

GORG Newsletter

January 2004

PRESIDENT

Prof. Frauke Müller
Section Médecine Dentaire
Division de Gérontologie et Prothèse adjointe
19, rue Barthélemy-Menn
CH-1205 Genève, Switzerland
Tel: [Int +41] (0) 22 382 9130
Fax: [Int +41] (0) 22 372 9497
Email: frauke.mueller@medecine.unige.ch

PRESIDENT-ELECT/PROGRAM CHAIR

Linda Niessen, DMD, MPH
Vice President, Clinical Education
DENTSPLY International, 3549 Haynie Ave.
Dallas, TX 75205 USA
Tel: [Int +1] 717-849-4465
Fax: [Int +1] 717-849-4471
Email: lniessen@dentsply.com

VICE PRESIDENT AND AADR COUNCILOR

James Steele, BDS, FDS, PhD
Department of Restorative Dentistry (Conservation)
The Dental School, University of Newcastle upon Tyne
Newcastle upon Tyne NE2 4HH, United Kingdom
Tel: [Int +44] (0) 191 222 8199
Email: jimmy.steele@ncl.ac.uk

IMMEDIATE PAST PRESIDENT

Ronald Ettinger, BDS, M.D.S., D.D.Sc
Dept of Prosthodontics, University of Iowa, College of
Dentistry, Iowa City, IA 52242 USA
Tel: [Int +1] 319-335-7378
Fax: [Int +1] 319-335-8895
Email: ronald-ettinger@uiowa.edu

SECRETARY-TREASURER

Edward Lynch, BDentSc, MA, FDS, PhD
Prof. of Restorative Dentistry and Gerodontology
Royal Victoria Hospital, Grosvenor Road
Belfast, BT12 6BP Northern Ireland
Tel: [Int +44] (0)28 9063 5318
Fax: [Int +44] (0)28 9063 4989
Email: e.lynch@qub.ac.uk

IADR COUNCILOR

Elisa Marie Ghezzi, D.D.S., M.S.
University of Michigan, Geriatrics Center, Dental School
1011 North University, Room G049,
Ann Arbor, MI 48109-1078
Tel: [Int +1] 734-615-8269
Fax: [Int +1] 734-936-1597
Email: eghezzi@umich.edu

AADR COUNCILOR

Judith Jones DDS, MPH, DScD
Goldman School of Dental Medicine, Boston University
100 East Newton Street room 612, Boston, MA 02118
Tel: [Int +1] 617-414-1065
email: judjones@bu.edu

EXECUTIVE COMMITTEE MEMBERS

Jane Chalmers BDSc, MS, PhD
Associate Professor, The University of Melbourne
Royal Dental Hospital, 720 Swanston Street
Carlton VIC 3053, Australia
Tel: [Int +61] 3 9341 1052
Fax: [Int +61] 3 9341 1232
Email: chalmersj@dhsv.org.au

Chris Wyatt BSc, DMD, MSc, Dip Pros
Assistant Professor, Oral Health Sciences
Faculty of Dentistry, University of British Columbia
2199 Wesbrook Mall, Vancouver, B.C.
Canada V6T 1Z3
Tel: [Int +1] 604-822-1778
Fax: [Int +1] 604-822-3562
Email: cw Wyatt@interchange.ubc.ca

Rina Adut, DMD, MPH
Dept of Dental Ecology, CB#7450, Dental office Building
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7450 USA
Tel: [Int +1] 919-966-2787
Fax: [Int +1] 919-966-6761
Email: rina_adut@dentistry.unc.edu

CHAIR: MORITA AWARD COMMITTEE

Herenia P. Lawrence, DDS, MS, PhD
Faculty of Toronto, University of Toronto
124 Edward Street (Room 515D)
Toronto, Ontario M5G 1G6 Canada
Tel: [Int +1] 416-979-4908 ext. 4492
Fax: [Int +1] 416-979-4936
Email: herenia.Lawrence@toronto.ca

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President's message

It is now already 4 months since the very successful satellite meeting of the GORG, PRG and ECG in Gothenburg which was splendidly organised by Angus Walls, but the memories are still very vivid. We had a very good attendance and 13 speakers from 6 countries and 3 continents covered a one and a half day scientific programme on "Care pathways", "Pharmacology for the older person" and "Oral Health and Quality of Life". With the help of most speakers I have tried to summarise the scientific programme into a conference report which you will find included in this newsletter. The success was even more remarkable considering the low number of abstracts submitted to the General Session of the IADR (42) due to the general political situation and the SARS health scare, so thanks again Angus and thanks Dentsply who generously sponsored the event.

I would further like to draw your attention to *Gerodontology* – our affiliated scientific Journal – which has developed in quite remarkable manner this year. Robin Heath, who has edited and published the Journal for more than 10 years with great enthusiasm, skill and personal engagement has successfully handed over the Journal to a professional Publishing House. Blackwell's will increase the number of issues to 4 a year, start to include also clinical papers to broaden the scope of the Journal and thus enlarge the readership. Four issues further allows us to apply for an Impact Factor, which becomes increasingly important for the academic career of our young research fellows. Robin has further handed over the Editorship to Jim Newton from Dundee and his Editorial Team, I am sure you have seen the lovely "takeover picture" in Jim's Inaugural Editorial of the summer issue. However, the foundations are laid, it is now up to us – the active clinical and research community in Gerodontology – to fill the framework with "life". So I invite you cordially to submit your scientific and clinical manuscripts as well as review papers, but also to ensure the economical survival of Gerodontology by getting your local library to subscribe.

I further noticed a quite recent remarkable "wake-up" in the domain of Gerodontology. It seems that politics, industry and professional institutions have - finally - started to realise the impact of the "demographic bomb" which has and will further hit the civilised population. I noticed an increased number of conferences and vocational trainings devoted to Gerodontology as well as more frequent pre-and postgraduate teaching. University structures start to acknowledge the augmented demand for dental care for the elderly. Last but not least we welcome the inauguration of a number of new Research prizes which are designed to

encourage young collaborators to work in the domain and contribute to the knowledge and expertise in the field of Gerodontology (see the adverts in this newsletter). If only the oral health and hygiene of our elderly patients would follow that upward trend ...

I would like to thank the key-players who have supported the Geriatric Oral Research Group during the last year: our Immediate Past President Ron Ettinger, Angus Walls for organising the satellite meeting, the reviewers for the IADR

abstracts Frank Burke and Cees de Baat, Asuman Kiyak for her keynote-lecture, Herenia Lawrence as Morita Award Chair and last but not least Eddie Lynch for putting this newsletter together.

