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DENTAL IMPLANTS AND THE FUTURE OF DENTISTRY



The future of dental implants seems to be extremely bright and the dental implants market is expected to grow significantly during the upcoming years. Amongst the numerous and valuable market researches, the American Academy of Implant Dentistry has revealed some interesting figures:

- more than 35 million Americans are missing all their teeth in one or both jaws
- 15 million have crown and bridge replacements for missing teeth while over 3 million have implants and the number is growing by 500,000 a year.

Not only market figures but trade exhibitions and congresses around the world are showing and confirming the exponential growth in this sector and, based on the belief that comparisons among products is a great opportunity for improvement, we are publishing, next January, the second edition of our "ImplantBook - the Ultimate Global Guide 2018".

- Proved of great success at its first edition, the ImplantBook is a yearly comprehensive world guide on implantology, circulating around the world, addressed to dentists and dealers, giving implant manufacturers great visibility thanks to a simple, intuitive and practical layout.
- 10% of US dentists place implants but that is increasing
- The estimated US and European market for dental implants is expected to reach USD 4.2 billion by 2020.
- The success rate of dental implants has been reported in scientific literature as 98%

Among the chaos of manufacturers and pseudo manufacturers around the world we are trying to provide, in a single volume, a thorough review of implants as well as current innovations utilized in oral implantology.

Among the chaos of manufacturers and pseudo manufacturers around the world we are trying to provide, in a single volume, a thorough review of implants as well as current innovations utilized in oral implantology.

Among the chaos of manufacturers and pseudo manufacturers around the world we are trying to provide, in a single volume, a thorough review of implants as well as current innovations utilized in oral implantology. The ImplantBook addresses all fields related to implantology, including: the use of 3D imaging, osteointegration and biomaterials, rotary instruments, equipment and supplies for implants, radiology, piezo surgery, software and micromotors.

Even with advances in preventive dentistry, edentulism continues to be a pressing problem especially in a rapidly expanding senior population. It is estimated that almost 70% of Americans between the ages of 35 and 44 have at least one missing tooth, according to the American Academy of Implant Dentistry, while one in four people over the age of 74 have lost all their natural teeth. As an alternative to traditional removable dentures, dental implants can provide fixed support for crowns and bridges. Although a complex treatment alternative, thanks to the significant growth in implant technology, implants can function for 10 years or more.

Continued development in basic and clinical research, regulations, professional education, public awareness, insurance and marketing will continue to shape the future of the field. For a copy and information on our ImplantBook visit **Infodent booth 1004 at the Greater New York Dental Meeting. For the first time, in New York, we are bringing our DISTRIBUTORS' WALL, located at the "media center" on the exhibit floor, with a dedicated wall to dealers and manufactures to attach commercial announcements of any kind.** Dealers and manufacturers looking for new business and contacts can leave an announcement on the wall and read all the others. You can use the wall to copy or give us contacts throughout the exhibition, creating an Infodent B2B meeting point!

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We are excited to develop an innovation in our Infodent magazine. Starting from this issue our focuses are changing, nevertheless remaining loyal to our articles on the economic and medical markets as well as worldwide industry news.



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“While a number of serious challenges remain, Oman’s healthcare sector is built on solid foundations offering high-quality care to Omanis and expatriates alike”.

## Highlights

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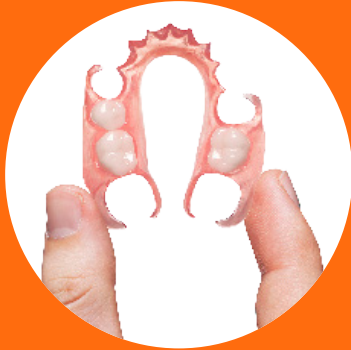
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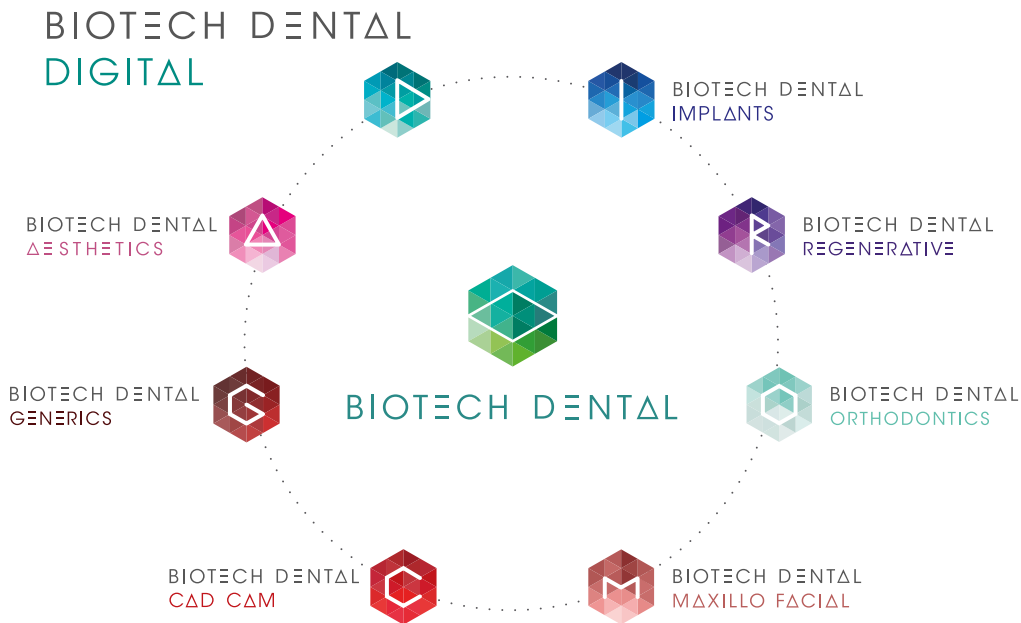


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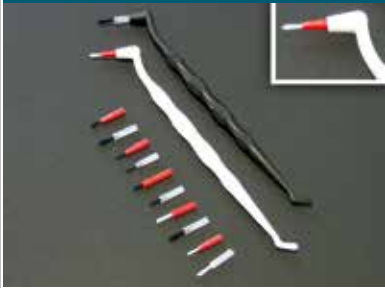


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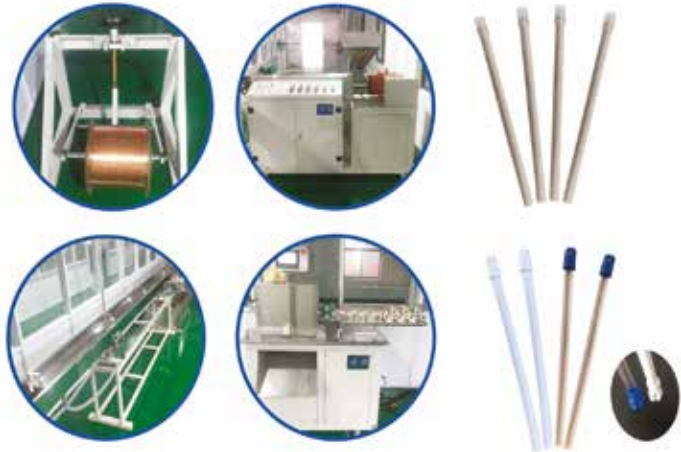
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## Axelmed presents Paradigma



Axelmed presents **Paradigma**. It is the result of a 4-year research project, whose aim was to develop a quality medical device, simple to use and with clinical features that are the results of the synthesis of the current state of art in implantology.



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- B. 5 Design of the implants** to ensure control during insertion and optimal primary stability in most situations;
- C. SAP the Axelmed Surface Treatment:**

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**D. A complete and intuitive surgical kit** with high quality instruments, drills with DLC coating made in Italy, to deal with all clinical situations;

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2. Implant geometry: Axelmed Paradigma

is a crestal or subcrestal implant, with **5 diameters, each one with a specific thread design**, based on dynamic screwing in different types of bone. This feature is unique in the implant field and it was developed in order to guarantee good primary stability even in critical surgical conditions.



Another important aspect is the **implant neck**, which includes different features:

- a back tapered design, useful to increase the space for peri-implant bone and eliminate compression at the cortical bone level in order to minimize peri-implant bone resorption;
- platform switching, that contributes to reduce peri-implant bone resorption;
- microthread, that reduces stress and promotes new bone formation.

## ALL-in-ONE Axelmed: a way to solve 80% of cases by ordering just 1 code

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- B. The vial with the blue cap contains the laboratory components (laboratory fixing screw, implant analog, castable abutment).



C. The vial with the white cap contains the components to perform the prosthetic phase in the dental office (aesthetic abutment, single use plastic transfer for closed tray impression technique, definitive fixing screw).

This kind of packaging allows to achieve different benefits:

- **simplification:** at the end of the surgery, the dentist sends to the dental technician the vial with the blue cap. Inside he can find everything he needs to create the prosthesis;
- **time saving:** the possibility to order 9 components, using only 1 code, allows to simplify the dental office organization and save time to order the implant materials;
- **money saving:** the price for the ALL-in-ONE kit is **20% lower** than the price calculated by the sum of each component.



- In case some components are not used in the procedure, they can be used with single implants in next cases.

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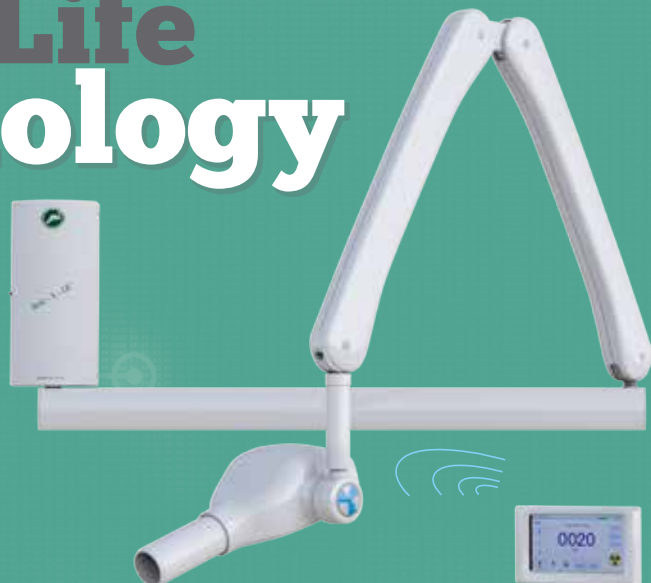
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Area

**309,500**

sq km (119,500 sq miles)

Capital

**Muscat**

Population

**4,424,762**

(World Bank, 2016)

Median age

**25.4**

years (2016 est.)

Population growth rate

**2%**

(2017 est.)

Immigrants

over **40%**

of the total population,  
according to UN data (2015)

Urban population

**78.5%**

of total population  
(2017)

Ethnic groups:

Arab, Baluchi, South Asian  
(Indian, Pakistani, Sri Lankan,  
Bangladeshi), African

Language:

The official language is Arabic.  
English is widely spoken as the  
language of business and higher  
education; Swahili, Farsi, Urdu,  
Baluchi, Hindi, and various languages  
of South Asia are common.

Currency

**Rial**

Major religion

**Islam**

Government type

**absolute monarchy**



# Focus on the Sultanate of Oman Health and Oral Care

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While a number of serious challenges remain, Oman's healthcare sector is built on solid foundations offering high-quality care to Omanis and expatriates alike. Even if still relying heavily on foreign medical expertise, as well as imported medicines and equipment, serious efforts are under way and the growing importance of the private sector will lead to plenty of opportunities for private providers and foreign medical professionals.

Slightly smaller in area than the country of Poland, the Sultanate of Oman is strategically placed at the mouth of the Gulf at the south-east corner of the Arabian Peninsula, at the confluence of the Persian Gulf and Arabian Sea. It is bordered in the northwest by the United Arab Emirates, in the west by Saudi Arabia, in the southwest

by Yemen and in the south and east by the Arabian Sea. A detached area of Oman, the Ru'ūs al-Jibāl ("the Mountaintops"), separated from the rest of the country by the United Arab Emirates, lies at the northern tip of the Musandam Peninsula at the Strait of Hormuz; this territory gives Oman its only frontage on the Persian Gulf.

**T**he oldest independent state in the Arab world, the Sultanate of Oman is one of the most traditional countries in the Gulf region and until the 1970s, one of the most isolated.

Qaboos Bin Said Al Said has been Oman's sultan, prime minister and foreign minister since he seized power from his father in 1970. He also serves as the head of the defence and finance ministries. His policies have proved popular in spite of the lack of a democratic government and under his rule, oil revenues have been used to develop the country's infrastructure. Provided the sultan's health remains intact, the monarchy does not have an heir and the succession process is opaque, this representing the main political risk in Oman.

**Economy overview**

Oman is a regional actor as a member of the Arab League as well as the Gulf Cooperation Council (GCC), which includes Saudi Arabia, Kuwait, the United Arab Emirates, Qatar and Bahrain. During his nearly fifty years as Oman's leader, Sultan Qaboos bin Said Al Said has transformed, with the assistance of foreign investors, a nation of subsistence farmers and

fishermen with a total of six kilometers of paved road into a thriving state with modern infrastructure and continuing economic and social investment.

**Oman is a high-income country with an economy dependent on its dwindling oil resources, which generate 84% of government revenue.** In 2016, low global oil prices drove Oman's bud-

— that had increased in the wake of the 2011 Arab Spring — have challenged the government's ability to effectively balance its budget in light of low export oil prices. To further reduce the size of the deficit, the Ministry of Finance has implemented an increase in the corporate tax rate from 12% to 15%, and eliminated several tax exemptions. The Ministry of Finance also announced its intention (widely expected by 2018), to introduce a value-added tax (VAT) and new excise taxes, in concert with the Gulf Cooperation Council (GCC). The government is also planning to divest stakes in as many as 11 state-

**Provided the sultan's health remains intact, the monarchy does not have an heir and the succession process is opaque, this representing the main political risk in Oman.**

get deficit to \$11.5 billion, or approximately 19% of GDP. Oman has limited foreign assets and is issuing debt to cover its deficit. It is using enhanced oil recovery techniques to boost production, but has simultaneously pursued a development plan that focuses on diversification, industrialization and privatization, with the objective of reaching the goal of 81% of GDP by 2020 for the non-oil sector, with the private sector representing 91% of the economy by that year, in accordance with its ninth five-year development plan. Muscat also has notably focused on creating more Omani jobs to employ the rising number of nationals entering the workforce. However, high social welfare benefits

owned firms via initial public offerings. **The decline in the oil price has underscored the need to accelerate economic diversification and to increase the role of the private sector.** The government is working to diversify the Omani economy by encouraging foreign investment, implementing a robust strategy for small and medium enterprise development, conceiving anti-trust regulations, boosting industrialization, building modern infrastructure and expanding privatization. Oman seeks foreign investment, especially in the industrial, food processing, logistics, information technology, tourism, healthcare, fisheries and higher education sectors.

