

# GORG Newsletter

December 2004

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## President's message



Greetings, Geriatric Oral Research Group members! It is hard to believe that 6 months has passed since our meeting in beautiful Hawaii. The meeting proved quite successful. This issue of the Newsletter includes a report on the IADR Council meeting in Honolulu. This issue also includes photos of our GORG awards.

As one meeting ends, another is in preparation. Jimmy Steele and the GORG officers are working diligently in preparation for the IADR meeting in Baltimore, March 9-12, 2005. Mark your calendars now for what is shaping up to be an intellectually rigorous and scientifically exciting meeting.

GORG will partner with several other groups to support two symposia, one addressing the qualitative aspects of research, another examining the life course approach to chronic oral disease. Dr. Chris Wyatt has agreed to present a Lunch and Learn titled "Planning, implementation and outcomes of a new program providing dentistry for elderly residents of long term care facilities".

Don't forget the GORG business meeting scheduled for Friday, March 11, 2005. The Student Awards competition will be scheduled for Friday morning, so the awards can be presented at our business meeting. Listed in this newsletter, you will find the candidates for 2005-06 Geriatric Oral Research offices. It is always the sign of a healthy organization when individuals of this caliber are willing to donate their limited time to participate in GORG. If you are interested in getting more involved with GORG, please don't hesitate to contact me via email or phone.

Congratulations to Dr. Judith Jones on convening an outstanding meeting "Elder's Oral Health Summit" in Boston in September. Judy convened leaders throughout the US in geriatric dentistry to address funding for oral health care for older adults in the future. Judy will present findings from this Summit at a Joint AADR/ADEA Symposium, tentatively scheduled for Wednesday, March 9, 2005.

Best wishes for a productive fall and holiday season. I look forward to seeing you at the IADR meeting in March, 2005.

# IADR Council Meeting

March 9, 2004  
Honolulu, Hawaii

The meeting was chaired by the President of IADR, Dr. Stephen Challacombe with assistance from Dr. Paul Robertson who is President-Elect of IADR (President 2004-5).

## Election Results for 2004-5

- IADR Vice President: Stephen Bayne
- AADR Vice President: E. Dianne Rekow
- AADR Treasurer: Pamela DenBesten

## Constitutional Amendments Passed (adopted March 2004)

- 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 Editor and FDI representative will not be 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.

## New Officer Appointments and Nominations

- IADR Vice President Nominations for 2004-5
  - Deborah Greenspan, University of California, USA
  - Peter Holbrook, University of Iceland, Iceland
  - Lakshman Samaranayake, University of Hong Kong, Hong Kong
- IADR Regional Board Members
  - North American: Richard Ellen, University of Toronto, Canada (2008)
  - South American: Jose Luiz Lage-Marques, University of Sao Paulo, Brazil (2008)

## Vice President's Report

- 4300 abstracts were submitted (representing 62 countries) for the IADR 2004 meeting.

- As the IADR annual meetings are a primary source of income for the organization, evaluation and planning for future General sessions will be a major priority for the Board in the coming year.

## Journal of Dental Research Editor's Report

- Mark Herzberg will step down as editor at the end of March 2004 after 11 years of service.
- New editor-in-chief: Anthony J. Smith, University of Birmingham, UK
- Associate Editor: Jocelyne S. Feine: Clinical Reports
- Will be seeking a new associate editor for Biomaterials section.
- 525 manuscripts were submitted and the general acceptance rate was 34.5% in 2003.
- Critical Reviews in Oral Biology will be incorporated into JDR effective January 2005.

## Membership

- 2003 IADR Membership: 8,527 (excluding students) (2.3% increase)
- 2003 AADR Membership: 2,713 (7.5% decrease)
- Membership and Marketing Department targeting AADR membership recruitment and retention in 2004

## Financial Reports

- IADR and AADR are in good shape financially.
- 2004 will result in a balanced budget due to central office cut-backs, so it will be a tough budget year.
- Meetings
  - 2003 IADR & AADR meetings generated less profit than originally budgeted due to low attendance (i.e., world economy, Iraqi war, SARS).
    - 2003 AADR meeting net income \$25K below budget
    - 2003 IADR registration 4,300 lower than projected. Net income was \$20K.
  - 2004 IADR Hawaii should be a very successful meeting.
- 2004 new requirement for all presenters to pre-register to minimize financial loss.
  - \$60,000 lost in 2003 due to presenters who failed to register or no-showed.