I hope to welcome many of our old and new members at the upcoming IADR meeting in Hawaii and wish you all a peaceful and merry Christmas and a happy, healthy and successful New Year.

Frauke Müller
(President GORG)

IADR Satellite meeting in Gothenburg

Held by the European College of Gerodontology (ECG), the Prosthodontic (PRG) and Geriatric Oral Research Group (GORG) of the IADR
- a conference report -

On June 23rd and 24th 2003 the European College of Gerodontology (ECG), the Prosthodontic Research Group (PRG) and the Geriatric Oral Research Group (GORG) held a joint satellite meeting to the General Assembly of the IADR at the Riverton Hotel in Gothenburg under the Presidency of Angus Walls from Newcastle upon Tyne. Thanks are due to Dentsply for their generous sponsoring which made the event possible. Around 90 colleagues from the three different groups attended the meeting and enjoyed one and a half days scientific programme with lively and fruitful discussions. Thirteen speakers from 6 countries and 3 continents covered the main topics "Care pathways", "Pharmacology for the older person" and "Oral Health and Quality of Life". In a joint effort with the presenters we summarised the contents as follows:

Anne Sanders (Adelaide, Australia) approached the topic "What affects oral health-related quality of life?" using Wilson and Cleary's 1995 theoretical model for quality of life. Previous adaptations of this model in the oral health literature have omitted the social and psychosocial pathways hypothesised to link disease to impaired quality of life. A key theme in this presentation was that oral health-related quality of life (OHRQoL) is affected by contextual factors upstream from health behaviour and dental service provision. Anne used self-reported data obtained from a national survey in Australia to demonstrate empirically the associations presented in the theoretical model. OHRQoL was evaluated using the short-form Oral Health Impact Profile (OHIP-14). In multivariate models, social support, stress and life satisfaction explained more variation in mean OHIP-14 scores than did the combined effects of socio-demographic factors and tooth loss. Findings supported the theoretical model and help to improve the understanding of the mechanisms underlying variation in population OHRQoL.

Finbarr Allen (Cork, Ireland) addressed the question "What is Oral Health Related Quality of Life?" in his comprehensive overview. He described a number of oral specific health status measures of varying sophistication which have been developed in order to improve the validity of patient based assessment of oral disorders. Two of these, the Oral Health Impact Profile

(OHIP) and the Geriatric Oral Health Assessment Index (GOHAI) were developed for use with older adults. Potential benefits of such oral health status measures include identification of sub-groups within the population requiring care, monitoring of "at risk" groups, targeting of financial resources and monitoring outcomes of clinical interventions. At the present time, oral health status measures have mainly been used in descriptive population studies, predominantly in older adults. There have been fewer reports of the use of oral health status measures in clinical trials where change in a condition following clinical intervention is the outcome of interest. The challenges for the future include: improving the measurement properties of the available measures, improving our understanding of measurement of change and the development of international collaborative research to facilitate between country comparison of research data.

Jocelyne Feine (McGill, Montreal, Canada) reported on the results of an analysis designed to determine the cost-effectiveness of mandibular 2-implant overdentures and conventional dentures opposed by conventional maxillary dentures. Direct treatment costs (e.g. materials and labour) and oral health-related quality of life using the OHIP 20 were measured in edentulous seniors (65-75 years; n=30) who received a maxillary denture and either a mandibular conventional denture (CD) or a two-implant overdenture with ball attachments (IOD) up to one year post-treatment. Data for subsequent years were estimated from values obtained from published data and a panel of experts. Using an average life expectancy of 17.9 years, the equalized annual costs were CAD\$ 398.60 for CD and \$ 528.40 for IOD (p<0.001). The equalized annual values for the OHIP-20 outcome were 47.01 units for CD and 31.29 for IOD treatment (p<0.05), indicating that oral health-related quality of life was significantly better (by 34%) in the IOD group. Although the initial cost of mandibular two-implant overdentures is significantly more than conventional dentures, the former provide a much better oral health-related quality of life. By comparing costs and benefits over the expected lifetime of the subjects, it can be seen that oral health-related quality of

life can be greatly improved by IOD treatment for a relatively modest annual investment.

Jimmy Steele (Newcastle upon Tyne UK) reminded the audience how much we have learned about oral health related quality of life and how to measure it in older people. Although a number of valid instruments have been developed, not all of these have been designed or validated for the elderly. Those that have been have illustrated how age, disease and various social variables influence oral health related quality of life. Despite the considerable knowledge base that has been established there remain large holes in our knowledge. We do not yet fully understand the relative contribution of oral health to quality of life compared with other aspects of health. Little is known about those at the severe end of the spectrum nor do we know a great deal about the positive, life enhancing, aspects of good oral health in older adults and how they affect older adults.

Above all, whilst we know quite a lot about populations, we know little about how oral health related quality of life may change at an individual level. It is the use of such quality of life indices to measure change, specifically to measure the outcomes of interventions designed to improve oral health or the cost-effectiveness of care in older adults, which still holds great opportunities for researchers. The importance of now using these instruments in the most appropriate ways was outlined. Rather than continually testing and retesting the tools on populations, we now need to start to use them to help build evidence based practice based on the outcomes that matter for older people.

Jimmy Steele's presentation opened the meeting for general discussion led by Mark Thomason (Newcastle upon Tyne, UK). The discussion ranged through the choice of instruments for different populations and the advantages of short questionnaires for compliance and longer ones for specific detail. The majority of the discussion centres around the use of OHIP as an outcome variable and our current understanding of what one OHIP point represents and the relationship between this and the cost of achieving improvements in OHIP scores with treatment.

Rita Isaksson (Sweden) presented her studies on oral treatment intention and realistic oral treatment need for patients in Long Term Care in Sweden. Her first aim was to evaluate the clinical oral health outcome in care receivers, by using an oral health screening protocol, after the caregivers had undergone a one-session, four-hour oral health education program. Her second aim was to evaluate the realistic oral treatment need, taking into consideration the treatment intention. 170 subjects enrolled in municipal long term care were included into the first part of the study, available for examination both before and 3-4 months after education to the caregivers. The second study comprised a sample, of 866 persons in long term care. The results showed that a limited oral health education, offered to caregivers within long-term care facilities, had a positive impact on residents' oral health status. Further, it showed that the realistic oral treatment need, guided by the examiners' estimation of the appropriate treatment intention, was quite modest in this population, as 61% had a need for oral/dental treatment, 31% to be accomplished by prophylaxis and 30% by reparative/urgent measures. Only one per cent were estimated to be in urgent need.