**GDP (current USD) – 69.832 billion (World Bank, 2016)**  
**GDP per capita (current USD) – 14,982 (World Bank, 2016)**

**Annual GDP growth:**  
 2016: 2.5%  
 2017: 2.9%  
 2018 (projected): 3.4%  
 2019 (projected): 3.6%

**Exports:**  
 \$30.39 billion (2016 est.)  
 \$34.43 billion (2015 est.)

**Exports - partners:**  
 China 42.4%, UAE 12%, South Korea 7.4%, Saudi Arabia 5.2% (2015)

**Imports:**  
 \$25.78 billion (2016 est.)  
 \$28.27 billion (2015 est.)

**Imports - partners:**  
 UAE 38.3%, Japan 6%, India 5.6%, China 5.2%, US 5%, Saudi Arabia 4.1% (2015)





### A Relatively Modern Healthcare Sector

Over the last 40 years, Oman has invested heavily in the health sector and succeeded in creating a relatively modern healthcare system. **It boasts a universal healthcare system, which offers free primary healthcare to Omanis and subsidised care for the foreign population of the sultanate.** Over the past four decades greater access to medical facilities and doctors has greatly improved the lifespan of Omani citizens, who have seen their life expectancies increase from 49.3 years in 1970 to roughly 76 years in 2016, placing Oman on a par with many advanced western nations. Other health indicators attest to its comprehensive and well-developed standards. The United Nations 2010 Human Development Report listed Oman at the top of the world's 10 leading countries that have made the greatest progress in recent decades in public health.

However, the cost of the public healthcare sector is increasing steadily and future public healthcare investment will need to continue to rise to match this demand. This could prove challenging in the years to come, and may see the private sector tasked with playing an increasing role in supplying medical treatment and care in the sultanate. Indeed, there are already signs of this happening. **Talk of a national insurance scheme or the introduction of nominal fees for doctor visits could help the Ministry of Health (MoH) continue to offer free universal healthcare, as well as greater access to specialised treatment.** A national insurance scheme would in fact allow for the outsourcing of specialised care to private facilities, which would enable more private clinics to be established and would stop residents of Oman from needing to go abroad to receive specialised treatment that is not currently available in the sultanate.



Oman spends the equivalent of 2.6% of its GDP on healthcare, according to World Bank development indicators, slightly lower than the GCC average. This proportion has not changed significantly in recent years.



At present, more than 80% of Oman’s total health expenditure comes from the MoH, representing roughly 11% of the entire budget of Oman, which was OR11.9bn (\$30.9bn) in 2016. However, Oman’s healthcare expenditure is expected to rise by 12.9% a year until 2020, according to the Alpen Capital Report, which forecasts that total healthcare outlays will hit \$4.3bn by 2020, up from \$2.3bn in 2015. The Alpen Capital report cautioned that with low global oil prices, government budgets in GCC countries could come under increasing pressure. This proved true as low oil prices have led the government to cut healthcare spending in 2017 to just OR613m (\$1.6bn). The cuts in health are part of countrywide austerity measures, which saw 2017’s budget estimated at OR11.7bn (\$30.4bn).

**Among the health industry the austerity is creating concerns over rising healthcare costs in the sultanate, which are impacting, among other things, the ability of smaller clinics to continue to operate.**

Since 1976 Oman has gone through three distinct phases of development. The first, which ran until 1990, was directed at building the country’s health infrastructure almost from scratch. The second phase, which ran from 1991 to 2005, focused on expanding access to health services across the sultanate via investments in new healthcare facilities, with plans developed at a central, regional and local level. **The third phase, which began in 2005, is now targeted at providing comprehensive healthcare cov-**

**erage, and using high-level strategic planning to pinpoint and address the specific needs of the sector as well as prioritizing the elevation of quality in the sector.**

As a consequence, the health of average Omanis has improved drastically since 1970, when someone born in Oman had a one in five chance of dying before his or her fifth birthday, and a one in three chance of contracting malaria in his or her lifetime. By 2014 the under-five mortality rate had dropped to 9.7 per 1000 births, while only 11 cases of malaria were reported in 2013 (with no fatalities). While deadly infections and diseases have been successfully reduced, Oman is now contending with the rise in lifestyle diseases, such as diabetes, obesity and hypertension, higher than GCC average and the healthcare sector continues to largely focus on treatment rather than preventative care, with health and wellness education not prioritised to a large extent.

In 2014 the Omani government released a long-term plan for the country’s healthcare sector, entitled Health Vision 2050. The plan envisages large-scale investment in the healthcare sector to further create a well-organised, equitable, efficient and responsive health system. **With Oman’s population expected to double by 2050, Health Vision 2050 should establish up to 10,000 health centres to meet the demands of a growing and increasingly urban population.**

In the short term, the country’s ninth five-year plan, which runs from 2016 to 2020, focuses on the building of integrated med-

**Over the past four decades greater access to medical facilities and doctors has greatly improved the lifespan of Omani citizens, who have seen their life expectancies increase from 49.3 years in 1970 to roughly 76 years in 2016**

ical cities for the healthcare sector, investing further in human resource development, restructuring medical education and significantly boosting healthcare spending.

**Infrastructure** - Oman’s population is steadily rising, and by August 2016 it stood at 4.4m up from a total population of 4.1m in August 2015. This rise in the sultanate’s population is putting additional pressure on the healthcare system. In 2015 the MoH expanded the number of primary healthcare institutions under its management to 235 in order to continue to provide comprehensive primary healthcare to everyone in Oman. These included health centres, facilities and local hospitals managed by the MoH. **It is estimated that upwards of 95% of the country’s population now live within five miles of a medical centre.**

Oman has 69 hospitals, with a total of over 6,400 beds, which works out to roughly 15.5 beds per 10,000 people. This is a dramatic increase from the two hospitals that existed when Sultan Qaboos bin Said Al Said came to the throne in 1970. However, according to a 2016 healthcare industry report issued by Alpen Capital, hospital bed requirements in Oman are forecast to grow at an annual rate of 3.1% over the next five years,





reaching a demand of more than 7,600 beds by 2020. **New hospitals, medical centres and clinics are expected to meet much of the anticipated increase in demand, with a host of new facilities in the pipeline.** These include major projects like the \$1.5bn Sultan Qaboos Medical City (SQMC) in Muscat, which comprises five hospitals as well as other medical facilities, along with the \$1bn International Medical City (IMC) in Salalah, which is billed as an integrated medical tourism project with 530 beds located in a specialty care hospital, organ transplant centres, research and development (R&D) complexes as well as a healthcare resort. Once all of these facilities come on-line they should go a significant way towards easing the pressure on existing facilities and cutting patients' waiting times.

**The private sector - The government in Oman owns and operates around 83.1% of hospitals in the sultanate, according to estimates, accounting for roughly 92.5% of all available hospital**

**beds.** However, with the rising cost of funding the healthcare sector, the Omani government has shown itself keen to increase the role of the private sector in the industry and many believe there are strong opportunities for collaboration.

**As increasing numbers of Omanis and expats seek private treatment to bypass long waiting lists, the number of private facilities operating in the sultanate is on the rise.** Currently there are more than a dozen private hospitals and health centers in Oman, including two leading multi-specialty facilities like Starcare Hospital in Muscat, owned and operated by the UK-based Starcare Health Systems, and United Medical's Muscat Private Hospital, which both received Joint Commission International certification in 2012. According to Ministry of Health data, there were 46.8% Omanis among a total of 45,654 patients admitted and treated in private hospitals in 2014, despite the fact that Omanis can be treated without charge in government hospitals (the government typically reimburses private hospitals for citizens' care.)

The largest private health care group, the Omani-based Badr Al Samaa Group, operates eight hospitals and polyclinics in key regions such as Sohar, Salalah, Ruwi, Al Khoud, Barka, Sur, Nizwa and Muscat. The Saudi-based Shifa Al Jazeera Group, a recent entrant to the market, intends to invest OR100m (\$260m) in Oman over the next five years to establish 13 medical centres, while Burjeel Hospital recently began operations in the commercial centre of Al Khuwayr in Muscat. At the same time, a number of other foreign private healthcare providers have indicated plans to enter the Omani market or have already begun construction on new developments, all pointing to significant growth in the private sector, leading to always more private players evolving in scale and structure, and playing a larger role in catering to the growing health care needs of the country.

**Doctors needed** - Prior to the opening of the College of Medicine & Health Sciences at SQU in 1986, Omani students needed to travel abroad in order to pursue medical degrees and specialisation. **This left the sultanate almost fully reliant on overseas expertise and medical training. Although today this balance has been significantly redressed, the country still has many doctors, nurses and other medical personnel coming from overseas to work.**

With the growth in the population in recent years and the resulting expansion of the healthcare infrastructure, there has been a considerable increase in medical personnel. Between 2005 and 2015 the number of physicians in Oman increased from 16.7 per 10,000 people to 21.4, while the number of nurses grew from 37 per 10,000 to 46.3. Prior to 1970 there were just 13 physicians working in Oman, each serving more than 50,000 people on average. Still, with further growth needed in the healthcare sector, Oman continues to require a steady stream of new doctors and health workers, whether from Oman or abroad.

**Comparison within the Gulf States suggests that Oman's physician density (21.5 per 10 000 population) is one of the best amongst GCC nations**

COUNTRY	PHYSICIANS PER 10,000 POPULATION
Spain	39.6
Australia	38.5
Germany	36.9
France	33.8
UK	27.7
Qatar	27.6
New Zealand	27.4
USA	24.2
<b>Oman</b>	<b>21.4</b>
Canada	19.8
UAE	19.3
Kuwait	17.9
<b>GCC average</b>	<b>17.7</b>
Bahrain	14.9
<b>Global average</b>	<b>13.9</b>
Saudi Arabia	9.4

The relative position of Oman in physicians density. Source CIA World Health Organization. World health statistics. Geneva: WHO; 2013. [www.ncbi.nlm.nih.gov/pmc/articles/PMC4490677/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4490677/)

The MoH has placed a strong emphasis on greater Omanisation among health professionals working in the public and private sectors, identifying the shortage of Omani healthcare workers as the most significant challenge facing the MoH. In 2012 only 29% of the country's doctors were Omani nationals. The rate has since risen to 35%, according to the MoH, representing a steady progress; however, more needs to be done. With Oman estimated to need an additional 7,000 doctors by 2050, there is an opportunity to progressively increase the number of native-born physicians. When it comes to specialised areas of medicine, however, Oman will have to continue to rely on foreign doctors and expertise for the near future at least. Nonetheless, greater attention is being paid to educating Omani medical staff in advanced specialties so they can be prepared to eventually take over.

**Domestic Medical Supplies - The Omani government currently spends an estimated OR120m (\$311.7m) a year on medicines, with more than 93% of medical supplies, including laboratory, surgical equipment and pharmaceuticals, needing to be imported from abroad.** There are at present only two pharmaceutical manufacturing plants and there is an ongoing push to establish a domestic pharmaceuticals industry. Authorities in the country are also looking to local manufacturers to

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provide the healthcare system with 100% of its needs when it comes to more basic medical items, such as surgical gloves and gauze. A number of constraints affect trade and investment in Oman. The country has a relatively small population and there is no high-value consumer market beyond the capital area. This situation is exacerbated by intense competition from nearby global trading hub Dubai and well-established industries in Saudi Arabia. In addition, other countries in the GCC typically offer higher industrial subsidies and lower quotas for hiring nationals. **In fact, of particular concern for many international firms is the "Omanization" process, wherein the government sets quotas for Omani employment on a sectoral basis.** Many companies, both Omani and international, have noted that some of the quotas are difficult to satisfy. Further, obtaining labor clearances for new foreign workers can be a challenge. Despite considerable government efforts to replace

expatriate workers with Omanis, Oman still heavily depends on South Asian and other foreign labor. The divide between the government and the private sector is not well-defined in Oman, leading to potential conflicts of interest. Of note are the oligarchic, closely-held businesses with familial ties to government officials. Government decision-making is often opaque. Firms that have been successful in Oman usually have previous experience in the Middle East or a full-time in-country representative or office.