- Net assets
  - 2001: \$7.6 million (\$6.4 million from investments)
  - 2002: \$6.5 million (\$5.5 million from investments)
    - Net surplus \$151K
    - 2002 IADR Revenue: \$2.7 million (50% from meeting registration; 17% from dues)
    - 2002 IADR Expenses: \$2.6 million (50% for meetings; 30% for general operations)
- 2003 investment portfolio demonstrated modest gains following 2 years of significant losses.
  - IADR \$6.0 million
  - AADR \$4.8 million
- Projections
  - 2005 7.5% surplus
    - increase in meeting registration fees
    - \$45 manuscript submission fee for JDR
  - 2006 2.5% operational loss
    - concern for meeting revenue in Brisbane due to competing meetings (AADR in Orlando; Dublin meeting)

### **Federations, Divisions, and Sections:**

- Focus of report discussion
  - Concern for retention of future researchers
  - Increased student involvement
- Approval given for
  - African & Middle East Federation (East and Southern Africa Division; South African Division; Jordanian Section; Kuwaiti Section; Nigerian Section)
  - Latin American Federation (Argentine Division; Brazilian Division; Peruvian Division; Venezuelan Division)
- Nigerian Section approval given to become a division
- Divisions in non-compliance: Egyptian; Kuwaiti; Mexican; Venezuelan
- Sections in non-compliance: Chilean; Costa Rican; Jordanian; Russian; Saudi Arabian
- IADRSEA Southeast Asia Division Annual Scientific Meeting: September 3-6, 2004; Thailand

### **Bylaw Changes Passed**

- Retired members will be assessed a \$10 membership fee to cover administrative costs.

- Standing Committee Changes
  - Change number of members of Ethics in Dental Research Committee (from 9 to 5) with specific expertise in biomedical ethics.
  - Dissolve Joint Technology Committee since the function of this committee is being fulfilled by the IADR central office.
  - Board will review Science Awards Committee recommendations prior to selection.

### **Strategic Planning Recommendations**

- Constitution Committee to review Constitution and Bylaws at least every 5 years.
- Hatton Award Committee to define new categories (currently Junior; Senior; Post-doc).
- Membership & Recruitment Committee to appoint Task Force to develop proposal for increasing effectiveness of committee.

### **Future Meetings**

- 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
- 2010
  - IADR: Barcelona, Spain
  - AADR: Washington, DC (under consideration)
- 2011
  - IADR/AADR/CADR: San Diego, California

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

## GORG Business Meeting 2004

### President's report.

The president, Professor Frauke Müller, reported that the year's main activities concentrated on the preparation of the annual meeting held in Hawaii.

Within this context, the collaboration with the other members of the board has always been very pleasant, friendly and efficient; in fact they have supported the President in a remarkable and helpful way.

As for the scientific programme, GORG had accepted 40 abstracts, 23 of which were scheduled in 2 poster sessions and 17 in 3 oral sessions. In addition GORG inaugurated or co-sponsored 4 symposia. The keynote lecture of 30 minutes was given by Angus Walls, the winner of last year's distinguished scientist award. The GORG board thus suggested that the keynote lecture is always given by the winner of the distinguished scientist award of the previous year. In this context, the president congratulated Gary Slade who was awarded the distinguished scientist award during the opening ceremonies in Hawaii and invited him to give the keynote lecture during the IADR 2006.

Due to the efforts of the GORG Honorary Secretary Edward Lynch, two additional scientific prizes were inaugurated: a KAVO prize for the best presentation on "chemical approach on caries treatment" and a P&G prize on "interventions to improve oral hygiene in the elderly". Both prizes were awarded for the first time in Hawaii. Julian

Holmes won the KAVO prize while the P&G prize went to Dr. K. Esashi and her collaborators.

Finally the president thanked the group for their support and trust and handed over the presidency to Linda Niessen.

### Treasurer's and Secretary's report

Edward Lynch reported that KaVo and Procter and Gamble have both been extremely generous supporting GORG with two new prizes to be awarded each year at IADR. The award of these prizes from KaVo and Procter and Gamble leaves the financial position of GORG in a healthy state. Edward Lynch passed around a copy of the end of year financial report for 2003. He also asked colleagues to actively continue to encourage membership of GORG.

