



GORG Newsletter

March 2003

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President's Message

Ronald Ettinger, BDS, MDS, DDSc

The year has passed so quickly as we are already making final preparations for the AADR meeting in San Diego. I hope you had a scintillating summer and enjoyed the New Year. This is the year of the Ram in the Chinese calendar which is a good year for all of you born in 1931, 1943, 1955, 1967 and 1979. The Review process for AADR and IADR is complete and for that I must thank Linda Niessen and Frauke Mueller. I believe it went much smoother than past years but still has a few hitches and hiccups.

I hope San Diego was pleasant and that you enjoyed that poster discussion for the student Morita Awards. I believe Cathy Watkins is hoping to find money from another source to support a competition for students within AADR. She will hopefully have news about this at the business meeting in San Antonio.

GORG needs all of you to support it and for you to submit your papers to the group and to actively recruit members. I believe that for San Antonio there were only 15 papers submitted to GORG. The numbers for Göteborg are higher. Because of the short turn around time we have not done very well with symposia for San Antonio but have done much better for Göteborg.

Angus Walls has organized a satellite meeting for June 23rd and 24th in Göteborg prior to IADR. The details are enclosed with this newsletter.

I want to take this opportunity to recognize the leadership of our immediate Past-president Asuman Kiyak. She always has good ideas and is able to stimulate us all to think outside of the box by asking the question we had not thought about. I am grateful for her help.

Jane Chalmers, who recently received her PhD from the University of Adelaide, has been appointed to the Inaugural Chair as Associate Professor/Director of Special Needs Dentistry with the University of Melbourne, School of Dental Sciences, and the Dental Health Services of Victoria, Australia. The emphasis of this chair is to care for diverse populations but specifically targets the elderly. Our congratulations our new Professor.

I hope you all have a wonderful year and I hope to see you all in San Antonio and Göteborg.

Travel Safely.

Minutes of the GORG Annual Business Meeting

San Diego, March 8, 2002

1. Call to order: 5:08 PM

2. Approval of minutes of 2001 business meeting (Chiba):

Motion by Dr. Cathy Watkins, second by Dr. Judith Jones

3. Awards:

The GORG Distinguished Scientist Award was won by Dr. Greg Gilbert.

Dr. Jim Beck requested members to send him nominations electronically. Submit letter of recommendation and summary of CV before mid-August.

Morita Junior Investigator Awards

Poster Discussion session was presented Thursday, March 7. The new format was a great success. Eighteen abstract were submitted electronically, sixteen were selected for competition. All sixteen junior investigators were recognized at the meeting and identified by Morita Junior Investigator ribbons during the meeting.

The top four finalists from each group (pre-doctoral/postdoctoral) were selected to compete in the poster-discussion session. The predoctoral finalists were: Jessica R. Smith, "Functional dentition and oral health quality of life in older adults"; Eric C. Rossow, "Iowa dentists' care of adult special needs patients"; Jonathan. A. Calvo, "Do medication-induced xerostomia subjects have more caries prevalence than non-medicated subjects?" Scott D. Thompson, "Dry mouth and oral disease in 79+ elders."

Post-doctoral finalists were: Catherine Champagne, "Periodontal attachment loss is associated with carotid calcification"; Mabi Singh, "Prevalence of carious lesions in medicated patients"; Lynn B. Copeland, "Predictors of tooth loss in two adult populations," and John R. Elter, "Association of periodontitis and stroke/TIA: the ARIC study". Judges were Drs. Jimmy Steele, Herenia Lawrence, and Judith Jones. The pre-doctoral first place was awarded to Eric. C. Rossow, and Honorable Mention certificates were given the other three finalists. The post-doctoral first place was awarded to Catherine Champagne, and Honorable Mention to the other three postdoc finalists. Students reported that the format increased their project visibility and they appreciated the poster-discussion format where they were able to hear comments and suggestions from senior and junior colleagues. There was some discussion at the conclusion of the award ceremony about the eligibility status of the Morita award candidates. Due to differences in terminology the post-doctoral award

candidates could include a varied range of experienced candidates. It was finally determined that pre-doctoral would continue to support pre-dental or pre-PhD candidates who do not yet any doctoral degree. Post-doctoral candidates would include those with a doctoral degree who are either a) pursuing additional graduate training or b) have completed such additional training within five years prior to award submission deadline.