Christine Ritchie (Kentucky, U.S.A.) shared some of her impressively comprehensive medical background in geropharmacology. She reported that the average older adult uses between 4 and 8 medications concurrently. Many medications prescribed for older adults are unsuitable because of physiologic changes that occur with aging or because of concomitant conditions or drugs that are incompatible with the prescribed

medication. Physiologic changes that occur with aging include a decrease in lean body mass and a relative increase in fat mass, a decrease in hepatic oxidative metabolism through the cytochrome P450 system, resulting in a decreased clearance of drugs, and a decrease in renal function. Adverse drug reactions are more common in older adults and are associated with the use of greater numbers of medications. Warfarin is associated with many drug-drug and drug-food interactions. Individuals with cognitive impairment are more likely to develop adverse reactions to medications with psychotropic effects. These drugs are also associated with increased falls rate. She concluded that critical issues in medication management in older adults include the following:

1. Obtain a complete drug history, including herbs and non-prescription drugs.
2. Avoid medications if benefit is marginal or if non-pharmacologic alternatives exist.
3. Consider the cost.
4. Use appropriate doses.
5. Keep regimen as simple as possible.
6. Write instructions out clearly.
7. Insure understanding and adequate cognition.
8. Have patient bring in medications at each visit.
9. Monitor/ask regarding adverse drug reactions.

The topic of Polypharmacy was also addressed by Timo Närhi (Turku, Finland) who focussed on salivary flow and function. After his description of the physiological function of saliva and its biochemical composition he described the age related structural changes in the salivary glands as well as the functional changes in the saliva flow rate and composition. Clinical signs of a Hyposalivation comprised changes in the lips and corner of the mouth (dry lips, angular cheilitis), changes in the oral mucosa (loss of glistening, candidosis, erythematous or pseudo-membraneous surface) and tongue (fissuring, lobulation, candidosis) as well as changes in the dentition (loss of glistening, increased prevalence of caries and tooth erosion, fractures in the enamel), changes in the appearance of the saliva (difficult to "milk" from parotid gland, thicker consistency, bubbly and foamish appearance) and swelling of the salivary glands. He further stated that more than 400 drugs are known to cause Hyposalivation and/or Xerostomia and as a side effect and demonstrated a significant correlation between the salivary flow rate and the number of medications taken by an elderly person. Treatment options comprised mechanical and gustatory stimulation but also salivary substitution. Systemic stimulation was not recommended for an elderly with multiple medications. To prevent oral disease he recommended the use of supplemental electrolytes, healthy dietary habits as well as clear oral hygiene instructions.

Anne Maguire addressed the problem of sugars in medicines, particularly in medicines with prolonged oral clearance. She discussed why medicines are formulated with sugars, the extent of use of these types of medicines in older people and how the way in which we prescribe these medicines impacts upon their sugars content. Anne presented data from her work which investigated whether health professionals consider sugars-free medicines use in older people a health issue and then concluded with some recent work on the erosive potential of medication showing that sugars content does not affect the erosive potential of a medicine, in-vitro. More accurate predictors of erosive

potential are drug strength, therapeutic group, dose form and whether a medicine is branded or generic. Her presentation contained unique data of its type and again flags a new area for vigilance for us all. With 24% of prescriptions used in older people having prolonged oral clearance and generic prescribing more likely to result in sugars-containing medicines being dispensed we need to address these issues with both colleagues and patients. We also need more information on an international basis to see if this is a problem for the UK alone or whether there is once again an international dimension. Furthermore, we need to extend the campaign for prescribing sugars-free medicines from children to all adults as well. The final and perhaps most important take home message of all is the education of our medical and pharmacist colleagues about the potential oral health effects of sugars in medicines on dental health in adults as well as children.

Management of caries using Ozone (HealOzone from KaVo) was the topic of the presentation of Edward Lynch (Belfast, Northern Ireland, UK). He showed that patients accept this new Ozone treatment method very easily and supported this statement by a comprehensive overview of research data as well as clinical pictures. He cited Freeman who had reported a general practice study of 277 Patients where 100% of the patients would like to receive this treatment again. This simple fast novel method avoids the need for local anaesthesia, drilling and filling and thus fulfils the professions wildest dreams and helps many older People. It has been successfully researched in 15 UK sites as well and numerous sites internationally, all of whom have reported significant reversal of caries. Ozone readily penetrates through decayed tissue, eliminating any bacteria, fungi and viral contamination, eliminating the ecological niche of cariogenic microorganisms as well as priming the carious tissue for remineralisation. He concluded, that remineralised lesions are the ideal "filling materials" as reversed lesions are more resistant to future decay than sound tooth tissue. Aylin Baysan showed in her PhD thesis that for root caries it was shown that 99% of microorganisms are eliminated with just a single professional 10 seconds of treatment with ozone; over 97% of lesions clinically reverse, and the remainder do not progress, with follow up periods of 12 months. More than one million Patients have already been treated in the UK alone and world wide not a single side effect has ever been recorded.

An elaborate summary/discussion was presented by Linda Niessen (Dentsply, U.S.A.). The oral scientific programme was complemented by a number of high quality poster presentations. I hope these summaries gave you an insight of the high quality presentations and the comprehensive coverage of health care issues in the elderly population.

To further encourage young investigators to focus their interest on the health issues of the elderly population GABA sponsored for the first time the "European College of Gerodontology – GABA research award" which was endowed with a plaque and a bonus of CHF 5000,-. The winners were Dr. Hanna Hüpsch-Marzek and her collaborators Wojciech Pluskiewicz and Leszek Ilewicz from the Department of Conservative Dentistry and Periodontal Diseases as well as the Department of Metabolic Diseases at the Silesian Medical Academy, Poland, for their poster presentation titled "Study of connections of values of chosen parameters obtained in clinical, radiological, densitometrical and biochemical examinations at postmenopausal women". The picture shows Hanna with the President of the ECG, Angus Walls and Dr. Beate Helling from GABA research



The European College of Gerodontology GABA research Award is handed over to the winner Dr. Hanna Hüpsch-Marzek (left) by the President Prof. Angus Walls (right) and Dr. Beate Helling from GABA research (center).

The prize was presented during the splendid conference dinner. Another highlight during the dinner was the speech by Gunnar Carlsson, who summarised the events of the day in his legendary scintillatingly witty poems. Last but not least I would like to mention, that the ECG has offered Ejvind Budtz-Jørgensen from the University of Geneva, Switzerland, Honorary Membership for his outstanding contribution to the science, clinical practice and teaching in Gerodontology over many years



Honorary membership was awarded to Prof. Ejvind Budtz-Jørgensen (center) by the President of the ECG Prof. Angus Walls (right) and the first Honorary Member Prof. Poul Holm-Pedersen (left) who gave the address for Ejvind.