### Editor's report

The Editor reported that the collaboration with Blackwells is going very well and that enough copy has come in to fill two issues of Gerodontology in advance. However, the Editor reminded the members of the group to check whether their local libraries are subscribing to the Journal. The Journal's online version is available at [www.blackwell-synergy.com](http://www.blackwell-synergy.com). The Editor thanked the Group for having supported the shift to Blackwells and encouraged them to continue sending their best manuscripts for publication.

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## GORG Prizes

At the GORG business meeting on March 12, 2004, five prizes were awarded for the year's best abstracts in geriatric oral research. The first three awards were sponsored by the J. Morita Corporation and were all in the pre-doctoral category, a first prize and two honorable mentions. I would like to thank this year's judges of the J. Morita Awards: Drs. Elisa Ghezzi, Jane Chalmers and James Steele.

A total of 13 abstracts were submitted for consideration and the judges were very impressed with the submissions. Jacob Gady, pre-medical student at Tufts University in Medford MA, was presented with the Junior Investigator Award in Geriatric Oral Research and was awarded the pre-doctoral grand prize of \$800. His abstract was titled "Effects of NSAIDS on Periodontal Disease." His mentor was Dr. Athena Papas.



*Attendees at the GORG Business meeting*



*Frauke and Herenia with Jacob Gady, this year's grand prize winner of the J. Morita Junior Investigator Award in Geriatric Oral Research*

The first honorable mention went to Jessica Smith, senior dental student at the University of Washington, Seattle. Her abstract was titled "Predictors of Oral Health Quality of Life in Older Adults." Her mentors for this study were Drs. Rigmor Persson and Asuman Kiyak.



***Frauke Müller and Herenia Lawrence with Jessica Smith, honourable mention recipient of the J. Morita Award***

The second honorable mention went to Justin H. Yeates, first year, pre-doctoral student at the University of Washington for his abstract titled "The Red Complex of Pathogens in Older Subjects." His mentors were Drs. Asuman Kiyak and Rutger Persson. Both were awarded a prize of \$350.



***Frauke and Herenia with Justin Yeates who received honourable mention in the predoctoral category of the J. Morita Award***

Two other awards were given out at the GORG business meeting in Hawaii, the KaVo Award for outstanding research conducted in the field of the use of pharmaceuticals in treating caries in the elderly and the Procter and Gamble Award given for research excellence in the field of improving the oral health of the elderly.

Professor Edward Lynch nominated judges for these awards and should be thanked for his work in securing the support of the sponsors. This year's recipient of the KaVo Award was Dr. Julian Holmes from Queen's University of Belfast, N. Ireland with his abstract titled "Ozone Treatment of Root Caries after 18 Months." Along with the award, Julian Holmes received a cheque for \$500.



***Julian Holmes, proud recipient of the KaVo Award***

The recipients of the P&G Award were Drs. K. Esashi, S. Saitoh, T. Maedako, M. Sai, H. Satoh, T. Inque, Y. Kurosawa, Y. Abe, M. Kikuchi, and M. Watanabe from Tohoku University, Sendai, Japan. Their abstract was titled "Survey of Domiciliary Dental Care for the Elderly in Sendai." Along with the award, Dr. Esashi and her collaborators received a cheque for \$500.



***Dr. Esashi and her collaborators received the Procter and Gamble Award***

A special award to Professor Robin Heath for his outstanding service in the field of geriatric oral research and his work as editor of *Gerodontology* was presented by Frauke Müller.

GORG wishes to congratulate all of our winners as well as those who submitted abstracts for consideration. Special thanks to our sponsors, J. Morita, KaVo and Procter and Gamble and to the awards judges for their help. Information about the J. Morita Awards competition can be found on the IADR website at

<http://www.iadr.com/awards/morita.html>.

GORG members are invited to apply to be judges for the Morita awards. Would those members wishing to be considered for this position please contact Herenia before Feb 1, 2005.

**Dr. Herenia P. Lawrence, Awards Committee Chair**

## GORG Candidates for 2005–06

Listed below are the individuals nominated for GORG officers for 2005-06. We are pleased that these talented individuals are willing to donate their time to GORG and IADR.