Pre-doc finalist Jessica Smith and pre-doc winner Eric Rossow between Asuman Kiyak and Cathy Watkins



Post-doctoral winner Catherine Champagne between Asuman Kiyak and Cathy Watkins



Asuman Kiyak, Lyn Copeland, Catherine Champagne (post-doc winner), Mabi Singh, John Elter and Cathy Watkins



Cathy Watkins and pre-doc winner Eric Rossow

4. Satellite Pre-IADR Symposium for 2003

Dr. Angus Walls presented suggested themes for symposium in Göteborg, Sweden on the Monday-Tuesday before the IADR Annual Session. Suggested themes: 1) Oral Health and Quality of Life; 2) Nutrition and Oral Health; 3) Effectiveness of Healthcare; 4) Economic Models for Healthcare Delivery for Older Adults; 5) Research in a Healthcare Facility. Attendees discussed other topics and potential interest in financing issues related to geriatric dentistry at such an international session.

5. Election results

Dr. Judith Jones announced the new officers:
 Dr. Linda Niessen/Vice President;
 Dr. Edward Lynch/Secretary-Treasurer;
 Dr. Elisa Ghezzi/IADR Councilor
 Dr. Rina Adut/Executive Committee Member

Certificates of appreciation were awarded to Dr. Powell for her dedicated service as Sec-Treas. during the past two years, and to Drs. Poul Holm-Pedersen and Janet Yellowitz (in absentia).

Dr. Ginger Powell asked for comments regarding first electronic ballot. Members asked to have more time to consider votes. This year's ballot was received by some members on the day it was due back.

6. Constitution and By-laws

Dr. Judith Jones presented changes for approval by members. Changes attached.

7. Reports

- Program chair-Dr. Ron Ettinger described many problems with electronic submissions. In the end, 2 abstracts were rejected, 2 were transferred, and 58 were accepted.
- Treasurer-Dr. Ginger Powell presented end of year balance of \$10,077.67, after three years' back subscription to Gerodontology has been paid.
- IADR Councilor-Dr. Cathy Watkins

President-elect, John Clarkson, opened the meeting by introducing Dr Paul Robertson as the new Vice-President elect. 4155 abstracts were submitted to the meeting. 84% were electronically submitted. Treasurer, Edwin Yen reported that overall IADR was in good financial health but the investment portfolio has declined with events since 9/11/01. Dr Yen felt that the US asset managers did very well and recommended that IADR have daily managers of international investments because the biggest losses were in that area and may have been avoided with a daily manager. IADR is now seeking international investment expertise on a daily basis. Overall IADR had a loss of \$234,988.00 on investments with an overall \$1.4 million loss against \$6.7 million assets. The operating budget has consistently been in deficit but this is not related to the investments since the operating budget does not use monies from the investment portfolio. A \$5.00 increase in annual dues was passed to keep the operating budget out of deficit. IADR also passed a subsidy plan for groups unable to meet the dues increase.

Executive Director, Eli Schwartz, will not be seeking renewal as IADR Executive Director. He was given a standing ovation for his many years of hard work. A search committee has been established in seeking his replacement. Critical Reviews will be an on-line journal by January, 2003. While 2001 operating budget was in deficit, the projected budgets for 2002 and 2003 look good due to some changes: On-line abstract submission this year saved significant operating costs and now looking into ways to decrease cost of publishing abstract books, IADR has fused costs of IADR/AADR joint publications, JDR has on-line submission and IADR moving to that by years end, Scientific Group Transaction fees have increased from \$2.00 to \$3.00. Decreasing our printing costs will be the most significant way to contain the operating budget.

New Vice-President elect officer slate for 2003: Dr Deborah Greenspan (Univ. of California); Dr Takenyuki Kuroda (Tokyo Medical and Dental University); and Dr Mariano Sanz (Univ. of Complutense, Madrid) Although Charlotte, North Carolina was less expensive, New Orleans, Louisiana was chosen as the 2007 IADR meeting site mainly due to international familiarity.

IADR requested input from the council groups on three points:
 1) Council approved an increase of the members-at-large from 3 to 5 with the intent to have representation from the 5 main geographic regions: North America, Europe, Asia, South America, and Africa. This move increases the voting board to 10, the officers and the 5 members-at-large. Currently these members are appointed but there is no formal nomination process. This motion will have to go up for a constitutional amendment vote next year. At that time a more specific process will be included. IADR welcomes input from the represented groups regarding that nomination/selection process for these geographic representatives. This point was discussed but no recommendations were provided from GORG at this time.
 2) Currently IADR research groups are represented by a single voting member though all group councilors attend. It has been agreed that there should be a bigger representation of the research function of the IADR on the council and thus an