**Oral Healthcare and Future Needs**

*The oral healthcare sector in Oman faces several challenges and a long way to go; with its high incidence of oral diseases like dental decay, cavities and gum disease, the need to ensure that future needs and demands for oral healthcare are met by the most appropriate health professionals.*

With its population of over 4 million people and a growth rate of over 2%, Oman is starting to recognize the importance of oral health for overall health and well-being and the need for oral healthcare, as well as placing greater emphasis on education and training of dentists. According to data the 20–24-year age group makes up almost 41.7% of the total population; many of the males in particular are expatriates attracted to work in Oman. **Overall, the population is young but ageing; by 2050, it is anticipated that the population of Oman will exceed 7 million people with the proportion of older people increasing significantly together with the need for oral health.**

**The oral health needs of the population in Oman are high.** Almost all 6-year-olds (85%) have evidence of dental caries experience with an average of five teeth affected; very high in relation to



Per cent Affected; DMFT (decayed, missing and filled teeth) in children

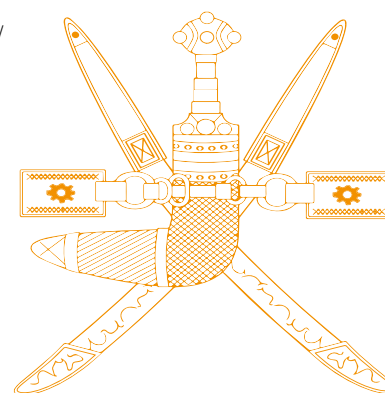
AGE GROUP	% AFFECTED	DMFT	YEAR
6 years		4.6 (DFT)	1994
6 years		4.25	2007
6 years	84.5	5.1	2011
12 years		2.5	1991
12 years		1.5	1993
13 years	51	1.3	2006
15 years		3.4	1996
15 years	60.5	2.0	2006

Source <http://www.mah.se/CAPP/Country-Oral-Health-Profiles/EMRO/Oman/Oral-Diseases/Dental-Caries/>

Mean DMFT of adults in Oman\*

AGE GROUP	Mean DMFT	CARIES FREE
23 – 50 years	6.3	7%

\* Al Harthi L., Cullinan M., Leichter J., Thomson M. Oral health of an adult group in Oman – poster presentation at Oman International dental conference 2013  
 Cross sectional study of 319 teachers who are randomly selected from Muscat Governorate public schools in Oman  
 Source: [http://www.wfpha.org/tl\\_files/doc/about/OHWG/Oral%20health%20and%20workforce%20issues%20Co%20reflections%20from.pdf](http://www.wfpha.org/tl_files/doc/about/OHWG/Oral%20health%20and%20workforce%20issues%20Co%20reflections%20from.pdf)



most countries. Past surveys suggest that there are marked oral health differences within the country, with fluoridated Muscat having much reduced levels of dental caries, while other regions of the Sultanate have higher levels of disease. Much has been done and important dental public health developments have included the introduction of water fluoridation in the Muscat area, school oral health preventative programmes involving fissure sealants, tooth brushing and the application of fluoride. **Furthermore, the Ministry of Health has had a number of ongoing community initiatives for oral health in schools. These may have contributed to recent promising improvements in oral health amongst the 12-year-olds in the Sultanate;** the average dental caries experience score (decayed, missing and filled teeth = DMFT) having fallen from 2.5 in 1991 to 1.3 and affecting 51% of children in 2006. However, the effects of dental caries in

the permanent dentition are cumulative and lifelong. **A recent local survey of adult health acts as a reminder that dental caries experience in adults remains high.** As a consequence, the oral health needs of the adult population will, for the foreseeable future, include the management of dental caries along with the maintenance and repair of heavily damaged and restored caries-prone dentitions. This suggests the need for a dentist workforce with a diverse range of skills, including good restorative and surgical skills, and highlights the importance of having a strong emphasis on oral health promotion as well as a dental team approach, very much lacking within the country. As a developed country, Oman has placed great emphasis on developing its dental workforce, including the intent expressed by the Ministry of Health to develop an Omani-majority dental workforce. **In fact, until recently, Omanis who wished to study dentistry had**

**to train abroad as no dental education was available in the Sultanate. Thus, traditionally, Oman relied on expatriate dentists to form its dental workforce, together with a minority of overseas-qualified Omanis.** Thanks to a new policy encouraging the participation of the private sector in higher education, and the determination of its founding figures, Oman Dental College was established in 2006. Following the European model, it runs a 5-year BDS dental degree programme with an additional pre-dental year for the majority of those requiring preparation for the degree programme delivered in English. With an intake of 50 to 65 students per year, Oman Dental College remains the only dental school in Oman. **The output of dental graduates from Oman Dental College is improving the dentist-to-population ratio and helping the Sultanate to realize its aim of developing an Omani-majority dental workforce.**

Oman Dental College is regulated by the Ministry of Higher Education, and the majority of students have state bursaries.

**In 2010 only 24% of the dentist workforce was Omani; this ranged from 53% Ministry of Health, 68% in non-Ministry of Health government sector which includes the military services and only 2% in the private sector.**

WHO data provide comparisons of dentist-to-population ratios across the globe. Oman's dentist density (2.3 per 10 000 population) remains lower than the GCC average (3.2 per 10 000) and second worst in the region, as shown in the table below. Also, the dentist-to-population ratio in Oman is lower than the global average (2.6 per 10 000).

Finally, it is substantially below high-income countries such as the United Kingdom (5.3 per 10 000) and the United States of America (16.3 per 10 000).

Looking at trends in the Oman dental workforce, there has been a moderate increase in the number of dentists observed during the 2000s, a sharp increase observed from 2005 onwards, with a positive contribution from Oman Dental College since 2012 amounting to 47 and 56 graduates in 2012 and 2013, respectively, not all of whom have joined the workforce.

According to latest statistics (Times of Oman, January 2016), there are about 500 private dental clinics in the Sultanate. **The number of private dental facilities is almost double the number of the dental clinics in the government health facilities.** While many government dental facilities are manned by Omanis, the number of nationals is not very high in the private sector as many graduates prefer to start their career in the public sector to gain some experience. There is further need to strengthen

**The relative position of Oman in dentist density**

COUNTRY	DENTISTS per 10,000 population
USA	16.3
Canada	11.8
Norway	8.9
Germany	7.9
Finland	7.8
Japan	7.4
Jordan	7.3
Australia	6.9
France	6.4
Spain	6.1
Qatar	5.8
UK	5.3
New Zealand	4.6
UAE	4.3
Kuwait	3.5
<b>GCC average</b>	<b>3.2</b>
<b>Global average</b>	<b>2.6</b>
<b>Oman</b>	<b>2.3</b>
Bahrain	1.5

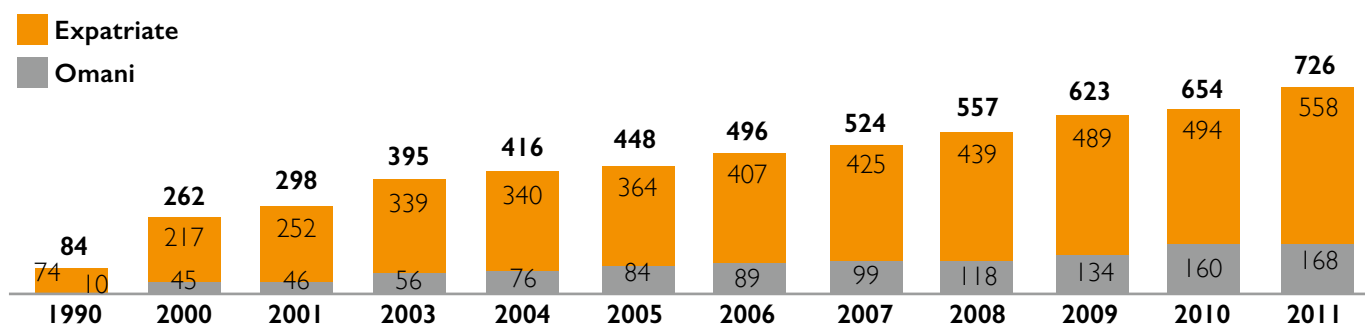
Source CIA World Health Organization. World health statistics. Geneva: WHO; 2013. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4490677/>

the private sector as the demand for private sector facilities is growing and many patients prefer avoiding long queues in government facilities. Private health insurance is still not very common in Oman, in any case dental treatment costs are not covered by it. In the short- to medium-term, the expected increase in the number of Omani dentists should contribute to the total required number of dentists in Oman and bring down the expatriate growth rate to pave the way for fur-

ther Omanisation, narrowing the gap between the Omani dentist-to-population ratio and that of local GCC as well as moving towards high-income regions such as Europe. This, of course, assuming that most Oman Dental College graduates are encouraged and have the opportunity to practice in Oman, and the number of expatriate dentists remains relatively constant.

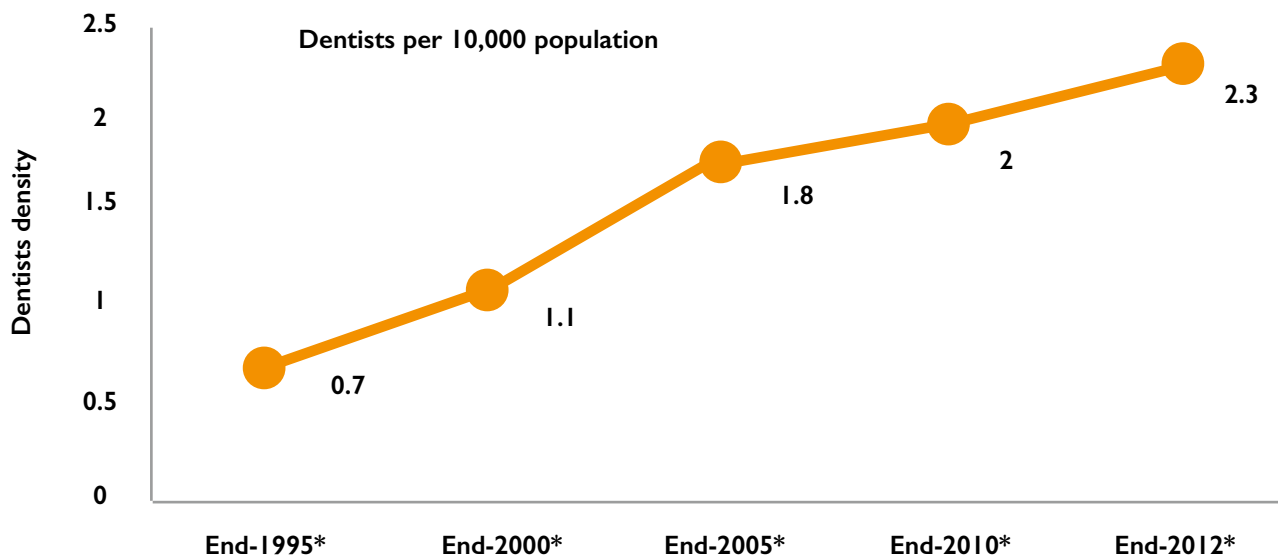
**In relation to the dentist-to-population ratio, Oman is not only lower than the lo-**

**NUMBER OF DENTISTS**



Trends in the number and nationality of dentists in Oman. Source: Ministry of Health <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4490677/figure/Fig3/>





The growth of the dentist workforce in Oman, 1990–2012. Source: Ministry of Health and World Health Organization <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4490677/figure/Fig4/>

**cal and global average but there are very few other nations with sound and effective healthcare systems that have a lower ratio.**

If oral health needs were low in Oman, there would be a rationale for accepting a reduced dentist-to-population ratio; however, needs are high, and the majority of disease in children appears to be unmet. Furthermore, the relatively high levels of dental caries experience historically in older children mean that their needs in adulthood will continue as the disease is cumulative.

There is need to develop a workforce of dental specialists with the introduction of post-graduate and specialty training programmes.

**Oman presently only supports specialty training in oral and maxillofacial surgery locally, thus, existing graduates seeking to train in dental specialties must do so abroad, joining a general drift in healthcare workforce personnel with no, or limited, career development opportunities nationally towards countries which offer specialization and postgraduate education.**

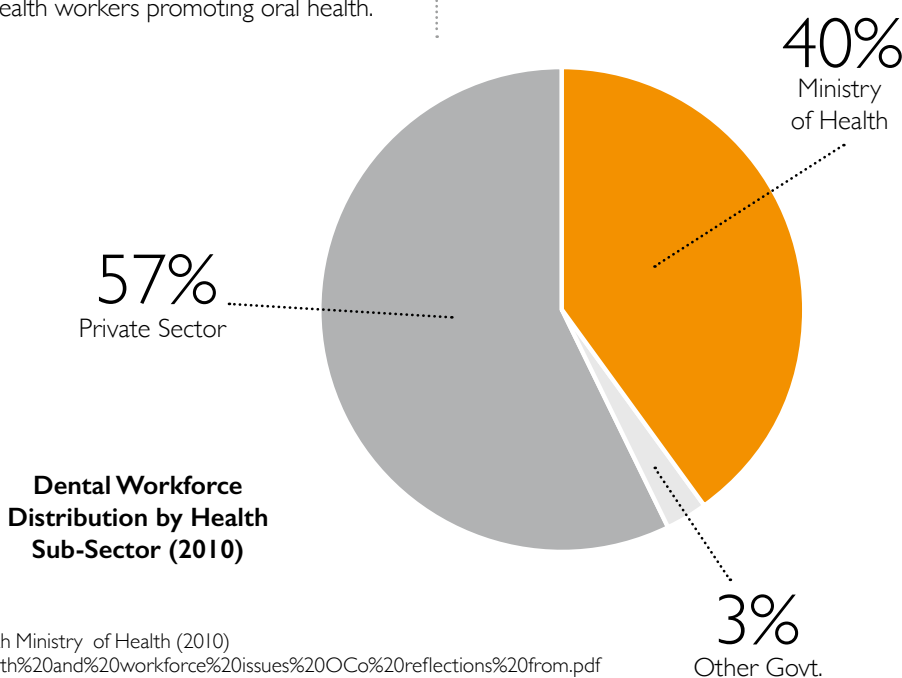
Health workforce migration is a challenge, and if Oman wishes to retain its workforce it must consider the necessary factors to monitor and manage migration, considering also that health education is state funded, while also recognizing the rights of healthcare workers.

Furthermore, access to dental care should be equitable, and this will require a coordinated approach to ensure that intra-coun-

try planning and action ensures that dentists work across all areas of the country, rather than being concentrated in the capital city.

There is an unquestionable need for primary prevention of oral and dental disease, delivered through a range of general public policy and community initiatives and Oman as a country espouses an effective public health approach; however, this must be supported by appropriately trained dental personnel with an emphasis on promoting health. This approach involves team working and team training involving dental hygiene and/or dental therapists as well as dental nurses, in addition to community health workers promoting oral health.

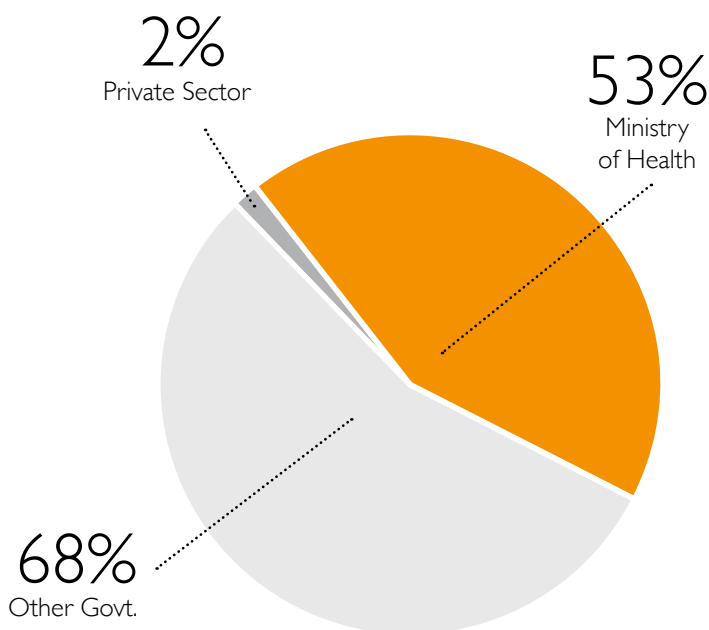
**While many government dental facilities are manned by Omanis, the number of nationals is not very high in the private sector**



Source: Dr. S. Al Bulushi, Director of Dental & Oral Health Ministry of Health (2010) [www.wfpha.org/tl\\_files/doc/about/OHWG/Oral%20health%20and%20workforce%20issues%20Co%20reflections%20from.pdf](http://www.wfpha.org/tl_files/doc/about/OHWG/Oral%20health%20and%20workforce%20issues%20Co%20reflections%20from.pdf)

There is need to develop a workforce of dental specialists with the introduction of postgraduate and specialty training programmes.