### Vice President

**Herenia P. Lawrence** is an Associate Professor of Community Dentistry at the University of Toronto. She received her DDS (1985) from the Federal University of Rio de Janeiro and obtained both an MSc (1989) in Gerodontology and a PhD (1995) in Dental Public Health from the University of London in the UK. Dr. Lawrence received postdoctoral training in Geriatric Oral Research at the University of North Carolina at Chapel Hill (1995-1998). Her mentor at UNC was Prof. James Beck. In summer 2001, Herenia was a fellow at the Department of Dental Public Health Sciences at the University of Washington in Seattle, working with Dr. Timothy DeRouen in his Clinical Dental Research Methods course. Her research has focused on root and coronal caries epidemiology in older adults, development of caries indices and risk assessment in the elderly, and the relationship between oral health and systemic health. Currently her research focuses on salivary biomarkers of psychological stress and immune-deficiency in disabled and malnourished older adults.

Dr. Lawrence has been a member of IADR/GORG since 1993. As GORG member, Herenia has served on the Executive for two years (2001-2003). Her responsibilities included judging the extended abstracts submitted for the Morita Junior Investigator Awards in Geriatric Oral Research and revising GORG's Constitution and By-laws. In 2003, Herenia was elected Chair of the Awards Committee and has organized the GORG Junior Investigator Awards in Geriatric Oral Research given at the GORG annual business meeting during the IADR conference. She would be much honored to continue to serve the Geriatric Oral Research Group as Vice-President.

### Executive Committee Member

**Mark Thomason** is Professor of Prosthodontics and Oral Rehabilitation at the University of Newcastle upon Tyne. He also holds an appointment as Adjunct Professor in the Faculty of Dentistry of McGill, Montreal, Canada. He is responsible for the prosthodontic undergraduate teaching programme in Newcastle. His research within prosthodontics has focused on the assessment of factors that influence patient acceptance of prostheses. A prospective

RCT comparing bilateral cantilever adhesive bridges and conventional partial dentures on patient satisfaction and diet was developed to investigate barriers to dietary change in these groups of patients. Currently he is coordinating a series of randomised controlled trials on the impact of implant retained prostheses on patient satisfaction and oral health related quality of life in older patients. An integral part of this work includes the impact of this form of treatment on food choice and nutritional status. These studies are funded by Medical Charities and Industrial Partners and PhD Studentships. He is currently leading a psycho-educational clinical trial involving edentulous seniors in Canada and the UK. He has also published widely on the impact of organ transplantation in dentistry and in particular on the pathogenesis and management of drug-induced gingival overgrowth. Professor Thomason is the Editor of the European Journal of Prosthodontics and Restorative Dentistry and is currently Secretary/Treasurer of the Prosthodontic Research Group of the International Association for Dental Research and is a former member of the IADR Technology and Communication Committee.

### AADR Councillor

**Ronald L. Ettinger BDS, MDS DDS** is Professor in the Department of Prosthodontics and the Dows Institute for Dental Research and he is Director of Geriatric Dental Programs at the College of Dentistry, University of Iowa. He is a past president of the American Society for Geriatric Dentistry (1985-1987) and currently serves on the Board of Directors of the Federation of Special Care in Dentistry. He was awarded a Geriatric Academic Award by the NIA (1981-1986). He is a Project Director in the Iowa Geriatric Education Center funded by the Bureau of Health Professions. His aging research focus has been on the epidemiology of oral diseases in older adults, barriers to care, oral mucosal disease, geriatric education of dental students, longitudinal study of overdenture patients and the delivery of care to at-risk populations. Dr. Ettinger has been a member of IADR since 1971 and has presented a paper or a poster at all IADR/AADR meetings since 1972. He was the President of the Prosthodontic Group in 1989/90. He is the immediate past president of GORG. He has served on several IADR committees, such as the Editorial Board of the JDR and the Publications Committee. In 2001 he was awarded the Distinguished Scientist Award for Geriatric Oral Research by IADR. He has been Editor of the Journal Special Care in Dentistry since July 1995.

## The GORG programme for Baltimore, March 2005

At the time of writing the programme for Baltimore is being finalised.

