satisfaction with the restorative dental visit. Study 4 will be directed by Dr. Joseph Riley at the University of Florida. Recruitment for this study should begin in 2008. We expect to enroll between 100 and 200 practitioners for this study.

Practitioner-investigators doing Study 6 will record the number of occlusal carious lesions that they consider “questionable”, which will be defined as having no radiographic evidence of occlusal caries, but which have some type of clinical indication of possible occlusal caries. These lesions will then be followed over the subsequent two-year period to see if they progress, or if a restoration is done, what its outcome is. Study 6 will be directed by Dr. Sonia Makhija at the University of Alabama at Birmingham. Recruitment for this study should begin in 2008. We expect to enroll 75 practitioners for this study.

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Update on progress of studies – Study 5 is next!

DPBRN Study 2 (“Reasons for placements of restorations on previously unrestored surfaces”) continues to exceed our expectations. Our goal was to recruit 100-200 practitioner-investigators. All DPBRN regions except for the Scandinavian region have finished their recruitment of practitioner-investigators for Study 2.

Denmark, Norway and Sweden have recently received approval from their respective ethics committees (known as Institutional Review Boards (“IRBs”) in the United States) to begin DPBRN Study 2. With these recent approvals, DPBRN will actually exceed its recruitment goals for Study 2!

The next study will be DPBRN Study 5 (“Longitudinal study of dental restorations”). This study will recruit all the practitioner-investigators who participated in Study 2. Recall that Study 5 involves following-up on the restorations that you placed in Study 2. Study 5 enrollment will occur from Winter-Summer 2008.

DPBRN Study 3 (“Reasons for replacement or repair of dental restorations”) and Study 4 (“Patient satisfaction with dental restorations”) will be done at the same time in each practice. Recruitment for these studies will occur in 2008, as will recruitment for Study 6 (“Questionable occlusal caries lesions”).

DPBRN Study 7 (“Trans-PBRN study of osteonecrosis of the jaws”) continues to progress well. Data collection should be completed in Spring 2008.

DPBRN Presentation at the Mobile (Alabama) District Dental Society Meeting

Dr. George J. Allen, a very active DPBRN practitioner-investigator, whose practice is in Mobile, AL, and Dr. Gregg Gilbert, DPBRN Network Chair, gave presentations to the Mobile District Dental Society Meeting on September 10, 2007.

Dr. Allen presented results from DPBRN Study 1 ("Assessment of Caries Diagnosis and Caries Treatment") and then discussed his rewarding experiences with doing DPBRN Study 2 ("Reasons for placing the first restoration on permanent tooth surfaces"). Dr. Allen spoke about the impact of DPBRN on dentistry and how his office is contributing to that impact. He encouraged all dentists to participate in DPBRN, and two Mobile-area practitioners, Dr. Roberto Pischek and Dr. Charles T. Yarbrough, used the meeting as an opportunity to meet with DPBRN staff face-to-face to finalize all their paperwork to begin Study 2. Additional comments from Dr. Allen can be found in his testimonial at the DPBRN web site.

Dr. Gilbert gave a presentation entitled "iParticipate: the Dental PBRN and doing research in your busy practice” and discussed the goals and the many accomplishments of DPBRN so far. He also spoke about the benefits to participating in DPBRN as reported by DPBRN practitioner-investigators themselves. Dr. Gilbert then introduced Sherry Sutphin and Jackie Love, DPBRN Regional Coordinators. Sherry Sutphin, the downstate practices’ contact, introduced DPBRN practitioner-investigators Dr. George J. Allen, Dr. Forrest Crabtree, and Dr. G. Michael Maitre Jr., and presented them with certificates for having completed DPBRN Study 2. Dr. Charles Keith of Saraland and Dr. James Martin of Mobile have also completed Study 2 but were unable to attend the meeting. Congratulations to these Mobile area dentists for completing Study 2!

Regional Coordinators Sherry Sutphin and Jackie Love; Drs. G. Michael Maitre, Jr and Forrest Crabtree receive their certificates for completing DPBRN Study 2

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Dr. Gregg Gilbert presents Dr. George Allen's certificate for completing DPBRN Study 2; Sherry Sutphin assists Dr. Charles Yarborough with his DPBRN Study 2 paperwork

Testimonials (others available at http://www.dentalpbrn.org/users/Testimonials/Default.asp)

Jeffrey Houtz, DMD; Full-time private practice of general dentistry; Permanente Dental Associates/Kaiser Permanente; Portland, OR
I participated in the DPBRN study 2 on restorative materials. Patients were very interested in being included in this research. After the initial learning curve, the data entry did not make my practice less efficient. I greatly value the principles of clinic-based dental research. Through these controlled scientific studies, dentists can learn which techniques are truly effective and evidence-based. I am looking forward to future studies.