Omanization of dental workforce by health Sub-sectors (2010)



Source: Dr. S. Al Bulushi, Director of Dental & Oral Health Ministry of Health (2010)  
[http://www.wfpha.org/tl\\_files/doc/about/OHWG/Oral%20health%20and%20workforce%20issues%20Co%20reflections%20from.pdf](http://www.wfpha.org/tl_files/doc/about/OHWG/Oral%20health%20and%20workforce%20issues%20Co%20reflections%20from.pdf)

### Dental Auxiliaries in Oman, estimated (2010)

Dental Therapists	8	Dental lab technicians	85
Dental Hygienists/dental nurses	68	(over half work privately)	

Source: Dr. S. Al Bulushi, Director of Dental & Oral Health Ministry of Health (2010)  
[http://www.wfpha.org/tl\\_files/doc/about/OHWG/Oral%20health%20and%20workforce%20issues%20Co%20reflections%20from.pdf](http://www.wfpha.org/tl_files/doc/about/OHWG/Oral%20health%20and%20workforce%20issues%20Co%20reflections%20from.pdf)

There is a pressing need in Oman to establish a substantive and coordinated programme of dental nurse training to ensure that there are sufficient numbers of suitably trained dental nurses to support the safe, effective practice of dentistry in the Sultanate,

followed by wider team development.

Considering the high levels of dental caries experience in the Omani population, suggests a strong need for an increased dental workforce for many years to come – especially given the

rapidly increasing life expectancy of Omanis. Even if high-population growth is not maintained, the existing dental workforce capacity, including the anticipated numbers of dental graduates from Oman Dental College will be insufficient to meet the population needs in the foreseeable future.

**Among main sources:**

- Extracts from "Sultanate of Oman: Building a Dental Workforce". For full report: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4490677/>
- Extracts from "Oman's health care system increasingly ready to meet the population's need". For full report, Oxford Business Group: <https://www.oxfordbusinessgroup.com/overview/rise-growing-population-finds-health-care-system-ready-meet-its-needs>
- U.S. Department of Commerce: <https://www.export.gov/article?id=Oman-Healthcare>
- [http://www.wfpha.org/tl\\_files/doc/about/OHWG/Oral%20health%20and%20workforce%20issues%20Co%20reflections%20from.pdf](http://www.wfpha.org/tl_files/doc/about/OHWG/Oral%20health%20and%20workforce%20issues%20Co%20reflections%20from.pdf)
- <http://timesofoman.com/article/74784/Oman/Health/Inspections-start-as-soon-as-an-application-is-made-to-open-a-clinic-and-continue-throughout-the-lif>
- <https://www.cia.gov/library/publications/the-world-factbook/geos/om.html>
- The Economist Intelligence Unit: <http://country.eiu.com/Oman>
- International Monetary Fund: <http://www.imf.org/en/Countries/OMN>

### OMAN DENTAL COLLEGE



[www.omandentalcollege.org](http://www.omandentalcollege.org)

6,300-sqm premises of the first and only dental school in the Sultanate, the Oman Dental College.

The pioneering teaching and clinical facility in Al Wattayah aims to fulfill international standards in education and quality healthcare services. In addition to the latest cutting edge dental simulator technology and diagnostic and clinical

equipment available today, the new dental college building has a daycare operating theatre and a capacity for nearly 70 dental chairs in its outpatient clinical teaching facility that offers dental care across all specialties. The facilities include oral surgery, conservative dentistry and endodontics, prosthodontics, child dental health and orthodontics.

# Plasma therapy CGF - Concentrated Growth Factors (2nd generation) - an overview of possible applications -

by **Katrin Rotter-Böttger**

Independent medical Trainer for Meso-/PRP-CGF-Therapie and Plasma-Gel

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For the production of CGF, only special CGF-tubes are filled with blood and centrifuged. In comparison to other user protocols, here, there follows a targeted focus of the platelets and the CD34 + stem cells. The high-quality borosilicate tubes from Silfradent show a particularly high yield of growth factors.

No other therapy is so versatile and can be used in so many ways. CGF is used in sectors such as dentistry/implantology, orthopedics, ophthalmology, gynecology, ENT, sports medicine, dermatology and many other fields. Similarly, it has become essential in professional sports. CGF contributes to bone formation and stimulates injured tissue to regenerate. Meanwhile, autologous PRP is now available in powder form.

In this phase, the growth factors of the alpha-granules of the thrombocytes are released and attracted to the tissue (chemotaxis). It is primarily the fibroblasts that contribute to the healing process (collagen). Growth factors such as TGF- $\beta$ , PDGF, FGF stimulate the fibroblasts to divide and migrate. In the wounded area, new cells and blood vessels are built to compensate the defect. **The CGF-Therapy uses this wound healing process.**

## Centrifugation

Centrifugation is fundamental to successful CGF therapy. Newer user protocols take the correlation between relative centrifugal force (RCF) and yield of platelets into account.



CGF and A.P.A.G. (solid form)



Orthopaedics CGF for Epicondylitis lateralis



CGF for Wounds/Burns



Ulcus cruris - autologous membranes (endogenous plaster)



PRP, which works so fantastically in the medical arena, is becoming increasingly popular in medical aesthetics due to its unique mechanism of action. Since healthy skin does not show any inflammation or injury, a different protocol and application is required. CGF conduces to the regeneration of the skin and its solid form (APAG/activated plasma albumin gel) is used as a bio-dermal-filler to smooth out wrinkles.



Medical Aesthetics atrophic changes in the skin – age related (treatments with CGF and APAG)



Personalized Cosmetic products can be integrated into the CGF protocol - Cream and Mask containing autologous Plasma



Device for producing A.P.A.G.

## What happens if the centrifugation is too strong?

If the blood sample is centrifuged with an excessively high G-Force (RCF), platelets and plasma proteins can be pushed downwards into the erythrocyte phase. The result will be PPP – platelet poor plasma, plasma poor in thrombocytes. Furthermore, the thrombocytes degranulate prematurely, the erythrocytes are damaged and hemolysis is caused, which, although often not visible to the naked eye, has an unfavorable effect on the plasma composition.

## Fractional centrifugation makes the difference

The latest technology in this field is the MEDIFUGE MF 200, offered by the company Silfradent. Six different times and speeds, allow the particles to settle in the desired layer:



Medifuge

**Important:** Only centrifuges certified as medical devices of the Class 2a may be used for the manufacture of PRP. Laboratory centrifuges may not be employed. (compare law regulation).



Alopecia Treatments with CGF containing Melatonin for promoting hair growth

The thrombocyte is the key player to this therapy and is activated by any injury. Wound closure takes place within a short period of time, due to adhesion and aggregation of the thrombocytes. At the beginning of every wound healing, vascular permeability is increased, causing fluid to exude from the vessels and form an oedema, thus easing the proliferative processes.

The production of CGF is safe, but requires uniform application protocols. Self-made protocols are not approved and can be harmful. CGF-Protocols not only secure quality on a constantly high level but also ensure that effectiveness, production methods and additives are reviewed. In addition they afford both the client and therapist safer usage.



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**MARKET OUTLOOK**







# Saudi Arabian

## Public and Private Oral Healthcare

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In spite of an increasing focus on oral hygiene and a growing demand for better oral healthcare, challenges remain within public primary healthcare centers, which play a central role in Saudi Arabia; while most dental care is provided by non-Saudi dentists, with rising unemployment among Saudi dentists, the governmental bodies have come up with a policy to gradually but carefully replace the non-Saudi dentists in both the public and private sectors.

**T**he Kingdom of Saudi Arabia (KSA) is located in the South Western part of Asia and is considered to be one of the largest countries in the Middle East, covering nearly four-fifths of the Arab Peninsula. One of the world's largest oil producing countries, the KSA is a growing country with a population of 32,275,690 (World Bank, 2016) and an economy mainly dependent on the oil exports, shaping the most portion of the country's revenues and economic budgeting.

ed by annual budgets while the private healthcare system is composed of private for-profit hospitals, polyclinics, physician and dentist offices and is owned, delivered and financed privately, either by personal ownership, in most cases, or by companies that provide health services for their employees. The private sector is supervised by the Ministry of Health, which is involved in licensing and health policies that guide clinical practices in this sector. Patients pay for all health services by out-of-pocket or by private insurance plans.

Cooperative Health Insurance was established to introduce the health insurance to the public and to regulate and supervise the health insurance services presented by insurance companies. **The cooperative health insurance was planned and applied for non-Saudis who work in private companies. Also, the government allows insurance companies to extend their services to cover the Saudis working in private companies who prefer to be treated in private health sectors and it is planning to cover all Saudis in future.** Such health insurance is secured by the owners of companies as part of governmental policies regulating the private business in the KSA. Healthcare insurance usually covers consultations, laboratory tests, diagnostic radiographs, medications and follow-up. Medical conditions such as dental treatment, pregnancy and delivery are regulated by specific rules and policies. Inappropriately, there are some policies and regulations in health insurance still vague that need to be reviewed, corrected and improved to avoid systemic faults and to protect patients from the misconduct of insurance companies.

**Even though the government supplies dental care services free of cost for Saudi citizens, yet the majority of the Saudi population chooses to be treated in the private sector.** In governmental primary dental care, the provided care is at the basic level of treatment; simple composite or amalgam restoration, scaling and first phase of randomized controlled trial. Procedures such as implants, dentures, cosmetic dentistry and other complicated procedures are not available in primary governmental dental care and patients are referred to higher governmental dental centers which have long waiting lists. On the other hand, the patient can receive the needed treatment and desired procedures in private dental sector in one place and in less time. Furthermore, most patients believe that, with paid care they can get enough time with doctors, better care and expect an enhancement in the way they look rather than just treating a dental problem. As previously mentioned, it is obligatory for non-Saudi workers to be covered by health insurance, unfortunately though, some companies are



**According to the Saudi constitution, healthcare services, including dental, are provided by the government and all citizens and residents have the right for complete and free accessibility to the health services.** There are 20 regional directorates of health covering the kingdom, connected administratively to the Ministry of Health offices in the capital Riyadh, with each directorate supervising and supporting the health services in that area.

**The healthcare system consists of a mix between the public (governmental) and private health sector.** The government sector is owned, delivered and financed by the government and provides free comprehensive medical and dental services. The same services are provided by the private sector but under governmental supervision. In the public sector, healthcare personnel is reimbursed by monthly salaries and the facilities are fund-

**The government sector is owned, delivered and financed by the government and provides free comprehensive medical and dental services.**

**Healthcare services budget is one of the challenges faced by the Ministry of Health in the kingdom as it is becoming difficult to compensate between the rapid growing population and maintaining the desired level of health services with free health services.** In fact, in 1999, the Council of



not providing health insurance covering dental care for its workers as it is usually expensive or they create obstacles to minimize the use of insurance in dental care. All these issues play a role in demoting the level of dental health between foreigners, especially in low educated category of workers; new regulations should be implemented regarding foreigners' health to ensure their right to receive proper dental care services as stated in the law of the KSA.

**In spite of full government supported dental care services, the Saudi population faces difficulties to meet the proper dental care.** These difficulties are a result of incompatibility between dental care provided in the public healthcare system and the increasing population with lifestyle changes, creating deficiencies in the quantity and quality of dental care. Extending and promoting dental care in primary governmental health institutions and increasing the number of advanced referral dental care centers can help to meet the demand of services between Saudis. Furthermore, it can reduce the waiting lists and pressure in referral centers.

**Over the last 20 years the Kingdom of Saudi Arabia has shown steady**

**growth in the dental workforce.** According to a cross-sectional study published in ScienceDirect, using the database of the Saudi Commission for Health Specialties (SCFHS), the official regulatory body responsible for the registration and licensure of healthcare providers in the kingdom, there are 16,887 licensed dentists in the SCFHS database as of December 2016, compared to 786 and 12,785 dentists in the year of 1987 and 2014 (Ministry of Health 2014), respectively, with the majority professionally registered as general dentists (70.6%). **Most of the dental care in the kingdom is still provided by non-Saudi dentists as Saudi dentists only represent 22.09% of the licensed dental workforce.** The percentage of foreign dentists is high compared to other countries; in Bahrain, for example, only 24.1% of foreign dentists fulfill the total dental care demand of the country while in Kuwait foreign dentists account for 55.6% of the dental workforce.

The mean age of the licensed dentists is 40.09 years with the Saudi dentists being slightly but significantly younger than their non-Saudi counterparts. The majority are males (61.06%) with no significant difference in the percentage of males and

**About 66% of the Saudi dentists are working in the public health sector in comparison to only 20.46% of the non-Saudi dentists.**

females between the Saudi and non-Saudi dentists. Almost 70% of the licensed dentists are working in the three main regions of the kingdom (Riyadh, Makkah and the Eastern province).

Finally, around 80% of the non-Saudi dentists are working in the private health sector compared to only 33.65% of the Saudi dentists and the percentage of non-Saudi dental specialists in the private health sector is also significantly higher than their Saudi counterparts. About 66% of the Saudi dentists are working in the public health sector in comparison to only 20.46% of the non-Saudi dentists.