GORG received 42 abstracts, and after transfers and rejections 39 will appear in the programme. IADR are trying to reduce the number of oral sessions and restrict them to the very strongest abstracts, with 20% oral presentations being the recommendation, the remainder being posters. The old "poster presentation" format is now not available so if you have submitted an abstract it will either be oral or a conventional poster. Being quite a small group, it looked as though we may only be allowed one oral session of eight abstracts, but in fact it seems that we will have two "six slot" sessions, one on Friday morning and the other on Saturday morning. As expected there were more presenters asking for an oral presentation than could be fitted into the programme, so if you requested an oral and got a poster, I hope you will understand why. I would like to thank all of those who helped put the programme together, particularly Gretchen Gibson and Mark Thomason who acted as referees.

The poster sessions are not decided yet but we will probably be divided into about three blocks. I have asked for all of the Morita award applications to be considered together in one block and also that they all should be poster presentations. The number of applicants for the Moritas has been very encouraging, but the restriction on oral presentations meant that the only fair way to arrange them was to ask all to be presented as posters. I have asked for this session to be on Thursday or Friday so that we can make the awards at the business meeting.

Elsewhere, we have interest in two of the symposia and a Lunch and Learning session. As is normal we had a couple

of symposia proposals that were not accepted. I would encourage members to be thinking now about the key emerging issues around which we can build symposia for Brisbane in 2006. Bring your ideas with you to the business meeting in Baltimore.

The symposium we have co-sponsored promises to be an interesting one covering a research methodology of great relevance to the group. Being led by the Behavioural Sciences and Oral Health Services Research Group and co-sponsored by both GORG and the Education group the symposium is entitled "The Life-course Approach to Chronic Oral Disease". With the permission of the organiser I have included the abstract below. The session itself is provisionally scheduled for the latter part of Thursday morning (1045-1230) but this of course may change. Also of prime interest to the group will be the joint AADR Geriatric Oral Research ADEA and AADR sponsored symposium organized by Judith Jones: Improving Oral Health Outcomes for Elders: Recommendations from the Elders' Oral Health Summit. Provisionally this is scheduled for the early part of Thursday morning from 0900 to 1100, so Thursday morning looks busy. In addition, we have a lunch and learning session hosted by Chris Wyatt entitled "Planning, Implementation, and Outcomes of a New Program Providing Dentistry for Elderly Residents of Long-term Care Facilities". My thanks go to Chris for organising this. Finally, the keynote address will be given by Gary Slade at the beginning of the oral session on Saturday morning, so you will have to have slept off the previous evening's steamed swimmer crab with accompanying beverage to be in the convention centre bright and early at 9am (that seems early to me).

**Jimmy Steele**

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### IADR Symposium The Life-course Approach to Chronic Oral Disease

Recently, aetiological models that predominantly emphasize current adult life styles, such as smoking, diet, and lack of exercise have been challenged successfully by growing evidence that impaired early growth and development, childhood infection, poor nutrition and social and psychosocial disadvantage across the life course affect chronic disease risk, including chronic oral disease. This relatively new area of research is called life course epidemiology. This life course framework for investigating the aetiology and natural history of chronic disease proposes that advantages and disadvantages are accumulated throughout life generating differentials in health later in life. Furthermore, this dynamic framework brings together the effects of intrinsic factors (individual resources) with

extrinsic factors (environmental factors). The aim of this symposium is to give an overview of this new epidemiological approach and to discuss how the life course framework has been applied successfully to chronic oral diseases. Specifically, the symposium will include: i) A theoretical presentation, explaining what life course epidemiology is, and how this approach differs from conventional risk factor epidemiology. This presentation will also describe how to build and test theoretical life course models, plus other methodological challenges in this field; ii) Empirical work from cohort studies will be used to illustrate how life course theoretical models have been applied to oral chronic diseases, such as periodontal disease and dental caries; and iii) Alternative methods for

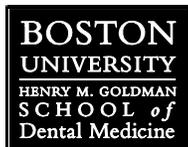
collecting reliable retrospective information using cross-sectional designs will be discussed using, as an example, data from a multi-centre study that is employing a life course epidemiological approach to investigate the aetiology and natural history of squamous cell carcinoma of

the upper aerodigestive tract. This symposium will be of interest to epidemiologists, public health researchers, health policy makers and all others researching different aspects of the aetiology of periodontal disease, dental caries and oral cancer.