Karen Raleigh, DDS; Full-time practice of general dentistry; HealthPartners Maplewood Clinic; Minneapolis, Minnesota
I was first encouraged to participate in DPBRN by Dr. Brad Rindal, and received my training from Merry Jo Thoele. However, it was at the regional meeting last Fall when I really became enthusiastic as I listened to presenters and participants from around the world. I realized how much this impacts my day-to-day practice as well as the future of evidence-based dentistry. Participating in Study 2 has fit smoothly into my practice and I find it pertinent to compare my initial diagnosis with my findings as I restore teeth. I would encourage everyone to get involved and to attend the regional meeting this year.

M. Wendy Holder, DMD; Full-time private practice of general dentistry; Alexander City, AL
Upon graduation and working under the experience of a private dentist, I was exposed to a different way of doing the same dental procedure. CE's and journal articles would suggest still another method of performing the same procedure. So which way is right? What really lasts and is of greater benefit for our patients? DPRBN offers a way to find answers to these questions. Today, we as dental practitioners involved with DPRBN, can gather information for current dental research. This will allow us, as clinicians, to challenge long-held presumptions in the field of dentistry and continue to stay abreast of new knowledge. It gives us the opportunity to learn with others as we participate in these studies. With the aid of researchers we can set the parameters needed for testing and together we can have a significant positive impact on our patient population. We will be able to establish true best practices to improve our profession and enhance the level of care to our patients.

Tip of the Month

Tip of the month for December courtesy of Andrei Barasch, DMD MSD FAAHD, Associate Professor, Department of Diagnostic Sciences, University of Alabama at Birmingham School of Dentistry. Email address: abarasch@uab.edu

MRSA unmasked

Recently the lay press has been abuzz with the "news" that a superbug is about to make its unwelcome presence felt and possibly kill us all, or worse. Most reporters focused on the fact that, according to the Centers for Disease Control and Prevention (CDC) in Atlanta, GA, this armored microbe killed more people in the US in 2005 than HIV, the virus that causes AIDS. So what are the facts?

MRSA stands for methicillin-resistant Staphylococcus aureus and has been with us for about 30 years. S. aureus is a common inhabitant of normal human skin and may produce infection in both superficial and deep wounds. In rare occasions the infection may become systemic or the bugs may enter the lungs and produce bacterial pneumonia. Staphylococci were among the first bacteria to produce beta-lactamase and thus become resistant to beta-lactam antibiotics (the penicillin family). Methicillin is a semisynthetic penicillin that was introduced specifically to overcome this problem, so the appearance of MRSA was of high concern to the medical community. In the 1970s and 1980s, MRSA was almost completely restricted to nosocomial (hospital acquired) infection, but in the 1990s it penetrated into communities. Today, about 50% of community-acquired S. aureus infections are MRSA. Current treatments for these infections consist of vancomycin or, when sensitivity tests allow, clindamycin or sulfa drugs. Only on rare occasions a MRSA infection progresses despite antibiotic treatment and elderly and immune incompetent individuals are the typical victims. There is no evidence that the number of Staphylococcal deaths has increased, but with the higher prevalence of MRSA in the community, the number of fatalities attributed to it has also gone up.

Much of the spread of resistant bacteria (MRSA is far from being alone in that group) can be traced to the overuse of antibiotics in medical and dental practices. Every time we write an antibiotic prescription, we basically select the resistant flora for survival. Generally, the normal flora returns within 2-6 weeks, but often a superbug may emerge and thrive. Most hospitals have implemented restrictions on the use of potent new antibiotics and professional agencies have started campaigns to educate medical and dental practitioners on proper usage of antimicrobials. Thus, while sensationalized news should not produce a panic reaction, we should welcome the reminder that judicious use of antibiotics is the best practice and these drugs should be prescribed for infections, not for convenience or legal purposes.

If you would like to have your Tip of the Month featured in our newsletter and our website, please contact Dr. Sonia Makhija at smakhija@uab.edu.

Save the Date

The Annual DPBRN Meeting will be held May 15-17, 2008 at the Intercontinental Hotel in the Buckhead area of Atlanta, Georgia. DPBRN members from all regions are invited to attend this important meeting. You will receive 15 hours of CE credit in addition to getting the most current information regarding DPBRN. Spaces are limited, so please register as soon as possible. Please contact your Regional Coordinator for more information.