**The characteristics of Saudi and non-Saudi licensed dentists**

	Nationality Saudi No. (%)	Nationality Non-Saudi No. (%)	Total No. (%)
<b>Age</b>	37.7	40.76	40.09
<b>Gender:</b>			
<b>Male</b>	2,292 (61.45%)	8,019 (60.95%)	10,311 (61.06%)
<b>Female</b>	1,438 (38.55%)	5,138 (39.05%)	6,576 (38.94%)
<b>Sector:</b>			
<b>Private</b>	1,255 (33.65%)	10,465 (79.54%)	11,720 (69.40%)
<b>Public</b>	2,475 (66.35%)	2,692 (20.46%)	5,167 (30.60%)
<b>Specialist Dentists in Public Sector</b>	924 (24.77%)	1,092 (8.30%)	2,016 (11.94%)
<b>Specialist Dentists in Private Sector</b>	428 (11.47%)	2,519 (19.15%)	2,947 (17.45%)

Note: data are expressed as mean ± standard deviation for age and frequency and percentage for the other variables. Source: <http://www.sciencedirect.com/science/article/pii/S1319016417301603>



Although foreign dentists represent 77.91% of the total number of licensed dentists, which indicates that there is a shortage of Saudi dentists to meet the dental care demand in the kingdom, the unemployment rate among the fresh Saudi dental graduates is surprisingly high. This can be attributable to multiple factors such as the significant growth in the educational sector as the number of dental colleges has increased from three to four colleges in the whole kingdom back in the year 2000 to over 20 colleges of dentistry nowadays. This dramatic increase, which happened in less than a decade, resulted in a significant increase in the number of dental graduates. Further, most of the licensed Saudi dentists are practicing in the public health sector (66.35%), which might be due to several reasons such as the high salaries and higher level

**Further, most of the licensed Saudi dentists are practicing in the public health sector (66.35%), which might be due to several reasons such as the high salaries and higher level of job security compared to the private health sector.**

of job security compared to the private health sector. In addition, the ability of the Saudi dentists to compete in the private market with the foreign dentists is limited due to employers' preference to employ non-Saudi who usually work more hours for less pay. **As such, in May 2017, the decision by Saudi Arabia's labour and social development ministry to stop recruiting foreign dentists in a bid to provide better employment opportunities for Saudis.** The decision followed a coordination meeting between the labour and health ministries to look into ways to motivate the private sector to hire Saudi men and women to work in the health sector. The "Saudisation" drive to replace, in almost all professions, foreigners with Saudis is being inexorably implemented in the vast kingdom where foreigners make up one third of the total population.

The distribution of Saudi and non-Saudi dentists in different specialties

Specialty	Nationality Saudi No. (%)	Nationality Non-Saudi No. (%)	Total No. (%)
General Dentist	2,378 (63.75%)	9,546 (72.55%)	11,924 (70.61%)
Prosthodontics	532 (14.26%)	883 (6.71%)	1,415 (8.38%)
Pedodontics	174 (4.66%)	270 (2.05%)	444 (2.63%)
Periodontics	122 (3.27%)	265 (2.01%)	387 (2.29%)
Oral Maxillofacial Surgery	162 (4.34%)	752 (5.72%)	914 (5.42%)
Oral Maxillofacial Radiology	3 (0.08%)	14 (0.11%)	17 (0.10%)
Oral Maxillofacial Pathology	33 (0.88%)	72 (0.55%)	105 (0.62%)
Orthodontics	238 (6.38%)	1,135 (8.63%)	1,373 (8.13%)
Endodontics	156 (4.18%)	254 (1.93%)	410 (2.43%)
Dental Biomaterials	3 (0.08%)	9 (0.07%)	12 (0.07%)
Dental Public Health	45 (1.21%)	82 (0.62%)	127(0.75%)

Note: data are expressed as frequency and percentage.  
 Source: <http://www.sciencedirect.com/science/article/pii/S1319016417301603>





The fact that most of the Saudi dentists are registered as general dentists may shed the light on the size of the accredited SCFHS residency programs in dentistry where very limited number of dentists can join relative to the number of Saudi dentists in the kingdom. Therefore, the SCFHS should work together with the major health care sectors in the kingdom such as the ministry of health and the large academic institutions to expand the accredited residency programs in different dental specialties. Also, there should be joint initiatives by the ministries of health, labor and education to carefully plan the number of dental graduates every year from both public and private colleges of dentistry. The current dentists-to-population ratio is 5.2 per 10,000 people, which indicates a better dentists-to-population ratio compared to most of the developing countries and Asia-Pacific countries. Most of the European countries have dentists-to-population ratios ranging from 5.07 to 7.3 per 10,000 people.



**The distribution of dentists in different specialties across private and public sectors**

Specialty	Sector Private N (%)	Sector Public N (%)	Total
General Dentist	8,773 (74.85%)	3,151 (60.98%)	11,924 (70.61%)
Prosthodontics	721 (6.15%)	694 (13.43%)	1,415 (8.38%)
Pedodontics	242 (2.06%)	202 (3.91%)	444 (2.63%)
Periodontics	207 (1.76%)	180 (3.48%)	387 (2.29%)
Oral Maxillofacial Surgery	482 (4.11%)	432 (8.36%)	914 (5.42%)
Oral Maxillofacial Radiology	9 (0.08%)	8 (0.15%)	17 (0.10%)
Oral Maxillofacial Pathology	48 (0.41%)	57 (1.10%)	105 (0.62%)
Orthodontics	1,077 (9.19%)	296 (5.73%)	1,373 (8.13%)
Endodontics	201 (1.72%)	209 (4.04%)	410 (2.43%)
Dental Biomaterials	3 (0.03%)	9 (0.17%)	12 (0.07%)
Dental Public Health	49 (0.42%)	78 (1.51%)	127 (0.75%)

Note: data are expressed as frequency and percentage.  
Source: <http://www.sciencedirect.com/science/article/pii/S1319016417301603>

Among the Middle East countries, Bahrain has the lowest dentists-to-population ratio of 1.5 per 10,000 people and Qatar has the highest dentists-to-population ratio of 5.8 per 10,000 people. However, this ratio of one dentist to 1,880 people in the kingdom is variable across regions. For example, the dentist to total population in Riyadh region is the highest in the kingdom (1:1536) and the lowest in Jizan region (1:4101).

By comparing two surveys, one in 2013 as the first investigating oral hygiene practices in the kingdom, published in the International Dental Journal and another in 2016 on primary healthcare centers, oral hygiene practices as well as prevention of oral disease are very limited in the Kingdom of Saudi Arabia. **Despite the free access to healthcare, only an estimated 11.5%-15% of Saudi Arabian people aged 15 and older visited a dental clinic for a routine check-up during the last year, whilst 48.6%-51% visited a dental clinic because of a complaint, 19% for dentures and 11% for braces.** The likelihood of visiting a dental clinic for a regular check-up increased among the most educated and among those who practiced oral hygiene habits, but decreased for those whose last routine medical examination was over 4 years before. As for daily oral hygiene habits, 71.5%

**Underutilization of oral healthcare services might reflect underlying challenges in the provision of oral care, a possible reason why caries prevalence in primary and permanent teeth and deepened periodontal pockets still remain high among the population.**

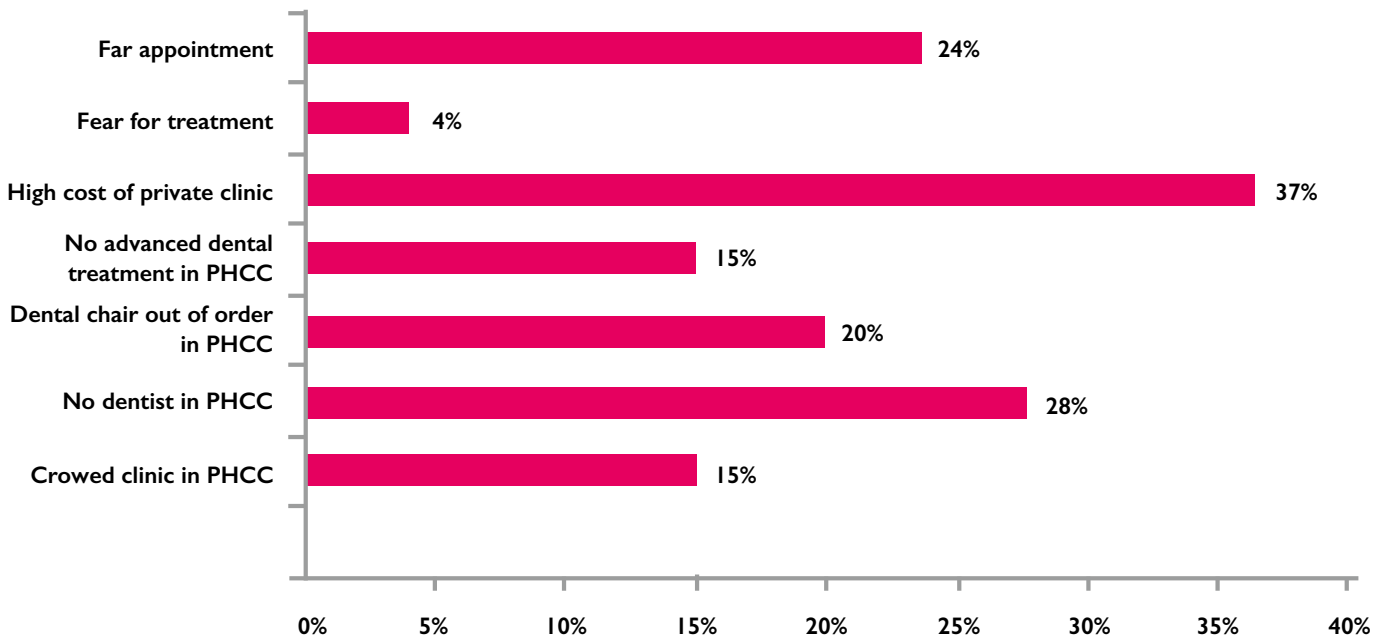
reported brushing their teeth at least once a day, but only 6.3% reported flossing at the same frequency. Up to 30.3% used Miswak at

least once a day. The Miswak is a traditional chewing stick made from the plant *Salvadora persica* used as natural toothbrush. Among those who never brushed their teeth (16.3%), 93.2% also never flossed, but only 47.9% never used Miswak. An interesting finding of the study was the high prevalence of use of Miswak among Saudi Arabian people, even among those who did not brush or floss their teeth. Although its benefits are still controversial and not actually proven, this has been a practice in the past and has been continued by many as part of the culture.

**According to the survey, high cost of private clinics and unavailability of dentists within primary healthcare centers were reported as the most common difficulties in seeing a dentist. Lack of appropriate geographic distribution of primary healthcare centers often cause overcrowding in some centers and underutilization in others, causing a mismatch between primary healthcare services and population needs.** Underutilization of oral healthcare services might reflect underlying challenges in the provision of oral care, a possible reason why caries prevalence in primary and permanent teeth and deepened periodontal pockets still remain high among the population.



Major difficulties in seeking dental care



Note: PHCC = Primary Healthcare Center  
 Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5096290/>




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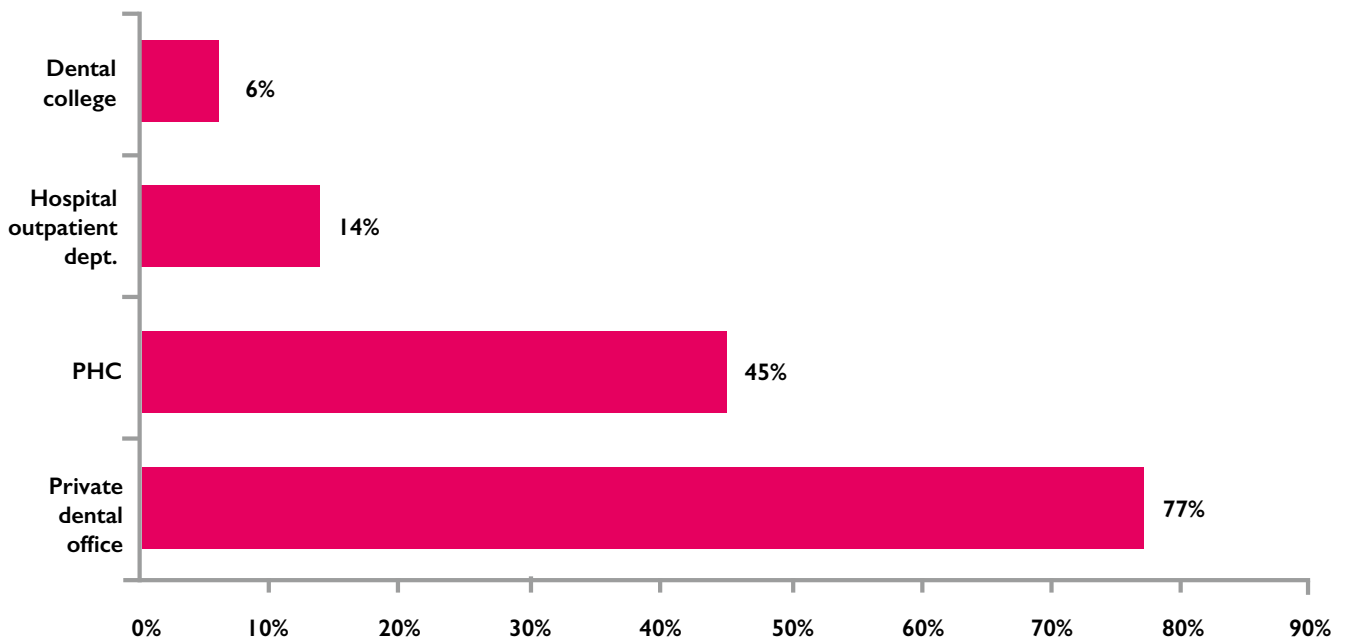
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Where patients typically receive dental treatment



Note: PHC = Primary Healthcare  
 Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5096290/>

In general, dental clinics in Saudi Arabia provide standardized preventive and curative oral health care services. About 2,408 public dental clinics provide oral healthcare according to the health statistic annual book. These providers are classified as clinics in primary healthcare centers, dental clinics located within hospitals and dental clinics in specialized centers. There are also portable dental clinics that provide similar services.

High cost of private dental clinics (37 %) was reported as the most common difficulty in seeking dental care, followed by unavailability of a dentist in primary healthcare centers (28 %). While, in terms of where patients have visited for care, 77 % sought care at private dental clinics while 45 % frequently visited primary healthcare centers. The unavailability of a dentist in primary healthcare centers perhaps explains why most of the sampled patients indicated visiting private dental clinic more frequently (77 %) than public primary healthcare centers (45 %). Patients reported lack of advanced dental treatments in primary healthcare centers given that these centers are known for primary dental treatment. While these results may reveal unmet patients' needs in primary healthcare centers, the issue, after all, is common in many countries across the globe.