**Jimmy Steele**

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## Elder Oral Health Focus of Boston Summit



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**For Immediate Release:** October 12, 2004  
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(Boston) — To address the national problem of inadequate elder oral health care, Boston University School of Dental Medicine hosted in September the Elders' Oral Health Care Summit.

Boston University's School of Dental Medicine is leading the effort to improve elder oral health care across the United States.

The school is among the first to tackle the issue, long overlooked by both the medical industry and elders themselves, who typically live on a fixed income, lose dental insurance at retirement, and do not have the money to make oral health a priority.

"When I was growing up, dentistry was a whole different animal than it is today," says Dr. Asuman Kiyak, University of Washington. "Before the 1950s, there was no water fluoridation. The values those times instilled in people carried forward into their later years. If they only have a certain amount of money, are they going to put that money towards dental insurance?"

According to the Boston Oral Health Equity Project, a multidisciplinary team composed of the Boston Public Health Commission and the three Boston dental schools, the poorest elders often face insurmountable barriers to accessing dental services, yet they experience high levels of oral disease. Oral disease often leads to diminished overall health, says Judith Jones, chairperson of the Department of General Dentistry at Boston University's School of Dental Medicine and summit organizer. She says Medicare compounds the problem because it does not cover dental care, and the only adult dental coverage remaining through Medicaid (Mass Health), in Massachusetts and many other states, is payment for emergency care and extractions.

"The needs are dramatic," says Jones. "What is happening in Boston is happening all over the United States."

She says Congress should consider creating a Medicare part D for dental care, similar to what it recently added for prescriptions.

Funded by the National Institute of Dental and Craniofacial Research, National Institute on Aging, and National Institute of Health Office of Research of Women's Health, the summit's major event sponsors included GlaxoSmithKline, a worldwide research-based pharmaceutical company, and Dentsply International, the world's largest professional dental products company.

Approximately 130 summit participants from across the United States researched and discussed disparities in oral health and access to oral health care for the elderly, particularly the poor, minorities, the frail, the homebound, and the institutionalized.

Even though it is common knowledge among dental professionals that the elderly population is underserved and at risk regarding oral health, the statistics still shocked summit participants.

In a Boston study performed from September 2003 through March 2004, the Oral Health Equity Project volunteers screened 316 elders over age 60 living in 11 public housing facilities. Of those 316 people, 91.8 percent had some form of medical insurance. However, only 5.69 percent of that same group—or just 18 people—had dental insurance. Project volunteers found 84.2 percent needed follow-up dental treatment. Of the 129 elders who had dentures, 78.2 percent of them had dentures in unsatisfactory condition. Forty-two percent had urgent needs in the last year and could not get care. The elders reported unreplaced missing teeth as their most common oral health problem.

The office of Boston City Councilor Michael Ross coordinated and supported the project screenings, which took place in his district. Ross spoke at the summit, telling the group why he became involved. During a visit with elderly members in his district, Ross says he expected to talk about

politics and the Democratic National Convention. “Instead, they launched into ‘what are you going to do about my teeth?’” he says. “Everyone was saying the same thing. In 2002, Massachusetts went from a real generous dental plan for elderly to a very meager plan. Now in 2003 all they can do is remove their teeth.”

They do not have coverage to care for fillings, dentures, or basic care—only emergency removal is covered, he says.

“From the human side, I understand these people were not coming down to dinner,” he says. “They weren’t participating. They were getting their food carted up to their rooms. They didn’t want to show off their mouths.”

According to the 1994 National Access to Care Survey, dental care is the greatest unmet health need in the U.S. with

41 million Americans unable to receive supplemental health services. Oral health care is considered supplemental health.

By the close of the summit, participants compiled an extensive list of findings and the next steps to tackle the problem. The *Journal of Dental Education* will publish these findings, which include detailed plans to change perceptions of the importance of oral health care; overcoming barriers to oral health care by replicating proven programs; working with insurance companies and pursuing a legislative solution; building the science base to find out what really works among elders; increasing dental workplace diversity, capacity, and flexibility; increasing collaborations with the aging networks already in place and the media; and to spread the message that oral health care is important to overall health.