increased number of research group votes. The council would then represent a matrix of geographical and research representation. This was agreed upon in principle but the exact number was not determined. It was suggested that no less than 5 and no more than 10 votes be provided. This suggestion would require a grouping of the various research groups. Some groupings were proposed by Sally Marshall et al that would combine research groups based on size to larger voting groups of 5-600 members. This proposed grouping was sent to the research groups and responses indicated that this grouping was not logical and groups by numbers suggested membership reflected research importance. GORG discussed this at the meeting and voted to report that we feel each research group should get one vote without combination of groups. This would provide 21 votes on council issues. GORG members also rejected the idea that a group must have 100 members to vote. Currently all research groups have 50 members. GORG recommends that 50 be used as a minimum if a minimum is determined necessary at all.

3) The third issue is the optimal size of a division. Recognition as a division provides potential financial benefit with \$1000.00 being returned to each division participating in the General Session. It has been proposed that Divisions must be of 100 members to receive this status and money. Currently Divisions exist with 50 members. These smaller groups would revert to Section Status with no money. Judy Jones raised the same issue discussed at Council, that such a change would put up barriers to the very regions of world we seek membership. GORG suggests a minimum of 50 members per division and that the \$1000.00 dividend go directly to the division and not be kept in the IADR accounts unless requested by the division. Cathy Watkins will provide a report to IADR officers regarding GORG responses on these issues.

FDI moved their headquarters from London to France, to Ferney-Voltaire which is a suburb to Geneva Switzerland. FDI executive director Dr Per Åke Zillen suddenly was forced to step down for health reasons and Dr Johann Barnard is the acting director. Individual membership in FDI is abandoned and all members of the respective national associations are now considered as members of FDI. The information channels to the members has therefore been changed so the IJD journal is changed to carry more clinical type articles and general type articles. The FDI website has undergone changes so it will become a clearinghouse for any information related to dentistry considered to be of relevance for our members. Dr Asbjorn Jokstad is the FDI science manager and has a very useful website section detailing new publications and consensus conference summaries. There is a gerontological section that GORG members may find particularly useful. In addition, a more "political" issue promoted by professor Newell Johnson is the wish to join efforts with IADR/FDI/WHO/ISO and bring forward oral health in a

"global alliance for oral health". This effort is in developmental stage.

Dr John Clarkson suggested that the joint concerns expressed by IADR and FDI of the resulted in the appointment of a new WHO dental officer, Paul Yuriks from Denmark who will now be located in the central office of WHO. This concluded the IADR council meeting.

- AADR Councilor- similar information as in IADR report
- Gerodontology - Dr. Edward Lynch thanked members for their continued support.

Please e-mail suggestions or comments to Dr. Lynch, e.lynych@qub.ac.uk

8. Converting to e-mail communications-discussed in conjunction with above items.

- Newsletter and elections-Dr. Ginger Powell requested all members to check annually the accuracy of e-mail address with IADR, denise@iadr.org.
- Creation of website-may cost between \$1,000 and \$2,000 to develop. Asuman will discuss with the webmaster who created and maintains the BSHSR website.

9. Nominations for 2003

Dr. Asuman Kiyak solicited nominations for next year's officers. There was consensus that we should recruit more international members to serve as officers.

10. New Business

Dr. Frauke Muller made a call for symposium, abstracts and lunch and learning for next annual session. Suggestions for symposia : 1) Shortened Dental Arch, 2) Tissue Response to Prostheses by Frail Elders. Deadline for submission, July 2002 for both meetings

11. Meeting adjourned at 6:30 PM

Changes to Constitution

GERIATRIC ORAL RESEARCH GROUP

ARTICLE III. Definition

Geriatric oral research shall consist of research on aging, oral diseases and conditions including their treatment and prevention.

Edit as follows:

Geriatric oral research shall consist of research on aging and allied fields, oral diseases and conditions including their treatment and prevention in order to improve the quality of life of the older adult.

ARTICLE IV. Objectives

2. *To facilitate the exchange of ideas in this field by promoting normal and informal meetings, symposia and workshops;*

Spelling correction (underlined):

2. *To facilitate the exchange of ideas in this field by promoting formal and informal meetings, symposia and workshops;*

4. *To encourage scientists to become involved in geriatric oral research via appropriate seminars and discussions;*

Edit as follows:

4. *To encourage scientists, junior investigators and students to become involved in geriatric oral research via seminars and discussions;*

ARTICLE VIII. Officers and Executive Committee Members

Section 6. Replacement.