**Among main sources:**

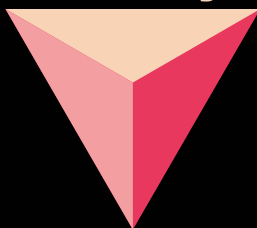
- Extracts from "The characteristics and distribution of dentist workforce in Saudi Arabia: A descriptive cross-sectional study". For full survey: <http://www.sciencedirect.com/science/article/pii/S1319016417301603>
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- Extracts from "Use of dental clinics and oral hygiene practices in the Kingdom of Saudi Arabia, 2013". For full survey: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4834803/>
- <http://gulfnews.com/news/gulf/saudi-arabia/ban-on-recruiting-foreign-dentists-means-more-jobs-for-saudis-1.2025564>
- Journal of International Oral Health 2016 "Health-care System and Accessibility of Dental Services in Kingdom of Saudi Arabia: An Update"



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# 3rd Henry Schein Orthodontics™ Annual European Carriere® Symposium hosted around 350 participants in Barcelona.



From 14 to 16 September 2017, around 350 participants from 32 countries came together at the W Hotel in Barcelona to learn about the latest innovations and clinical solutions for orthodontists. Dental professionals had the chance to experience cutting-edge technology and forward-looking evidence-based protocols that can help enable orthodontists to achieve new levels of patient care and practice efficiencies and effectiveness.



Ted Dreifuss, General Manager Henry Schein Orthodontics

## Patients are experts of their faces

Orthodontics is a specialty in which patients are treated at several levels: dental, skeletal and facial. In a dental sense, the case should be treated by maintaining a good occlusion and perfect function and alignment. However, this needs to be accomplished in harmony with the relationship of the bone structure of the maxilla and the mandible and of course this has a profound impact on the facial profile.

*"When I was young, we looked in the mirror once in the morning before we left home and perhaps when passing by a window,"* Dr. Luis Carrière said in his lecture. *"Due to smartphones and the selfie mentality nowadays, beauty has got another importance. Patients are now experts of their faces."* In his opinion, orthodontists should claim their position as facial-aesthetic specialists. *"We do not only deliver straight teeth, but provide renewed confidence, enhanced appearance, and consequently new lives to patients,"* said Dr. Car-

rière. *"The orthodontist should be the first professional to be consulted when it comes to oral and maxillofacial treatment planning."*

## Sagittal First Concept, Self-ligitation and how the patient can support the treatment

Dr. Carrière, who obtained his dental degree from the University of Complutense in Madrid, completed his orthodontic training at the University of Barcelona (Master of Science in orthodontics in 1994) and received its doctorate in orthodontics cum laude in 2006, demonstrated the advantages of the Carriere system that is biomimetic, minimalistic and non-invasive in its approach. One important asset is the "Sagittal First Philosophy". With Sagittal First, correction of Class II or Class III malocclusions occur at the beginning of treatment, when patient compliance is at its highest, this also provides greater efficiencies, and same day starts, helping clinicians to increase their conversion rate. In addition, the Philosophy

helps shorten treatment time, increasing patient acceptance of orthodontic treatment and provides "confidence for life" with long-term aesthetics.

*"One of the challenges in orthodontics today is also to reduce the amount of time a patient has an appliance in their mouth. The speed of the treatment has benefits for everyone. For patients, it means less treatment time and for orthodontists it means less chair time, thereby boosting the efficiency of the practice",* said Dr. Carrière. By using cases treated at his practice, the Spanish orthodontist and inventor of the Carriere® System

demonstrated that orthodontic treatment using the System is a favorable alternative for patients with facial disproportions who would otherwise have to undergo invasive surgery. *"It is very important not to isolate the patient's facial component. It's the key,"* he said.

Dr. José "Pepé" Carrière, father and mentor of Dr. Luis Carrière, presented in a special session how he teaches patients to support the dental treatment. He educates them – according to the individual cases and the planned treatment – to train their tongue to position correctly. Patients following these training sessions regularly can positively impact on the success of the orthodontic treatment.

Dr. David Paquette showed delegates how the dynamic engineering of the Carriere SLX™ Bracket System overcomes the challenges of previous appliances. With the dramatic reduction of wire bends and repositioning appointments, Dr. Paquette has been able to reduce his treatment times



Dr. Luis Carrière



The audience at the 3rd Henry Schein Orthodontics European Carriere Symposium in Barcelona

and produce extraordinary clinical results. In his lecture *"Self-ligation – the past, the present, the future"*, he clinically showed how the Carriere SLX Bracket had drastically improved efficiencies in his practice and had allowed him to enhance orthodontic treatment with optimal results, on time, every time.

#### Lectures and presentations

Additional speakers included Dr. Sean Carlson who explained how to unlock the vault of digital diagnostics and incorporate a total-patient treatment approach. He focused on the visualization of the airway in particular and showed how orthodontic treatment can improve outcomes in patients with temporomandibular disorders or obstructive sleep apnea.

Dr. Francesco Garino demonstrated how to use the Carriere Motion™ Appliance as a break-through treatment strategy to correct challenging Class II aligner cases.

How to align core philanthropic values within a dental practice and how to develop an unforgettable orthodontic experience was the topic of Dr. Anil Idiculla.

Dr. Jep Paschal talked about the digital intelligence and how it can help increase clinical efficiencies, effectiveness, and patient satisfaction and why dental professionals should pay attention in this progressive era.

Dr. Thomas Shipley presented his recent study using CBCT, which validates how the Carriere Motion Appliance repositions the mandible and expands the airway.

#### Henry Schein ConnectDental

At the Henry Schein Orthodontics European Carriere Symposium, Dr. Carrière

mentioned that the right tools are essential for accurate diagnosis. *"Today, we are living the ideal moment with regards to technical innovation in dentistry,"* he said. *"Radiation levels have been reduced and 3D shots are available. With 3D record, we can see the before, during and after of a treatment."*

At the symposium's exhibition area, Henry Schein showcased Henry Schein ConnectDental, a platform for digital dentistry that combines a wide choice of digital technology solutions with all the knowledge, services and support needed to help practitioners navigate the rapidly changing world of digital dentistry. The focus during this event was the integrated processes of the digital orthodontics workflow, including intraoral scanning, digital imaging, clinical orthodontic planning, and 3D printing. *"As a trusted advisor, practitioners can rely*

*on Henry Schein to help them make the technology choices that meets the individual needs of their practice so that they can enhance the patient experience, deliver quality dentistry and improve their efficiency. We provide dental professionals with everything they need to adapt a digital workflow with confidence – also in orthodontics,"* said Patrick Thurm, Vice President Global Prosthetic Solutions – Technology. *"With Henry Schein ConnectDental they get the right technology seamlessly integrated into the practice as well as ongoing support to continuously operate efficiently and successfully."*

**The 4th Henry Schein Orthodontics European Carriere Symposium will take place from 20 to 22 September 2018 in Paris, France. More information will be available soon.**



Dr. José "Pepe" Carrière (left) and Dr. Luis Carrière (right)



# Greater New York Dental Meeting Successfully Completes the First Dental Trade Fair to Cuba



Members of the U.S. Dental trade recently returned from a unique Dental trade mission to Cuba organized by the Greater New York Dental Meeting (GNYDM). The trade mission was initially formed with participants from the GNYDM, Henry Schein Inc., Hu Friedy, Septodont and the Dental Trade Alliance. Dr. Robert Edwab, Executive Director of the GNYDM, initiated the idea two years ago. *"Cuba has 11 million residents who obtain free medical and dental care continuously throughout their lives. With relations between the United States and Cuba beginning to thaw and normalize, this market could be extraordinary for U.S. Companies,"* explained Dr. Edwab. *"We can offer products to improve treatments and strengthen local systems which are currently in place."* U.S. sanctions were first imposed in 1960 on Cuba and two years later were expanded to include economic, financial, travel and economic restrictions. Recently, travel restrictions have been eased, opening Cuba to more visitations by U.S. citizens. American Airlines, United and Jet Blue have announced direct flights from the U.S. and Marriott Hotels recently announced their plans to enter the market. Dr. Lauro Medrano-Saldaña, the newly elected General Chairman-Elect of the GNYDM explained the intricacies of dental care in Cuba. *"Cuba has 15 provinces or states and each has a dental school, medical school plus medical and dental clinics. The dental clinic we visited in Havana had a staff of 59 who provided care to 120,000 visitors in the last 12 months. They provide all specialties of dental care including fixed prosthetics, implants and orthodontics. The dental school in Havana has 1,200 students with 80% being females. Dental school is five years and in the fifth year the program includes maxillofacial reconstruction of ears and noses for cancer."* *"The group was afforded the opportunity to meet not only with Dental professionals who advise the government on product purchases, but members of the health ministry who make the actual purchases during our 4 day visit,"* explained Dr. Marc Gainor, GNYDM's General Chairman. The Cuban Government officials who issued the visa were extraordinarily hospitable for the visit. The group observed the rich local culture and daily life in Cuba. The visit afforded Cuban professionals the opportunity to see what the U.S. dental trade has to offer.



The products and equipment currently used were from Germany, Japan, China, Spain, Brazil and even Vietnam. The group learned just how close the Cuba Dental Association and the Cuban Health Minister work to obtain equipment and products to ensure the residents receive excellent care. The members of the Havana Dental Association and local clinics determine what they need and the Dental representative from the Health Minister's office then obtains the products all within budgetary allowances. This follows through in all specialties including medical and veterinarian medicine. In addition, the health minister's representatives also attended the conferences. John Orr, Vice President, International Group, Henry Schein showed the attendees at a private conference the products that were available through Henry Schein Dental, as well as, what could be obtained through their Medical and Veterinary divisions. The Cuban participants were amazed at the plethora of products the United States could offer if restrictions were lifted. Dr. Edwab reiterated how this trip lifted the profile of American dental products, which was his main goal. *"It was worth the two years we spent on this project to obtain permission and dates to travel and visit. Dental meetings in the United States have to go beyond just bringing dentists to a location. They must continue to partner with their exhibitors throughout the year so they can help create sales opportunities. This trip was an example of just what that collaboration could accomplish,"* he said. Dr. Edwab also added that, *"we cannot accept a 'normal' that keeps dividing the 'sales opportunities pie.' Together, the dental trade and dental organizations, must work to enlarge the pie so everyone benefits. Being prepared to enter the Cuban market of 11 million inhabitants will do just that and expand our footprint in the global dental marketplace."* Opening markets for the Dental trade is one strategy that the GNYDM pursues. At its 2016 November Meeting, the GNYDM sponsored a visit by Brazilian import trade officials, just as they did with the Cuban officials last year. Working with APCD of São Paulo and the Dental Trade Alliance (DTA) on Tuesday November 29, there were presentations which included Brazilian government officials and an import specialist from Brazil to help U.S. manufacturers and distributors navigate entering the Brazilian





market. "As the largest Dental Event in the United States, which in 2016 registered over 54,800 attendees, of which over 19,400 were Dentists from all 50 states and 151 countries, we strive to support not only dental professional but the dental trade. We use the word

marketplace, not as an advertising or marketing word, but as a call for action to assist our exhibitors," says Dr. Lauro Medrano-Saldaña, GNYDM's General Chairman-Elect. The Greater New York Dental Meeting continues to pursue a strategy that helps the U.S. dental trade enter new markets, develop new partnerships, and create brand awareness. By exporting, companies can help put idle production capacity to work, create economies of scale, increase global sales, improve their profits, create jobs, and at the same time improve the economy of the United States.



## The GNYDM Elects New General Chairman for 2018 Makes Dental History!

The Greater New York Dental Meeting (GNYDM) elected Dr. Lauro Medrano-Saldaña as the next General Chairman for 2018. Dr. Medrano-Saldaña is the first Hispanic General Chairman to be elected by the GNYDM. His term officially begins in 2017 as the General Chairman-Elect, followed by his 2-year Chairmanship beginning in 2018. His vision will take the GNYDM to the next level as he cultivates International growth and strengthens new partnerships with both domestic and international dental organizations. Additionally, he plans to increase the overall attendance to over 60,000 attendees and initializing the first-ever Spanish-language "Live" Dentistry Arena.

As leaders often do, Dr. Medrano has inspired many of his colleagues to reach for new heights. "As the Chairman of Outreach and Foreign Affairs for the Greater New York Dental Meeting, Dr. Medrano has been an integral part of the Dental Meeting for over 15 years," says Dr. Robert R. Edwab, Executive Director of the Greater New York Dental Meeting. Dr. Medrano participated in initiating the Latin American Leadership breakfast at the Greater New York Dental Meeting, which includes the participation of leaders from Mexico, Central America, South America and the Caribbean. He also established the Pre-Dental Conference to provide information to dental students about face-to-face Dental Shows and the admissions' requirements for Dental Schools. Dr. Medrano "travels worldwide to promote the GNYDM and always returns with positive results" says Dr. Marc B. Gainor, General Chairman of the Greater New York Dental Meeting. Dr. Medrano is originally from Puerto Rico. He completed most of his education on the island. He obtained a bachelor's degree in Biology from the Interamerican University of Puerto Rico. Later, he attended Universidad Autónoma Metropolitana in Mexico City and went on to receive a degree in



stomatology. In 1991, he was accepted at New York University College of Dentistry where he obtained a DDS diploma, and was later accepted into the AEED program at Lutheran Medical Center in Brooklyn, NY. After his first year of residency there, he became part of the Advanced Pediatric Dental Program and was also granted a Pediatric Dentistry Residency. Dr. Medrano has an appointment at Lutheran Medical Center, as a Clinical Attending, in the Pediatric Dentistry Program.

At his local component, the Second District Dental Society, Dr. Medrano has served on the oral health, publications, Governmental affairs, EDPAC and Medicaid GNYDM Committees. He also held the positions of Librarian, Treasurer, Secretary, Vice President and President. At the New York State level, he served as a delegate, was a governmental affairs council member, and served two terms as a chair. He was a committee grass root leader, and on the reference committee to the House of Delegates. At the ADA, he served as a team action leader for ADPAC, Delegate and council on Governmental Affairs. Dr. Medrano graduated from the prestigious leadership institute of ADA, was on the Board of Trustees of the Hispanic Dental Association, and past president of the Puerto Rico Dental Association, USA. Dr. Medrano's family includes his wife Carmen who is an active member of the Hospitality Committee of the GNYDM; his daughter Valerie, a third year medical student at Universidad Autónoma de Guadalajara who is currently doing clinical rotations at Chicago's Jackson Park Hospital; and his son Douglas who graduated from Pennsylvania State University and has recently started working with WB Mason. The Greater New York Dental Meeting is excited about the election of Dr. Medrano along with the Organization Committee who anticipates a tremendous expansion of both exhibits and attendance under his direction.