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**1st European Symposium on Gerodontology**  
**14th Annual Meeting of the Swiss Society of Dentistry for the Elderly and Handicapped**  
**14th Annual Meeting of the European College of Gerodontology**  
**Successful Dental Treatment for the Older Adult and Handicapped**  
**- Evidence Based Approach to Clinical Decision Making -**

**Geneva, 22-23 April 2005**

**Organized by**  
**Quintessence International Publishing Group**

**FRIDAY, 22 April 2005**

09:00 Welcome  
Jean-Louis Carpentier, Dean Medical Faculty Geneva  
Stephan Gottet, President SGZBB  
Nicola Pearson, President ECG  
Frauke Müller, Scientific programme chair

**Ageing and health – what is the impact?**

09:15 Gold, Geneva: Multipathologies in the elderly- a case for concern? (45 min)  
10:00 Giannakopoulos, Geneva: Depression and dementia in the elderly: major mental health issues in western countries (45 min)  
10:45 - 11:15 BREAK  
11:15 Martens, Gent: Genetic diseases and acquired handicaps – an overview (45 min)  
12:00 Rizzoli, Geneva: Osteoporosis and nutrition in the elderly (30 min)  
12:30-13:00 General Assembly SGZBB / Poster Session  
13:00-14:00 LUNCH

**Dental treatment concepts for the elderly individual**

14:00 Newton, Dundee: The orofacial system – the clinical relevance of physiological ageing? (30 min)  
14:30 Walls, Newcastle: Management of root caries – a minimal invasive approach (45 min)  
15:15 Allen, Cork: Tooth conservation – what are the risks and limits? (45 min)  
16:00 - 16:30 BREAK  
16:30 Müller, Geneva: Prosthetic treatment concepts - a pragmatic approach (45 min)  
17:15 Mericske, Bern: Dental implants in the elderly – is age a barrier (45 min)

18.00

Closing

## **SATURDAY, 23 April 2005**

08.50 Marcel Briand Old/handicapped – neglected and forgotten?  
09:00 Special Lecture: Jollien, Freiburg: The praise of weakness (45 min)  
09:45 Rapin, Geneva: Elderly negligence and abuse (30 min)  
10:15 -10:45 BREAK

### **Are you and your team prepared for the older and handicapped patient?**

10.45 Hofer, Zurich: Is your dental practice prepared for elderly and handicapped? (30 min)  
11:15 Padrutt, Geneva: Prevention and motivation – The dental hygienist perspective (30 min)  
11:45 MacEntee, Vancouver: Long-term Care Facilities: the Last Dental Frontier (45 min)  
12:30 Müller, Geneva: Awards / Closing remarks (10 min)  
13.30 General Assembly, European College of Gerodontology  
14.00 – 17:00 WORKSHOP: Dental Implants for the edentulous jaw  
(separate registration, organised by Straumann)

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## **Obituary**

### **Markus Koller, Past-President of the European College of Gerodontology**



On September 28th 2004 Markus Meinrad Koller-Lamberti, Dean of the Centre for Dental and Oral Medicine of Zurich, Switzerland, Director of the Clinic for Geriatric and Special Dental Care Dentistry and Past-President of the European College of Gerodontology, passed away at the age of 50. His premature death touched us deeply. He has left his wife Miriam and his family to whom we would like to express our deep sympathy.

Markus Koller was born on 3rd December 1953 in Alt St.Johann in the Swiss Canton of Sankt Gallen. He studied in Freiburg and Zurich where he qualified in 1979 as a dentist and received his doctorate in 1980. Following graduation he worked until 1989 at the Dental School of Zurich in the Department of Prosthodontics I (1979-1981; Prof. Dr. P. Schäfer) and subsequently in the Department for Masticatory Disorders and Complete Dentures (Prof. Dr. S. Palla). He shaped his research profile and clinical training from 1985 to 1986 at the University of Turin, Italy, as well as from 1989 to 1991 at the University of Florida, Gainesville, US, where he received a diploma in Gerontology.