The ceremony was complemented by a speech from the first ECG-Honorary member Poul Holm-Pedersen (Copenhagen, Denmark) who not only detailed Ejvind's contribution to Gerodontology but started with their common past at the Danish Boy-Scouts.

All together the meeting was a very successful, interesting and inspiring event which not only allowed for the exchange and discussion of knowledge, experience and research findings, but also for a social gathering with "old" and "new" friends and the enjoyment of the splendid surroundings of the Gothenburg area.

Frauke Müller (Secretary ECG) and the speakers of the meeting

Morita Junior Investigator Awards

Herenia P. Lawrence, DDS, MSc, PhD

The Morita Junior Investigator Awards in Geriatric Oral Research was announced Friday, June 27, 2003 at the GORG's business meeting by Dr. Herenia P. Lawrence on behalf of Dr. Catherine Watkins. Dr. Watkins has served as Morita Award Committee Chair for several years but she was not able to attend the meeting as she was moving back to North Carolina to start a new Geriatric program at Wake Forest University. Cathy has been the driving force behind the organization of the Morita awards and we thank her for all her work in coordinating these awards.

This year's awards had four abstracts submitted, three were selected for competition and one was granted a deferral for next year's competition. All three finalists were in the postdoctoral category.

The awards committee was composed of Drs. Judith Jones, Asuman Kiyak and Jimmy Steele. The winner was determined based on the quality of the extended abstract and on the candidate's ability to answer questions by the awards committee who visited each candidate's poster/oral session during scheduled presentation times.

Mr. Frédéric Suter, President of J. Morita Europe, has honoured the group with his attendance at the business meeting and by presenting the awards.

The candidates were Dr. K. Marton whose presentation was titled "Evaluation of Oral Manifestations in Patients with Polymyositis and Dermatomyositis", Dr. Lene Vilstrup who presented on the "Dental Status and Prevalence of Dental Caries among 85-year-olds in Denmark" and Dr. Yan Zhong whose study was titled "Clinical Signs of Periodontal Disease in Prostaglandin E₂ in Gingival Crevicular Fluid."

The postdoctoral first place was awarded to Dr. Vilstrup and the second prize went to Dr. Zhong.

There was some discussion at the conclusion of the award ceremony about ways to publicize the award internationally in order to increase the number of candidates. The group agreed to publicize the competition in our respective institutions and by disseminating information on the award to other dental schools and to dental health list-servers.



Dr. Lene Vilstrup (center) won first place in the Morita Awards, Postdoctoral competition.



Dr. K. Marton (center) received an honorable mention award from Mr. F. Suter (left) and Dr. Herenia Lawrence (right)



Mr. Frederic Suter, President of J. Morita Corporation-Europe, honored us with his participation in the Morita Awards presentation.

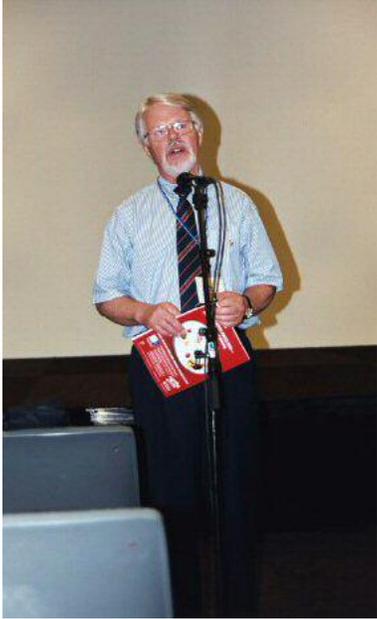


Two of the 2003 Morita Awards recipients received recognition during the business meeting, with this year's judges: left to right, Judge Asuman Kiyak, Award recipients K. Marton and L. Vilstrup, judge Judith Jones, and Awards Committee Chair Herenia Lawrence.

Scenes from the Annual Business Meeting in Gothenburg

The GORG Business Meeting was a lively, informative, and fun way to end the IADR meeting in Gothenburg

Photographs by Dr. Arthur Papas



Paul Holm-Pedersen reported on activities of the European College of Gerodontology at the Business meeting.



Asuman Kiyak received a special award from the GORG leadership, announced by Angus Walls.



President-Elect Frauke Mueller took over as President at the Goteborg meeting as Ron Ettinger's year came to an end.



Angus Walls was honored as the recipient of the GORG Distinguished Scientist Award for 2003.



Herenia Lawrence announced the winners of the 2003 Morita Awards (see previous story).



Ed Lynch announced some exciting possibilities for GORG awards during the business meeting.

Minutes of the GORG Annual Business Meeting

(1) ELECTIONS

The results of the 2003 elections for Vice-President, two executive committee members, and AADR Councilor are as follows:

VP: Jimmy Steele

Exec. Committee: Jane Chalmers, Chris Wyatt

AAADR Councilor: Judith Jones

We thank Philippe Mojon and Herenia Lawrence for their service as executive committee members during the past two years. We also thank the GORG members who agreed to be nominated for these offices and all members who voted. Electronic voting worked out well for these elections, reducing the time involved in submitting names to IADR and receiving ballots via e-mail from voting members. However, in the future it may be necessary to send out 3-4 announcements rather than the two that were done in this election; this may increase the number of voters.

(2) Attendees at the meeting conveyed their heartfelt greetings for a speedy recovery to Ron Ettinger, who could not attend the conference and chair this meeting because of his recent hospitalization. Members also wanted to express their gratitude to Robin Heath for his many years of tireless service to Gerodontology, which he has nurtured into a premier journal for dental researchers interested in the field of geriatric dentistry and which is now a valuable part of membership in GORG and the European College of Gerodontology. Last but not least, the attendees voted to send Cathy Watkins a special "thank you" message for her untiring efforts on behalf of the Morita Awards, which she has coordinated since it first began. Herenia Lawrence has assumed responsibility for this award as of the 2003 meeting.

(3) MEMBERSHIP

According to IADR records, we now have 235 paid members, of which 89 are students, leaving 146 as full voting members. At the business meeting of June 27, attendees whose names did not appear on the list supplied by IADR were urged to add their names to the list and to pay their annual dues. The officers of GORG were urged at the business meeting to continue recruiting new members and to find ways of converting student members to full membership when they complete their education.

(4) SYMPOSIA AND ABSTRACTS SUBMITTED FOR GOTHENBURG

These were discussed by Frauke Muller. She reported that 42 abstracts had been submitted (very low for an international meeting), two were transferred to other groups and four were rejected. No Lunch & Learning sessions were offered by GORG at this meeting.