B. Spelling error: 'help' should read 'held.'

C. *No individual may serve as a voting member of the Executive Committee for more than nine years in his/her lifetime.*

[Delete](#)

ARTICLE X. Nominations, Election and Installation of Officers

Section 2. Elections.

A. Could ballots be returned by electronic mail? [Yes](#).

ARTICLE XII. Quorum and Voting

Section 1. Quorum.

"... 25 full members shall constitute a quorum...."

Should we reduce the number of members necessary for a quorum? [No](#)

BY-LAWS

ARTICLE II. Officers and Executive Committee Members

Section 2. Duties.

A.

1. President

Add one item to the list:

f. *Shall review IADR/AADR Scientific Policies as requested by IADR/AADR.*

3. Vice-President

Add one item to the list:

d. *hall review IADR/AADR Scientific Policies as requested by IADR/AADR.*

Add:

6. Immediate Past President

Shall serve as chair of the nominating committee and review and comment on IADR/AADR Scientific Policies.

Joint Meeting - ECG / GORG / PRG

There will be a joint meeting of the European College of Gerodontology, and the Prosthodontic and Geriatric Oral Research Groups of the IADR immediately before the general session in Göteborg.

Meeting theme: The frail older person

Principal sponsor: Dentsply

Dates: Göteborg 23rd / 24th June 2003

Venue, The Hotel Riverton, Göteborg

3 sessions

Drugs and the older person

Polypharmacy in the older patient

Sugars in medicine as much of a problem in the old as it is in the young?

Management strategies for older people

Prevention is better than cure, how can we effectively prevent oral disease in older people?

How can we best organise services for older people to facilitate their care?

Variables that influence quality of life in older subjects

What do older people want in terms of their oral health?

What should we do to facilitate their needs?

Each session will have keynote presentations plus the opportunity for facilitated debate

ECG clinical research prize.

Prize available to the best poster presented during the meeting. The poster must be of work that has not been presented at a scientific meeting previously

€5,000 Funded by GABA

Please add this meeting to your travel schedule, further details to follow.

2020 VISION: Oral Care for Older People

British Society for Gerodontology

President: Denise Mattin

This meeting offered a vision for the oral health care needs of older people in 2020: problems and some answers. This focus was drawn from the draft for a policy monograph with this title being prepared by the British Dental Association (BDA). In the morning, speakers focused on UK demographic change, the demands that this will place on dental services and some possible answers. The afternoon session ran as for breakout groups addressing:

How can preventive information and oral health education best be delivered?

- How practical is the oral health assessment?
- How to improve availability of care and information to hard to reach groups of older people

Despite the limited time allowed conclusions of each group provide patterns for future action. These are summarised below. Although the context was for Britain in 2002, they will be relevant in other countries with the similar problems.

The background and the BDA working party draft monograph was introduced by Darshan Patel (BDA Economist). He outlined their collaborative process for consultation which has now included input from this BSG meeting.

Professor Anthea Tinker (London) gave a comprehensive demographic review including the latest projections from the UK Government Actuaries Department. The familiar shifting age balance due to falling fertility rates and positive changes in mortality and morbidity is familiar to GORG members but will be complicated in UK by increasing ethnic diversity of older people. Men and women have different health experiences and dental attendance patterns which effect on the need for oral health services.

Professor Damien Walmsley's (Birmingham) lively presentation of possible new technologies reflected the challenges of root caries, dry mouth, and increasing numbers of older people with more teeth requiring restoration. The future need for appropriately trained dental teams must to be addressed now. There may be a number of possible biological innovations which may lead to the prevention and treatment of dental conditions particularly as the result of genetic engineering.

Janet Griffiths (Cardiff) gave an excellent overview of the services that will be needed to be provided in 2020 including those for frail older people and the impact of changing Government and NHS policies.

Hilary Maynard (Cardiff) then reported her research on compliance with Disability Discrimination Act

requirements [which specify access etc] in her area in Wales. Very few of the general practices surveyed could comply with the Act and much investment and training is required to ensure that practices are fully accessible to patients with disabilities.

The afternoon session was spilt up into 4 group workshops. Despite the limited time allowed conclusions of each group provide patterns for future action, which are summarised below.

Education And Training: What Needs To Be Put In Place To Meet The Challenge Of 2020?

Who needs to be involved?

- Government, Department of Health
- General Dental Council
- NHS training providers
- Voluntary
- Specialist organisations, British Society of Gerodontology (BSG), British Dental Association (BDA)
- College Faculties?
- Patients and users – expert panels
- Universities – students, dentists and Professions Complimentary to Dentistry (PCD)
- Extended team – health and social care
- Carers within residential homes, hospitals and in the community

What education and training is needed?