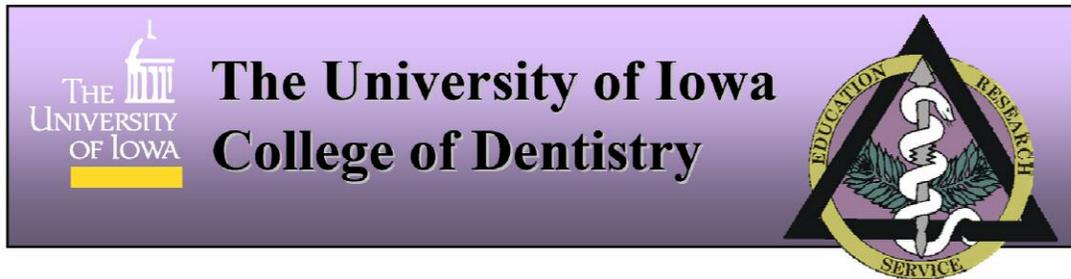
On his return to Switzerland in 1992 he was appointed Director of the Clinic for Geriatric and Special Care

Dentistry and since 2002 Dean of the Centre for Dental and Oral Medicine in Zurich. His habilitation thesis (PhD) entitled “Long-term administration of the tricyclic antidepressant desipramine influences salivary gland function and oral health in female NIA Fischer 344 rats: different effects with age” provided him in 2002 with the *venia legendi* for removable prosthodontics and geriatric and special care dentistry. Markus’ main research interests focussed on dental care for the elderly, salivary gland dysfunction, oral health and systemic diseases as well as cost-effectiveness of prosthodontic treatment concepts.

We shall remember Markus as a dear friend and colleague, an integral part of the “gerodontology family”. In 2002 he was President of the ECG and hosted the annual meeting in Zurich. He was known for his enthusiasm and structured Swiss efficiency. Being a dedicated dentist and gerodontologist his visions in the field drove him to exceptional achievements like the foundation of the AltaDent Association and the inauguration of the mobile dental unit MobiDent™. We remember him as generous and warm-hearted with a great sense of humour. We will miss his enriching company, our challenging discussions and his lively spirit.

Markus was so young, full of life and personal and professional plans. His life was dedicated to the care for the elderly, an age that was not granted for him. He will leave a painful gap in our community. We shall honour his memory.

**For the European College of Gerodontology  
Frauke Müller and Ina Nitschke**



## Faculty position, University of Iowa

The University of Iowa's College of Dentistry is presently conducting a search for a full-time, clinical or tenure track faculty position in the **Department of Preventive and Community Dentistry**. Major responsibilities include:

- providing clinical and didactic instruction and direct patient care in the College's established, team-oriented Geriatric and Special Needs Dental Program;
- involvement in outcomes research relating to special care populations and
- participating in an intramural private practice.

The position is available immediately; screening begins immediately.

Applicants must have:

- a DDS/DMD from an ADA accredited school or foreign equivalent

plus either

- completion of advanced clinical training which includes treatment of geriatric/compromised adults

or

- extensive experience treating geriatric/compromised adults.

Desirable qualifications include one or more of the following:

- specialty training in prosthodontics from an ADA accredited program
- American Board of Special Care Dentistry diplomate status
- Fellowship in Special Needs Dentistry from the Edinburgh or Australasian Royal College of Dental Surgeons
- board certification in special needs dentistry.

Academic rank, track, and salary will be commensurate with qualifications and experience. Submit CV and three names of reference to:

Dr. Raymond A. Kuthy  
 College of Dentistry  
 University of Iowa  
 Iowa City, IA 52242.

*The University of Iowa is an affirmative action and equal opportunity employer; women and minorities are encouraged to apply.*



## **Geriatric Dental Fellowship**

The University of Iowa is offering an exciting educational opportunity in Geriatric Dentistry. This program, in collaboration with medical disciplines in medicine and psychiatry, will prepare dentists with physicians to be leaders/teachers in Geriatric Dentistry. This two-year fellowship blends clinical and intellectual experiences across the continuum of care, such as acute care, ambulatory care, long-term care in our Special Care Clinic and our Geriatric Mobile unit program as well as at the University Hospital & Clinics.

Fellows will have the opportunity to develop teaching materials and clinical teaching experience in the Special Care Clinic and may simultaneously complete a Masters degree.

Applicants must be U. S. citizens, or permanent residents, must have a DDS from an accredited dental school or a GPR from an accredited program. The stipend is set at approximately US\$40,000.

This fellowship is funded by a grant from the DHHS, Health Resources and Services Administration, Bureau of Health Professions.

For further information contact:

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## **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](mailto:e.lynch@qub.ac.uk)  
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Please encourage your colleagues to join as members of GORG and please also encourage your library to subscribe to our journal *Gerodontology*.