# Oral Reconstruction Global Symposium

## Rotterdam, April 26-28, 2018



Dr. Edward P. Allen is presenting a workshop on soft tissue grafting.  
Image source: Center for Advanced Dental Education

The Oral Reconstruction Foundation drives progress in implant dentistry and related areas, for the benefit of the patients. Education and training are the Foundation's utmost priorities and are realized through the organization of top-class events. The Foundation intends to build on previous successes with its Oral Reconstruction Global Symposium 2018 (ORGS 2018) in April of next year. In Rotterdam, implant dentistry topics will be presented and discussed in theory and practice through practical workshops, scientific lectures, and podium and audience discussions. Under the theme "The Future of the Art of Implant Dentistry", a diversity of education and training will be offered thanks to the combination of instructive workshops, an informative scientific program with top-class speakers, an innovative event concept, and a high-end evening event for networking with opinion leaders and colleagues.

### Hands-on workshops

The day before the symposium, 12 workshops will be offered in German, English, Spanish and Chinese. The topics will include, amongst others, 3D planning, digital workflow in practice, treatment options for peri-implantitis and much more. A workshop on tunnel techniques and surgical procedures, led by renowned American lecturer Dr. Edward P. Allen, is a special highlight.

### Evidence-based science

The two days of the symposium are divided into eight blocks. The topics cover everything that characterizes and is important for "The Future of the Art of Implant Dentistry". Over 55 internationally recognized speakers will be presenting a wide spectrum of topics, ranging from the latest research findings to peri-implant soft tissue management, to ceramic implants and digital workflow. The symposium will conclude with interactive case presentations about problems, complications, and lessons learned.



Professor Irena Sailer is one of the Chairmen of the ORGS 2018  
Image source: Oral Reconstruction Foundation

### Professional exchange in a relaxed atmosphere

Professional networking is also an important factor at the symposium. On the first evening of the symposium the theme is "Let's celebrate King's day!" Building team spirit and professional exchange in a relaxed, cheerful setting, which has become a tradition.

### Background information on the event location

Rotterdam has excellent transport connections. 176 European airlines and 133 international airlines fly to Amsterdam Schiphol Airport. The fast train connection from the airport in Amsterdam to Rotterdam central station takes 27 minutes. From there, the "De Doelen" conference center where the symposium takes place is just a five minute walk away.

Rotterdam is not only a transport and industrial hub but is currently also developing into a significant cultural and architectural hub. Numerous distinctive architectural features and the vibrancy of its traditional multicultural atmosphere make this city an ever more popular destination. The characteristic mix of traditional maritime elements, striking architectural features and an attractive mix of culture and night life make Rotterdam stand out from the crowd.

### Register now for the Oral Reconstruction Global Symposium 2018: [www.orfoundation.org/globalsymposium](http://www.orfoundation.org/globalsymposium).

As the number of participants for workshops is limited, we recommend registering early for these highly informative sessions.

### For further information, please follow us on social media via the official hashtag #ORGS2018.

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# Stomatology St. Petersburg 2017

## 20th International exhibition

### 16-18 May 2017



**On 16–18 May 2017 the 20th International exhibition of equipment, instruments, materials and services for dentistry Stomatology St. Petersburg was held in St. Petersburg, Russia.**

Stomatology St. Petersburg is the largest by the number of exhibitors and visitors spring dental exhibition in the Northwest Russia. 86 leading local and foreign suppliers of tools and materials took part in the exhibition and presented equipment, instruments, materials and services for dentistry: dental technology and lab equipment, dental units, disinfectants, orthodontic and composite materials, surgical instruments, impression compounds, cements, teeth whitening systems, tools and others.

Among the participants there were DIF/Dental Implants, Gla-



xoSmithKline, Johnson & Johnson, DRC Group, SPLAT, VLADMI-VA, JVM Tranzit, Dentex, CORAL, MEGASTOM, N.Sella, Olimp-Dental, RAUDENTALL, North Carolina, Techno-Dent Group, EUR-MED Neva, UNIDENT and many others companies.

Brands regularly represented at Dental-Expo St. Petersburg: 3M ESPE, ADIN, AVERON, CROSSTEX, DENTSPLY, ELEXXION, FEDESA, FGM, DENTSCARE, GENDEX, GERMIPHENE, IDS, INIBSA, ITENA, IVOCLAR VIVADENT, JUN AIR, KAVO, KERR, KEYSTONE, MEDICA, MELAG, MYRAY, PLANMECA, REN-FERT, SS WHITE, STERN WEBER, VOCO, WATERPIK, ZHER-MACK and many other brands.

Within three days 3924 people visited the exhibition.

Among them:

- 3414 visitors make or influence purchasing decisions in the company
- 2550 visitors do not attend other exhibitions on similar subject
- 98% exhibitors consider the exhibition to be important for their business

Within the framework of the exhibition business programme the following conferences took place:

- All-Russian scientific-practical conference 'Dentistry topical issues'
- XXII International conference of maxillofacial surgeons and stomatologists 'New technology in dentistry'
- All-Russian scientific and practical conference of the Periodontal Association 'RPA' with international participation 'Periodontology and implantology selected issues'
- XIII All-Russian scientific and practical conference 'Pediatric dentistry and dental diseases prevention'

The conferences were organised with support of Russian Dental Association, Dental Association of St. Petersburg, Pavlov First St. Petersburg State medical University, North-Western State Medical University n.a. I. I. Mechnikov, St. Petersburg Institute of Dentistry Postgraduate Education.

The exhibition organisers are PRIMEXPO / ITE St. Petersburg and DENTALEXPO companies. Among the organisers joint projects there is the International exhibition Dental-Expo St. Petersburg that will be held in St. Petersburg in EXPOFORUM on 24–26 October 2017.

**Find out more at:**

**[stomatology-expo.ru](http://stomatology-expo.ru)  
[dental-expo.com/stomatology](http://dental-expo.com/stomatology)**



# MOSCOW 2018

International Dental Forums & Exhibitions



## Dental-Salon

April 23-26



## Dental-Expo

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# Dental Expo 2017

## 42nd Moscow International Dental Forum and International Exhibition

25-28 September 2017



42nd Moscow international dental forum and exhibition was held 25-28 of September in the international exhibition center "Crocus Expo". This respectable event was supported by the Dental community and the Ministry of Health of the Russian Federation.

The exhibition spread over 3 halls with the space of 25,4 thousand square meter. This year at the exhibition have been represented 502 companies, 5 united national pavilion of manufacturers from Russia, Germany, China, Korea and Pakistan, 63 new participants from Russia and abroad. The exhibition showed that, in spite of the sanctional policy and other political and economic issues, new foreign manufacturers, for example from the US, Portugal, Spain, continue to enter the Russian market, the number of participants from Germany, Korea and China are also increasing. Manufactures of dental hand instruments for surgery and orthodontics from Pakistan took part in the exhibition for the first time.

Along with an increase in the exhibition space, there was an 8% increase of visitors' attendance. During 4 days 31465 people attended the exhibition and the total quantity of participants of the Forum accounted for 37188 of representatives of the industry, science and practice in the dentistry. Therefore in 2017 "Dental-Expo" has made a new record in the size of the exposition and in the number of participants.

Statistics of the visitors' survey shows the following trends: among all visitors the number of dental technicians and representatives of retail has increased. Motivation to visit the exhibition has changed significantly: there is a growing interest to buy at the exhibition, an interest towards events on booths and maintenance of contacts. But the most growing interest is to find new suppliers and meet colleagues, that shows a strong competitive environment and dynamics in the market of dental supplies. Visitors' field of interests to different directions in dentistry also has expanded. The fact that the interest to all directions has increased shows the intention of Russian dentists to expand practice. Especially high interest was shown in therapy, orthopedics, endodontics, management, dental laboratory, dental implantology.

According to the statistical data, the most visited booth at the exhibition was Oral-B that moved to Hall '5. At the exhibition were held awarding ceremonies of different contests. This year the winners of the contest "Gold crocodile 2017" became: in the nomination "General dental resources" Dental portal "Stom-Port", in the nomination "Best commercial website" online shop



Dentman.ru and in the nomination "Clinics" official website of the state autonomous health care institution "Clinical dental polyclinic '12" (Volgograd).

In the contest "For most interesting clinical case 2017" won Izhnina Ekaterina, dentist from the dental polyclinic of "The Kuban state medical university" in Krasnodar; postgraduate of the chair of orthopedic dentistry of the Sechenov University. According to the results of the Russian Top List of dental clinics held by the expert dental journal Startsmile.ru with support of the publishing house "Kommersant", the winners in each category were identified. The first triplet of the category "TOP dental clinics which are not older than 3 years" included: 1. Center of implantology NKclinic, 2. Stomatology Alba Apex, 3. Dental clinic Saint-Dent Clinic. Winning places in the category "TOP chains of dental clinics" are the following: 1. Chain of dental clinics for children and adults "Veronica", 2. Chain of dental clinics "MEDI", 3. Belgravia Dental Studio. Winners in the category "TOP dental clinics which are older than 3 years" are: 1. Center of private dentistry of the doctor Levin, 2. German center of implantology, 3. Center of personal dentistry of Vladimir Novikov.

Find out more at:

[www.dental-expo.com](http://www.dental-expo.com)



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# CEDE banks on integration between science and business

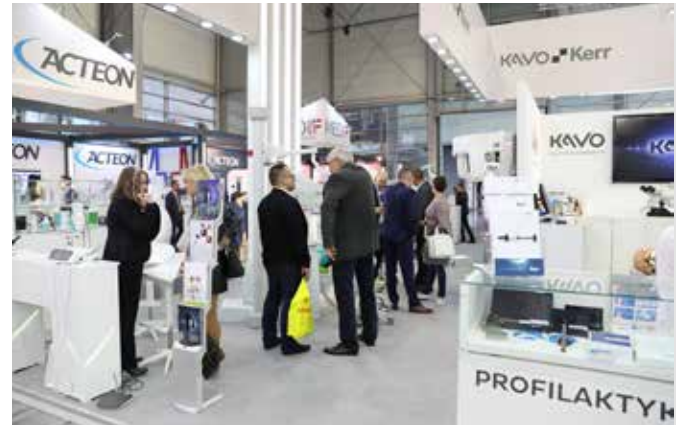


27<sup>TH</sup>

Central European  
Dental Exhibition

Poznań, Poland  
20–22. 09. 2018

On 16 September the 26th Central European Dental Exhibition came to a close in Poznań (Poland). Around 11,000 participants attended this festival of modern dental technology as well as the 1st Polish Dentistry Union Congress which ran concurrently. The next CEDE will take place in a changed format on 20-22 September 2018.



CEDE is one of the most important gatherings of the Dental industry in Central and Eastern Europe. For the first time in its history CEDE utilised a formula that is very familiar to participants of FDI Congresses and the ADF Congress in Paris. "It is our hope that the Congress will act as a driving force for dental education in Poland as well as serve as a showcase for Polish dental science and practice abroad. We have much to be proud of and intend to be very vocal about our achievements. Here in Poznań, and alongside an exhibition, the Congress offers the best possible conditions for such a project," stresses Professor Marzena Dominiak, chairwoman of the Scientific Council of the Congress and a member of the FDI Educational Committee. A total of 220 firms, including 41 from outside Poland, pitched their products at CEDE 2017. "Kol-Dental (Plandent Group) has been exhibiting its products at CEDE for many years now. This is an occasion that abounds in opportunities for meeting clients, both in a business as well as a more informal setting. The number of guests who came to our stand speaks for itself, as did their delight at what we offered and their praise for the team of people we work with. What more could we ask for?" claims Laura Latuszek, Marketing and PR Manager for Kol-Dental. "Our return to CEDE after several years' absence was a resounding success. We showed off a number of our innovations and pointed out new trends in both dentistry and dental technology," says Artur Podolski, Managing Director and Chairman of the Board of Marrodent (Henry Schein Group). The educational part of the event consisted of the following: thematic panels, HOT-TOPIC discussions, sessions of both scientific associations as well as dental organisations, presentations of the best student, PhD and post-doctorate projects, and workshops. For the first time, dentists in Poland had the opportunity to train on human cadavers. The Congress featured more than 100 lectures, workshops and courses led by 123 lecturers from all over the world. Read more at [www.cede.pl](http://www.cede.pl)



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# The Italian magicians of color vs the brazilian kings of digital dentistry, the competition in esthetics in brief!

On one side the magicians of color, on the other, the kings of digital dentistry, a friendly competition in esthetics between Italy and Brazil was held during the 9th International Congress of the Italian Dental Association, Associazione Italiana Odontoiatri. This and much more happened at the splendid seaside resort of Chia on the beautiful island of Sardinia, Italy from 15-17 June 2017.

**The Theory of Color** - A course on the theory of color was held by Lorenzo Vanini as an interesting introduction to the competition of Italy vs Brasil. Vanini is a private practitioner in Chiasso, Italy, professor of the "Color in Reconstructive Dentistry" course at the University of Chieti as well as visiting professor in Esthetic Restorative Dentistry at the Universities of the Mediterranean of Marseilles France, the Uic of Barcelona and Vinã del Mar in Spain. He is co-author of the book "Esthetics, Function and Posture" together with Camillo D'Arcangelo and elaborator with Francesco Mangani on a new theory of color. Entitled "Reproducing Color in Composite and Ceramic Restorations in Anterior Teeth" Vanini explored the history of color starting from the theory of Munsell (1930's) up to present day. He discussed the new Vanini-Mangani Theory that takes into consideration not only the classic determinants of color but also showed how depth and tridimensionality are important in correctly interpreting color and accurately reproducing it during tooth reconstruction.



**Italy vs Brasil** – Saturday June 17 instead the Italian and Brazilian schools of thought as they presented their views on dental esthetics.