(5) DISCUSSION OF THE 2004 HONOLULU MEETING

Attendees were told that symposium proposals are due August 22; suggestions should be submitted to Linda Niessen, program chair for 2004. She has already received a proposal from

Barbara Smith on bacterial endocarditis. Other ideas were discussed that might be particularly appropriate for the meeting in Hawaii, including ethnic disparities in oral health access. Other topics might be salivary diagnostics (e.g. research on risk indicators obtained from salivary components), and outcome measures in geriatric dentistry. A discussion regarding funding for future symposia followed. It was agreed by attendees at the business meeting that any industry support obtained for symposia should be used to cover the travel expenses and perhaps a small honorarium for non-IADR members who agree to speak at the symposium, but NOT for members who would be attending the meeting anyway. Any additional funds would be placed in the GORG budget.

(6) NEW STRUCTURE OF GERODONTOLOGY

Frauke reported on Blackwell assuming the role of publisher for Gerodontology as of 2004. They will develop an on-line version of the journal and publish four issues per year, which will increase its impact factor and opportunities for more papers to be published. The new editor, Jim Newton, was not at the meeting, but Ed Lynch and Frauke Muller will continue serving as associate editors and encouraged members to submit their best manuscripts to this journal. Given the new structure of Gerodontology, it was reported that subscriptions to GORG and ECG members would increase to \$50/year, to be added to membership fees in the two groups. Even with such an increase, however, the subscription rate is lower than the new rate to be charged for individual subscriptions.

(6) POSSIBLE NEW AWARDS FROM PROCTER & GAMBLE AND KaVo

Ed Lynch reported on recent discussions he has held with representatives from P&G and KaVo. There is a possibility of funding from these companies for research awards, commencing at IADR 2004, in the areas of "methods to improve the oral health care of older persons" (P&G), and pharmaceutical interventions for older persons (KaVo). It was agreed by attendees at the business meeting that one of these awards should be for a new investigator (i.e. student or recently completed their education), the other for experienced or new investigators. Following some discussion re: pros and cons of awarding these prizes to GORG members vs. the broader IADR membership, it was agreed that nominees should only be GORG members. However, a subsequent discussion re: a new possible prize for the best publication in Gerodontology commencing in 2003 resulted in a unanimous vote that the award could be given to members and non-members alike. Asuman mentioned that a similar prize in the BSHSR group is considered to be quite prestigious, with a plaque and monetary gift of \$350.

The meeting ended at 6:30 p.m.

Dr. Asuman Kiyak

IADR Council Meeting

June 25, 2003 8:00 am – Noon
Göteborg, Sweden

The meeting was chaired by the President of IADR, Dr. John Clarkson with assistance from Dr. Stephen Challacombe who is President-Elect of IADR (President 2003-4).

Executive Director

As of April 2003, the new IADR/AADR Executive Director is Christopher H. Fox, DMD, DMSc

IADR Staff Appointments

Director of Finance: R. Darin Walsh, CPA

Director of Meetings: Gwynn Dominguez

Election Results for 2003-4

IADR Vice President: Takayuki Kuroda

AADR Vice President: Mary MacDougall

Nominations for 2004-5

IADR Vice President:

Stephen Bayne,
University of North Carolina, Chapel Hill, USA

Hector Lanfranchi
University of Buenos Aires, Argentina

David Williams
University of London, UK

Treasurer's Report

- Recommend focus on 2 main sources of income which continue to be meetings and publications.
- IADR member dues revenue increased by 10% in 2002. Recommendation made to keep dues at economic level. No dues increase recommended for this year. Members unable to afford future increases to be assisted through member subsidy program.
- Investment portfolio valued at \$9.9 million (IADR 55%/AADR 45%). These portfolios will be separated. The portfolio has declined in recent years, but maintained a strong asset base.

Journal of Dental Research

- Mark Herzberg will step down as editor at the end of March 2004. IADR is actively searching for a new editor-in-chief.
- Two Associate Editors have been added:
 - Jocelyne S. Feine: Clinical Reports
 - David H. Kohn: Biomaterial

- JDR is now
 - reviewed and processed electronically.
 - available online. (The print version costs extra.)
 - jointly owned by AADR and IADR.
- *Critical Reviews in Oral Biology* will be incorporated into JDR. A name change may be pending.
- The 2002 general acceptance rate was 35.1%.

Federations, Divisions, and Sections:

- Report discussion focus
 - Increased student involvement
 - Collaboration between divisions
- Approval given for Pan Asian Pacific Federation (Australian-New Zealand Division/China Division/Korean Division/Japanese Division/Southeast Asian Division)
- Kuwait Section approval given to become a division
- Sections approved: Jordan, Nigeria, and India.
- Divisions in non-compliance: Mexican, Egyptian
- Sections in non-compliance: Chilean, Russian, Costa Rican

Membership

- 2002 IADR Membership: 11,000 (1,541 new members in 2002)

Strategic Planning Recommendations

- Recommend research group membership to be free to all students
- Recommend 2 institutional section members on the council
- Increase utilization of member subsidy program (currently South African and Southeast Asian Divisions primarily access funds)
- Review IADR committee functions to consider dissolution or changes in roles
- Recommend Fellowship committee review programs and aims
 - Distinguished Scientist Award recommendations
 - Open to all IADR members
 - Minimum number of candidates established
 - No increase in number of awards/consider consolidation across groups

Constitutional Amendments Recommended (would be adopted March 2004 pending membership approval)

- Number of members required to establish a Division removed from Constitution (to be specified in Bylaws).
- Number of members required to establish a Scientific Group removed from Constitution (to be specified in Bylaws).
- The IADR Councilors from each scientific group would become voting members of the IADR Council.
- The 3 Members-at-Large on the Board of Directors will be replaced with 5 Regional Board Members (North America, Europe, Asia, South America, and Africa). These board members would have voting privileges at the Board meeting, but not at the IADR Council.