Undergraduate curricula needs:

- to continue to include teaching the care of edentulous patients
- to include experience of domiciliary care for older people.

Postgraduate training

- Need for specialists which requires training pathways and training posts
- Availability of postgraduate courses for dentists and PCDs in gerodontology
- Continuing Professional Development (CPD). Particularly needed in gerodontology to extend competency. All modalities for learning should be developed.

PCDs

- Skilled PCDs are required
- Training of the whole team is needed
- Rewards and appropriate remuneration are needed
- Team leaders should be specialist dentists

Carers

- Integrated training for carers in oral health care issues
- Training should be by peer group teaching by link or key workers

How Can Preventive Information And Oral Health Education Best Be Delivered?

Targeting

- NHS management and carers
- Clients and patients
- Family carers and advocates
- Other health professionals
- Non specialist dentists

Education

- Direct training programmes in care settings/cascade training
- National Vocational Qualifications (NVQs) / Scottish Vocational Qualifications (SVQs)
- Family carers
- Undergraduate/postgraduate education
- Internet
- Link with oral health product manufacturers/other health messages
- Using oral health facilitators
- Media/video/CD-ROMs

Barriers

- Time, and funding, lack of workforce, resources
- Social, cultural factors
- Staff turnover
- Clients' impairments and co-morbidity
- Fear of dentistry
- Consent issues

Resources – whom to lobby?

- Primary Care Trusts and other local health authorities
- Care Standards Commission
- Empower older people themselves
- Patient and voluntary organisations
- Politicians

Who will lobby?

- Oral Health Advisory Groups
- Specialist societies
- The BDA

How Practical Is An 'Oral Health Assessment'?

When?

- Age 60

Why?

- Prevention: cancer, other oral disease, diet and life style changes at this age
- Information can be given on effect of medication, how to access care

What should it be?

a) Risk assessment (given by any health care professional with training)

b) Oral Health Care Plan given by a dentist

Everyone aged sixty plus should be offered (a) and depending on results, some are then offered a referral to a dentist for (b).

The risk assessment and oral health care plan should be free to patients and the plan should involve no commitment to treatment. The timing of repeat assessment will need to be related to initial outcome and experience.

Use of IT is crucial to record results (electronic patient records)

How To Improve Availability Of Care And Information To 'Hard To Reach' Groups Of Older People

Hard to reach groups include people who are homeless, travellers, asylum seekers, dental phobics, in secure units, housebound, prejudiced against dentistry or dentists.

Outreach is difficult even with mobile units. Ambulance and voluntary transport schemes are limited and untimely. Physical access and suitable spaces are seldom satisfactory even in care homes/day centres.

- Mobility must be addressed in town planning and funding
- Access and space must be mandatory in new residential and day care facilities
- Information is needed to be proactively disseminated in different languages and formats including large print and Braille. Availability of NHS dental forms in a variety of formats and languages.
- NHS dental examination should be made free now to 65s and over in the whole of the UK not only Wales
- Oral Health Assessments should be developed to become available to all over age 60
- Information on reduced cost NHS dental treatment should be less confusing and carers should be given information about entitlement

Health advocates should be available in a dental context to help with filling in forms, supporting older patients and liaising across services.

The European College of Gerodontology – GABA Prize



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CHF 5000

The *European College of Gerodontology – GABA Prize* aims to foster and honour research in the field of gerodontology. The prize will be awarded in the coming 3 years, first during the 2003 annual meeting of the European College of Gerodontology (ECG) in Gothenburg on June 23rd and 24th under the Presidency of Prof. Angus Walls.

- The work shall be original and must not have been published nor presented prior to submission for this prize.
- The work shall be submitted as a full-length manuscript formatted to the guidelines for authors for *Gerodontology*
- The submission must also fulfil the requirements defined by ECG for all submissions to the annual programme.
- Poster presentations will be briefly presented orally and then discussed during the poster-viewing session.
- The Awards committee will be nominated by the President with another member of council. This will consist of 3 colleagues from different countries who are either on the editorial board or reviewers of *Gerodontology* and/or members of the European College of Gerodontology. Evaluation will be based on the submitted manuscripts (66%) and the presentation of the work during the meeting (34%).
- GABA is sponsoring a prize for Gerodontology at CHF 5000 per year.

Broadening our GORG Membership

The upcoming Meetings will be an excellent opportunity to attract new GORG members. Please inform any colleagues who might be interested.

Edward Lynch, **BDentSc, MA, FDS, PhD**
GORG Secretary-Treasurer