Bylaw Changes Passed:

- New membership categories:
 - Member (replacing Active member)
 - Affiliate member (replacing Associate member)
 - Student member (name retained); limit of 8 years
 - Retired (replacing Life member)
 - Dissolving the previous category of Research Technician/Assistant

- Membership requirements for Division and Scientific Group Status: 50 members
- Establish Joint IADR/AADR Gies Award Committee (previously solely a AADR award)

Future Meetings

- 2004 IADR/AADR: Honolulu, Hawaii (March 10-13, 2004)
- 2005 IADR/AADR: Baltimore, Maryland (March 9-12, 2005)
- 2006
 - AADR: Orlando, Florida (March 8-11, 2006)
 - IADR: Brisbane, Australia (June 28-July 1, 2006)
- 2007 IADR/AADR: New Orleans, Louisiana (March 21-24, 2007)
- 2008
 - AADR: Dallas, Texas (April 2-5, 2008)
 - IADR: Toronto, Ontario (June 23-26, 2008)
- 2009 IADR/AADR: Miami Beach, Florida

**Respectfully Submitted,
Elisa M. Ghezzi, DDS, MS**

House Calls Services of the Cambridge Health Alliance: Integration of Dentistry and Medicine

Greg An, Mike Monopoly, and Chet Douglass

The referral-based House Calls Services (HCS) functions as one of many services provided through the Cambridge Health Alliance CHA Geriatric Department. Initiated in 1987 as a collaborative effort between the Cambridge Visiting Nurses Association (VNA) and CHA to increase access to frail elderly patients, the HCS has grown from initially serving 60 patients to currently serving over 200. Dr. Alan Abrams, director of the CHA Geriatric Department, and Dr. Susan Hardt helped initiate HCS and have continued to co-direct the services.

The interdisciplinary approach to healthcare delivery allows HCS to more effectively reach their objectives. The team of providers within HCS consists of geriatricians, psychiatrists, registered nurse practitioners, social services, and podiatrists. Although HCS provides comprehensive healthcare, oral health issues had continued to be dismissed because of difficulties of integrating dental services into HCS. In addition, most providers of HCS did not possess any skills to evaluate oral health. Introducing dentistry fits

HCS's model of care and has added to "the holistic elements" of homecare.

A strategy to integrate dental services into HCS was developed in 2002. Prior to developing a program for the integration, the oral health need of the elders within HCS was assessed. The assessment consisted of identifying oral health needs; identifying barriers to access of dental services; increasing awareness of oral health issues among staff, patients, caregivers, and trainees; training non-dental health professionals to perform simple oral health screenings; and gathering demographic and assessment data.

Transportation issues, lack of ability to pay, and lack of perceived need for oral health care were the most common barriers cited by HCS patients. A program to integrate dental services was then developed to alleviate these barriers. An Elder Care Oral Health Specialist (ECOHS), a dental hygienist, acts as the liaison between the elders in Cambridge, elder advocates, dental staff of CHA, medical

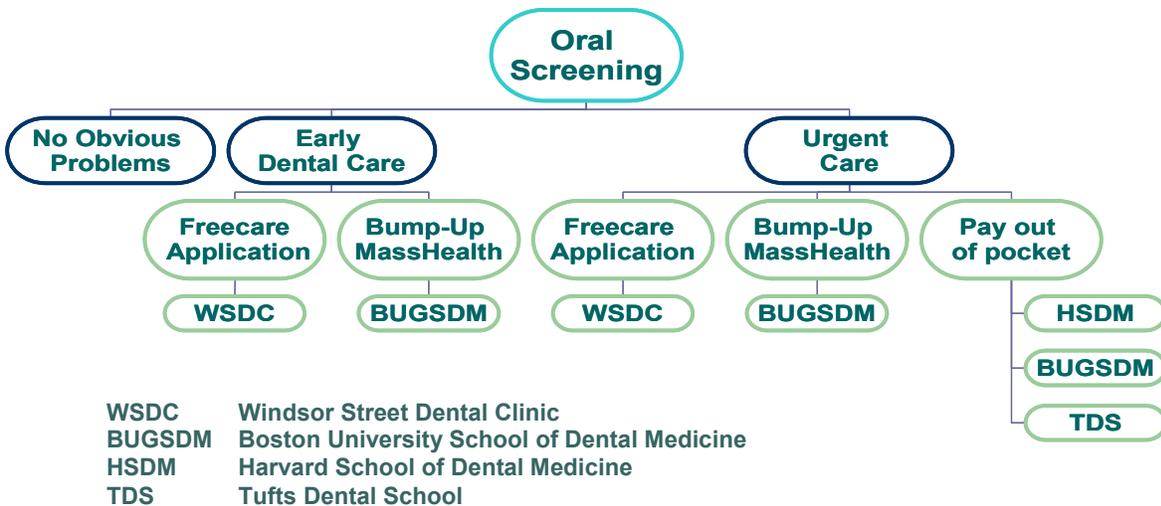
staff of the Geriatric Department of CHA, and the Harvard Medical School Geriatric Program. The ECOHS also educates and provides prevention services to elders in community settings and participates within the HCS team. Two Harvard Medical School Geriatric Dental fellows train the staff of HCS to perform simple oral health screenings on patients, as well as provide palliative dental treatment within homes of patients who cannot be transported. For patients who need transportation and are able to be transported the ECOHS acts as the contact for transportation resources and appointments for dental clinics within CHA and the three Boston area dental schools. Elderly patients within CHA can enroll in FreeCare of CHA which covers most dental procedures provided within CHA dental clinics. The Boston area dental schools have programs with reduced fee schedules for elders who qualify.

The geriatric dental fellows and the ECOHS have integrated into the HCS interdisciplinary health care delivery team. The HCS weekly providers' meetings allow for communicating to non-dental healthcare providers the importance of oral health to general health and a source of referral for patients with poor oral health. The Harvard Medical School's geriatric medical and psychiatric fellows rotate through CHS dental clinics to observe the dental service structure and the clinical treatment of oral health issues. In addition, the dental providers work together with the other healthcare providers of HCS to avoid unnecessary

complications and achieve successful health outcomes for its patients.

HCS Primary Objectives	
❖	To provide access to healthcare to frail patients who otherwise might not receive it
❖	To empower the individual patient to develop individualized treatment plans that are in parallel with their life view
❖	To coordinate the holistic elements of healthcare in the home
❖	To provide cost-effective quality outcomes in chronic disease management
❖	To prevent institutionalization in nursing home, reduce ER visits, and decrease the hospitalization rate of HCS patients
❖	To reduce the intrusiveness of healthcare in the lives of patients with multiple medical, psychological, and social problems
❖	To build leadership in the field of Geriatrics through training and teaching of students, residents, fellows, and other healthcare providers

Referral System



Geriatric Oral Health Research Activities

**Bluestone Center for Clinical Research
New York University College of Dentistry**

The Bluestone Center for Clinical Research opened in November 2002, a dedicated clinical research facility located at the NYU College of Dentistry in Manhattan, New York City. It is a unique academically-based center that was designed to support clinical research in both oral health and medical arenas, and has outpatient as well as overnight facilities for research investigations. Several industry and NIH-funded studies are currently being conducted that have direct relevance to older populations. Four studies are dedicated to oral cancer, a common and devastating condition for older adults. One of the cancers studies is examining the sensitivity and reliability of several diagnostic oral cancer tests. Two studies are testing the safety and efficacy of new agents for radiotherapy-induced mucositis. A fourth study is examining the short and long-term efficacy (morbidity and mortality) of a new combination approach to treating oral cancer using surgery, intra- and post-operative radiotherapy, and a cytoprotectant (Amifostine or Ethyol).

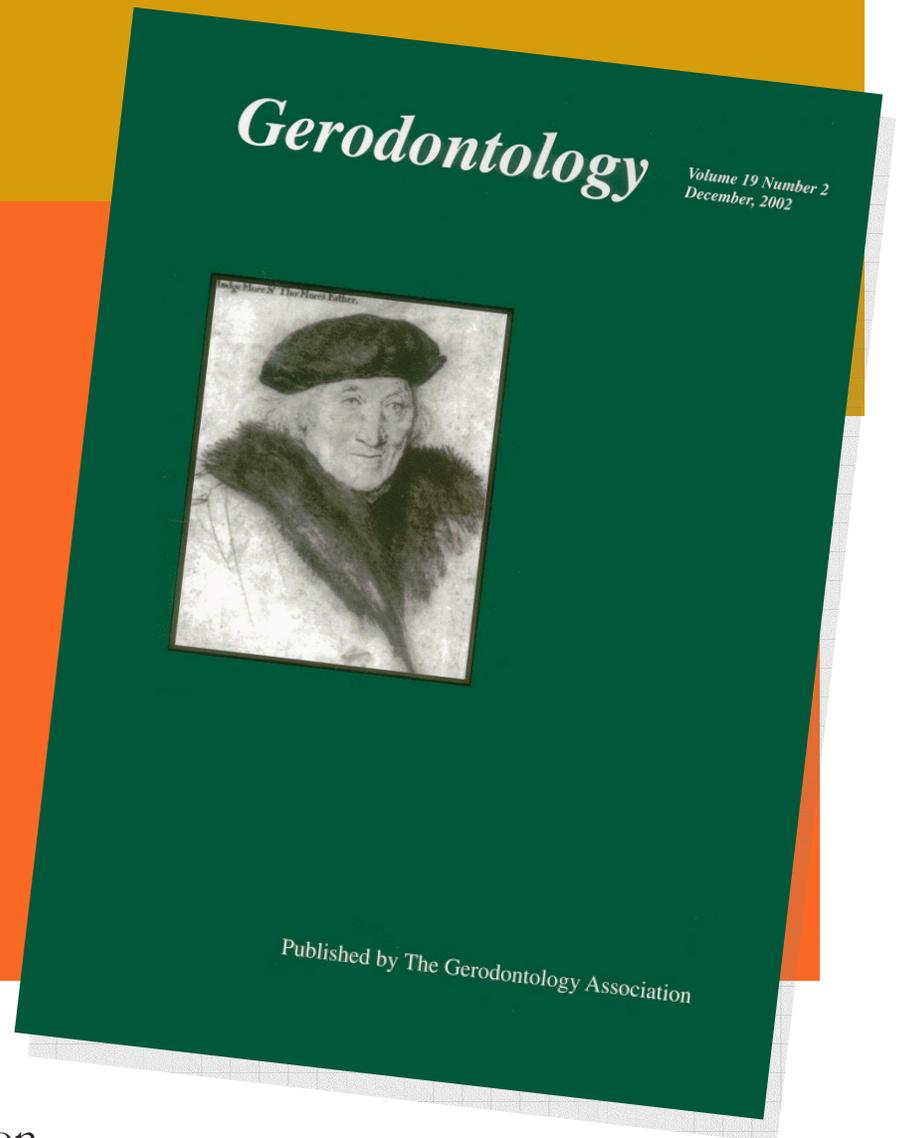
Three additional clinical studies being conducted that address connections between oral and systemic diseases, with implications for the elderly population. One study is dedicated to the autoimmune blistering disease pemphigus vulgaris. The study is using a newly developed peptide, administered during a one hour infusion, that is designed to reduce autoantibody production against the antigenic stimulus of the disease (desmoglein 3). Another study is examining the effect of periodontal therapy on glycosylated hemoglobin levels in patients with poorly controlled type II diabetes. A third study is examining relationships between periodontitis and systemic complications in hemodialysis patients, with emphasis on the microbiological and immunological aspects of periodontal infections and cardiac and renal outcomes in these patients.

**Report submitted by Professor Jonathan A. Ship,
Director of the Bluestone Center for Clinical Research;
member, GORG**

GERODONTOLOGY

2004

- New Editor
- Increase in number of issues from 2 to 4
- Available Online
- Revised aim and scope



THE EDITOR TEAM

EDITOR-IN CHIEF: James Newton

EDITOR EMERITUS: Robin Heath CONSULTANT EDITOR: Edward Lynch

ASSOCIATE EDITORS: Michael MacEntee, Angus Walls, Frauke Mueller

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Aim and Scope

OVER THE LAST 10 YEARS, *Gerodontology* has achieved real success and is now recognised as the lead international dental journal in the care of the older adult. This has been made possible by the unstinting effort and faith of one man, Professor Robin Heath. Robin is well known to all and is respected for his skills, knowledge and understanding in the field of Gerodontology. However, now is the time to further raise the profile of the journal by expanding the contents and providing a forum for developments in patient care as well as a broader base of high quality research. This will be achieved in a number of ways, not least in a close partnership between the Gerodontology Association and Blackwell Publishing as well as maintaining and promoting our close links with gerodontology societies.

It is our intention from January 2004, to increase the number of issues of the journal to 4 per year and to include new areas of interest. These will include commissioning reviews of key issues from experts in the field, reporting on policy developments in care of the older adult, invited papers from international symposia, education and debate, evidence-based dentistry to inform best practice, clinical papers with colour illustrations as well as maintaining our strength in the area of high quality research. Over the next two years we expect to publish review articles and papers covering such diverse topics as:

- Ageing and exercise
- Geriatric medicine and its impact on dental Care
- Quality of life issues for the older adult
- The ageing process and prospects for intervention
- Endodontics for older teeth
- Dental public health policy
- Management of the demented patient
- Pain and mobility
- Dental materials relating to the older adult
- Oral health and nutrition
- The edentulous mandible
- Pathological toothwear and treatment options
- Psycho-social aspects of tooth loss
- Clinical management of the frail elderly
- Gerodontology in the learning environment
- Periodontal disease in the elderly

The ultimate aim of gerodontology is to improve the quality of life and oral health of older people. *Gerodontology* fills the particular place of serving this subject area.

The boundaries of most conventional dental specialties must be repeatedly crossed to provide optimal dental care for older people. Furthermore, management of other health problems impacts on their dental care and clinicians need knowledge in these numerous overlapping areas. Bringing together these diverse topics within one journal serves clinicians who have not time to scan many journals and it serves authors whose papers would therefore fail to access their target readership. The juxtaposition of papers from different traditional specialties but sharing this patient-centred interest provides a synergy that serves progress in the subject Gerodontology.

Submission of manuscripts

EDITORIAL OFFICE:

Dr James P Newton
The Dental School
University of Dundee
Dundee, DD1 4HR
Scotland
UK
TEL: +44 (0)1382 635980
E-MAIL: j.p.newton@dundee.ac.uk

ADDRESS FOR PAPERS:

Dr James Newton
c/o Barbara Tucker
Administrative Secretary *Gerodontology*
5 Channing Close,
Emerson Park, Hornchurch
Essex, RM11 3NE
UK
TEL/FAX: +44 (0)1708 459481
E-MAIL: barbara.tucker@zoom.co.uk

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1st ANNOUNCEMENT

1st ANNOUNCEMENT

PRESERVATION OF THE ORAL FUNCTION IN THE ELDERLY – A CHALLENGE FOR THE ORAL HEALTH CARE PROFESSIONALS

*Scandinavian Society for
Prosthetic Dentistry
and
European College of
Gerodontology*



**Joint meeting in Helsinki,
FINLAND
September 2.–4. 2004**

PROGRAM AT A GLANCE

	September 2.	September 3.	September 4.
Morning		Exhibition opens Invited speakers	Exhibition opens Invited speakers
Afternoon	Board meetings	Oral and poster presentations Invited speakers	Meeting closes
Evening	Opening ceremony and welcome	Business meetings Conference dinner	

Future Meetings

January 18-23, 2004

- **First Gordon Conference on Craniofacial Morphogenesis and Tissue Regeneration**
Ventura Beach Marriott, Ventura, CA
Details: <http://www.grc.uri.edu/programs/2004/cranio.htm>

March 3-6, 2004

- **11th Anniversary Academy of Laser Dentistry Conference and Exhibition**
Renaissance Esmeralda Resort, Indian Wells, Palm Springs, California

March 5-10, 2004

- **2nd Asia Pacific Congress on Craniofacial Distraction Osteogenesis**
Males, Maldives
Details: dr_lakshmi1980@yahoo.com

March 10-13, 2004

- **IADR / AADR / CADR General Session and Exhibition**
Honolulu, Hawaii
Details:
<http://www.dentalresearch.org/meetings/hawaii/index.html>

March 24-26, 2004

- **11th International Dental Congress of the Egyptian Clinical Dental Society**
Meridian Hotel (Grand Hyatt), Cairo, Egypt
Details: www.egycalendar.com/ccds

April 5-7, 2004

- **Annual Meeting of the British Society for Dental Research**
Birmingham, England
Details: www.bsdr.org.uk

April 19-22, 2004

- **World Federation of Public Health Associations' 10th International Congress on Public Health: Sustaining Public Health in a Changing World: Vision to Action**
Brighton, England, UK
Details: www.phaworldcongress.com

April 21-23, 2004

- **1st International Meeting on Methodological Issues in Oral Health Research: Follow-up Studies**
Leuven, Belgium
Details: www.kuleuven.ac.be/biostat/dental2004/

April 23-24, 2004

- **International Conference**
“The Ethics of Intellectual Property Rights and Patents”

Warsaw, Poland

Details: <http://surfer.iitd.pan.wroc.pl/events/patents.html>

May 3-5, 2004

- **National Oral Health Conference**
Los Angeles Airport Marriott Hotel
Deadline for online abstracts submissions: December 5, 2003
Details: www.aaphd.org or www.astdd.org

May 6-7, 2004

- **A State-of-the-Science Workshop: Methods for Enhancing the Efficiency of Dental and Oral Health Clinical Trials: Current Status, Future Possibilities**
NIH Campus, Bethesda, MD
Details: sgreenwood@betah.com or 301.657.4254

June 30-July 3, 2004

- **51st ORCA Congress**
Marburg, Germany
Details: www.orca-caries-research.org

July 11-16, 2004

- **The XV International AIDS Conference**
Bangkok, Thailand
Details: <http://www.ias.se/aids2004/>

July 17-21, 2004

- **VIIIth International Conference on Tooth Morphogenesis and Differentiation**
York, United Kingdom
Details:
http://www.kcl.ac.uk/depsta/cradev/whoswho/TMD_08.html

August 25-28, 2004

- **CED/NOF/ID Joint Meeting**
Istanbul, Turkey
Details: www.iadr-ced.de

August 25-28, 2004

- **New Zealand Dental Association Conference**
Christchurch Convention Centre, New Zealand
Details: <http://www.nzda.org.nz>

September 10-13, 2004

- **FDI Annual World Dental Congress 2004**
New Delhi, India
Details: www.fdiworldental.org

October 8-9 2004

- **3rd Meeting of Turkish Academy of Osseointegration 'Immediate Implant Surgery-Immediate Loading'**
Istanbul, Turkey
Details: ossader@turk.net

March 9-12, 2005

- **IADR / AADR / CADR General Session and Exhibition**
Baltimore, Maryland

July 6-9, 2005

- **52nd ORCA Congress**
Indianapolis, IN
Details: www.orca-caries-research.org

March 8-11, 2006

- **AADR/CADR Annual Meeting**
Orlando, FL

July 5-8, 2006

- **53rd ORCA Congress**
Copenhagen, Denmark
Details: www.orca-caries-research.org

June 28-July 1, 2006

- **IADR General Session and Exhibition**
Brisbane, Australia

March 21-24, 2007

- **IADR/AAADR/CADR General Session**
New Orleans, LA

July 4-7, 2007

- **54th ORCA Congress**
Glasgow, UK
Details: www.orca-caries-research.org

April 2-5, 2008

- **AAADR/CADR Annual Session**
Dallas, TX

Submissions to the GORG Newsletter

The GORG Newsletter welcomes submissions from all of our members. Articles, reports, requests, and anything else that might be of interest to other members should be sent to:

Professor Edward Lynch
GORG Secretary-Treasurer

Email: e.lynch@qub.ac.uk
Tel. +44 (0)28 9063 5318

Department of Restorative Dentistry and Gerodontology
School of Clinical Dentistry
Royal Victoria Hospital
Grosvenor Road
Belfast
BT12 6BP
United Kingdom

Please encourage your colleagues to join as members of GORG and please also encourage your library to subscribe to our Journal Gerodontology. Happy New Year and I look forward to seeing you in Hawaii.