The Italian team, made up of Vanini and Mangani (author of over 200 scientific publications, 80 abstracts from congresses in research in conservative dentistry and professor in the Conservative-Restorative Dentistry course at the Dental School at Tor Vergata in Rome), discussed the cost benefits of restoring anterior and posterior teeth with respect to biology, function and esthetics using new adhesive technology and restorative materials. Another part of the Italian team was Vincenzo Musella, author of the book "Modern Dental Esthetics", component of the group "Style Italiano" and creator of a pre-visualization esthetic system, inverse direct and indirect stratification and founder of aestheticdental.eu



talk on Modern Esthetic Dentistry: Workflow from a to z". Last but not least Marco Veneziani, an active member of the Italian Academy of Esthetic Dentistry (IAED) and of the International Academy for Digital Dental Medicine (IADDM) spoke on "Therapeutic Adhesive Options for Esthetic Restorations in Anterior Teeth" while presenting a sequential protocol for long term success.

The Brazilian team was made up of Paulo Kano, professor in the Masters program in Implantology at the Dental School at Sao Leopoldo Mandic and member emeritus of the Brazilian Society of Esthetic Dentistry (SBOE). He is creator of the Skyn Concept, a new method of reconstructing teeth using ceramics, combining predictability with practicality, in reproducing the natural tooth morphology. The technique can be used in build ups, facings or crowns using CAD/CAM technology that provides precision, quality and velocity while eliminating the need for diagnostic wax ups saving time and reducing patient visits. Also part of Kano's team was Livio Galias Yoshinaga, co-creator of the SKYN Concept and architect of numerous high tech projects in dentistry as well as developer of the internet "video on demand for dentists".

Before the congress, the opening ceremony was attended by the Top of Dental Institutions: on the stage the President of FDI (World Dental Federation), Patrick Hescot, the President of CED (Council of European Dentists), Marco Landi, the President of ADA (American Dental Association), Gary Roberts and the President of CDS (Chicago Dental Society), Phil Fijal.

## Numbers:

2580 attendants in total, 723 unique participants, 512 italians and 211 foreigners; 160 followed, the hands/on courses, with a total of 1224 participants, nine dentistry magazines, 135 exhibitors for 51 booths

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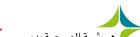
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## IDEM 2018 celebrates the 10th Edition of Clinical Excellence in Dentistry in Singapore



- First “live” patient demonstration on The Benefits of Digital CAD/CAM workflow
- 9,000 visitors, over 30 international speakers, 550 exhibitors

**24 October 2017 – SINGAPORE – The 10th edition of the International Dental Exhibition and Meeting (IDEM) will take place from 13-15 April 2018 at Suntec Singapore Convention and Exhibition Centre. Co-organised by Koelnmesse and the Singapore Dental Association, Asia Pacific’s cornerstone event in dentistry celebrates close to 20 years of clinical excellence with a line-up of exciting events, in addition to its exhibition and main scientific conference.**

“IDEM continues to be the foundation exhibition and scientific conference for dentistry in the Asia Pacific. This year, we are proud to bring delegates an even stronger programme that is dedicated to help them achieve clinical excellence in dentistry. Our collaboration with the Singapore Dental Association has also grown from strength to strength, and we look forward to many more fruitful years of collaboration,” said Mathias Kuepper, Managing Director at Koelnmesse Pte Ltd. Building on the 2016 edition, the conference theme is ‘Striving for Clinical Excellence’. The conference programme will include its inaugural “live” patient demonstration on stage, lectures and masterclasses presented by leading experts and world-renowned doctors. Key conference sessions include:

- Masterclass lectures by Dr Galip Gurel, Founder and Honorary President of EDAD, Turkish Academy of Aesthetic Dentistry. Dr. Gurel will also be presenting a hands-on workshop titled, Revolution in 3D Smile Design: The REBEL;
- The additive approach to complex rehabilitation: Digital workflow meets the art of science and dentistry with Dr Christopher Ho, Specialist Prosthodontist;
- A Rational workflow in the treatment and restoration of endodontically treated teeth by Professor Simone Grandini, Head of Department and Chair of Endodontics and Restorative Dentistry, Siena University;

- Periodontal treatment in the 21st century: From research to clinical practice by Dr Magda Feres, Dean for Dental Research and Graduate Education and Professor (Periodontal Department) at Guarulhos University;

- Managing the Ageing Population, where dental professionals will learn skills and techniques for treating older patients from various speakers

Aside from these, additional hands-on workshops are already confirmed for before, during and after IDEM and more are in the pipeline to give dental professionals maximum opportunity to learn the latest in dentistry and collect Continuing Education Points.

### Exhibits of note

The IDEM 2018 exhibition will increase by over 2,000 sqm to 20,000 sqm, of which 80% has already been reserved by pavilions, manufacturers and distributors from across the world, who will exhibit the latest technologies, products and services in dentistry. This edition’s Singapore Pavilion at IDEM 2018, is the largest Singapore Pavilion to date, occupying 666 sqm with 34 exhibitors, a 21% increase over the previous edition.

New to the exhibition at IDEM 2018 are two pavilions from Australia and Poland, bringing the total number of country and regional pavilions to 14. A hosted buyers programme and a personalized business matching programme facilitate meetings between the attendees and leading international manufacturers and distributors.

“IDEM is the best event in Southeast Asia to uncover the latest trends being discussed in dentistry. The Singapore Dental Association is proud that IDEM calls Singapore home and, taking the tenth edition to look forward, is excited to see what new innovations the leading dental exhibition and conference in the Asia Pacific will continue to bring to the region,” said Dr Lim Lii, President, Singapore Dental Association.

The 10th edition of IDEM will feature a memory lane of past events, including photographs, statistics and quotes from participants across all previous editions.

Online registration for IDEM 2018 is now open.

**Visit [www.idem-singapore.com](http://www.idem-singapore.com) for more information.**

### About IDEM Singapore

IDEM Singapore, a specialised dental trade fair accompanied by a professional congress, has developed since its premiere in 2000 into the No. 1 dental event in the Asia-Pacific region. At IDEM 2018, participants will meet key decision-makers, strengthen valuable contacts with customers and partners, and explore the potential of an exciting growth market.





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# Buenos Aires will welcome the 2018 FDI World Dental Congress



Geneva, 27 October 2017 – FDI World Dental Federation will host its next World Dental Congress in the South American city of Buenos Aires, Argentina, 5-8 September 2018 where the global dental community will gather to discuss the most crucial issues impacting dentistry and oral health today.

The 2018 FDI World Dental Congress is organized in collaboration with the Argentinian Dental Association (Confederación Odontológica de la República Argentina) and is being held under the theme 'A passion for many, a commitment for all'. It is expected to receive 15,000 participants from more than 90 countries.

The four-days of congress will feature a rich scientific program-

me – including 90 scientific sessions, 100 national and international invited speakers, and 1,000 scientific posters – as well as a dental exhibition of 5,500 m2 hosted by 250 exhibitors.

"The World Dental Congress is a flagship event for FDI," said Dr Kathryn Kell, FDI President. "This will be the second time we bring the congress to the Argentinian capital, 30 years since our last visit, and we look forward to making it once again the absolute meeting point for the oral health profession."

Other congress features include the World Oral Health Forum, which provides an opportunity to debate hot related to oral health and dentistry; and the launch of the World Oral Health Day campaign for the following year, which is celebrated on 20 March every year. The FDI World Dental Congress is a platform for global continuing education and provides an opportunity to meet with leaders of the dental profession and industry. **For more information on the congress, including registration, visit [www.world-dental-congress.org](http://www.world-dental-congress.org).**

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## The PRAGODENT international dental fair celebrated a quarter century.



The jubilee **25th PRAGODENT international dental fair** was held on the Exhibition Grounds in Holešovice from 12 to 14 October 2017. This professional and a social event for dentists and professionals from the related disciplines once again presented the absolute top of both Czech and foreign dental companies. This year, 179 direct exhibitors and 683 represented companies presented themselves on an area of approximately 10,000 m<sup>2</sup>, and almost 9,000 visitors entered the gates over three days.

The event was a demonstration of modern technologies and more effective procedures in dentistry, which as a field shows turbulent development, offering previously unexpected possibilities. The expositions covered the complete offer of dental market for dental surgeries and laboratories, tools for prevention, hygiene and work safety, as well as pharmaceutical products. There was also a selection of specialist publications for professionals and the latest software that pushes the possibilities of dentistry to a completely new level. The trade fair also offered a rich accompanying programme that attracted almost 1,500 visitors.

In addition, the PRAGODENT fair is the only comprehensive specialized dental trade fair held in the Czech Republic. Both the exhibitors and organizers were very happy about the entire course of the trade fair, thanks to considerable participation of both the general public and experts. The jubilee year of the PRAGODENT fair was characterized by a good mood and friendly atmosphere, so it is no wonder that we will soon start working on the next, 26th year, which will take place from 18 to 20 October 2018 and which will certainly bring even more.

## SIDEX 2018



**Company Name:** SIDEX 2018 (Seoul International Dental Exhibition & Scientific Congress 2018)

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**Contact Person:** Soyeong Kim (Lauren)

**Tel:** +82-2-498-9146

**Fax:** +82-2-498-9148

**E-mail:** [sidex@sda.or.kr](mailto:sidex@sda.or.kr)

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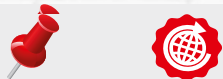
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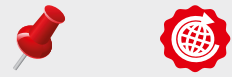
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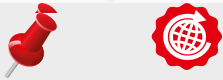


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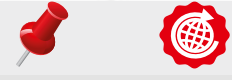
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D98x14mm		D95x14mm	D98.4x14mm
D98x16mm		D95x16mm	D98.4x16mm
D98x18mm		D95x18mm	D98.4x18mm
D98x20mm		D95x20mm	D98.4x20mm
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[sales@innobrace.com](mailto:sales@innobrace.com)



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**Hager & Werken**  
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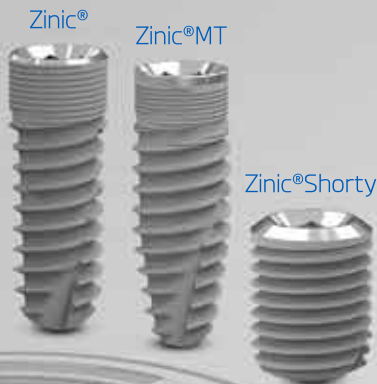
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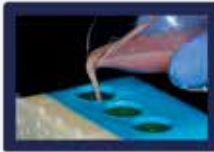
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# Calendar

## November

**23-25 11 2017**

**Denta 2017**  
**36th Edition**  
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**Bucharest - Romania**

Organized by: Romexpo SA  
Marasti Blvd, nr. 65-67  
PO Box 32-3,  
011465 Bucharest-Romania  
Phone: +40 21 207 7000 / 1084  
Fax: +40 21 207 7070  
Email: romexpo@romexpo.ro  
Website: www.romexpo.org

Venue: Romexpo Exhibition Center  
Bucharest - Romania  
[www.denta.ro/en/](http://www.denta.ro/en/)

**26-29 11 2017**

**Greater New York Dental Meeting 2017 (GNYDM) - 93rd Annual Session**

**Infodent Booth: 1004**  
**New York City - USA**

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570 7th Avenue, Suite 800  
New York, NY 10018  
Tel: +1 212 398 6922  
Fax +1 212 398 6934  
E-mail: info@gnydm.com

Referent: Dr. Robert R. Edwab  
(Executive Director)  
E-mail: [execdirector@gnydm.com](mailto:execdirector@gnydm.com)  
Exhibits Manager: Ms. Carla M. Borg  
E-mail: [exhibits@gnydm.com](mailto:exhibits@gnydm.com)  
Exhibition venue:  
Jacob K. Javits Convention Center  
655 West 34th Street, New York, NY  
10001, USA  
[www.gnydm.com](http://www.gnydm.com)

**27-29 11 2017**

**SDFS 2017**  
**South Dental Forum & Show 2017**

**Haikou City, Hainan China**

Contact:  
Guangzhou Rihui Exhibition Co., Ltd  
Joanna Guo (Project Manager)  
Mobile: +86 18825066285 (wechat number)  
Phone: +86 20 28970110  
Email: [2052403814@qq.com](mailto:2052403814@qq.com)  
Address: 27 floor of Tianfu building, Tianhe square, Tianhe district, Guangzhou, China.  
South Dental Alliance: [www.sdental.com.cn](http://www.sdental.com.cn)

Venue: Hainan International Conference and Exhibition Center  
258 Binhai Ave, Xiuying Qu, Haikou Shi,  
[www.dentalshow.com.cn](http://www.dentalshow.com.cn)

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Greece	Lithuania	Qatar	Turkey
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28-30 11 2017

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Fax: +62 21 634 0140 // 634 21 13  
Email: info@kristamedia.com  
Website: www.kristamedia.com

Venue: Jakarta International Expo  
Kemayoran, Jakarta  
Indonesia  
**www.indomedicare.com**

28 11 - 02 12 2017

**ADF 2017**

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Paris - France

Association Dentaire Francaise  
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75 017 Paris  
France  
Phone: +33 1 58 22 17 10  
Fax: +33 1 58 22 17 40

Venue: Palais des Congrès  
Add: 2 place de la Porte Maillot  
75017 Paris - France  
**www.adf.asso.fr**

29 11 - 01 12 2017

**Dental-Expo Ekaterinburg 2017 - 7th Specialized Exhibition**

**Ekaterinburg - Russia**

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Tel: +7 495 921 4069  
Fax: +7 495 921 4069  
Email: info@dental-expo.com  
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**International Conference on Dentistry 2017**

Hyderabad - India

Contact details:  
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Venue: Novotel,  
Hyderabad, India

[www.scientinternational.com/conference/international-conference-on-dentistry-2017](http://www.scientinternational.com/conference/international-conference-on-dentistry-2017)



**7-9 12 2017**

**Vietnam Medi-Pharm 2017 - Hanoi - The 24th International Hospital, Medical and Pharmaceutical Exhibition in Hanoi**

Hanoi - Vietnam

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Vietnam National Trade Fair & Advertising Company - VINEXAD  
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Fax: +84 4 3825 5556  
Email: medipharmexpo@vinexad.com.vn  
Website: www.vinexad.com.vn  
Venue: Hanoi International Exhibition Center (ICE)  
Add: 91 Tran Hung Dao Str., Hoan Kiem Dist. - Hanoi - Vietnam  
<http://vietnammedipharm.vn/>

**14-16 12 2017**

**IDEA 2017 - Ethiopia - 3rd International Exhibition Africa - Medical & Pharmaceutical Show**

**Infodent Booth: 39**

Addis Ababa - Ethiopia

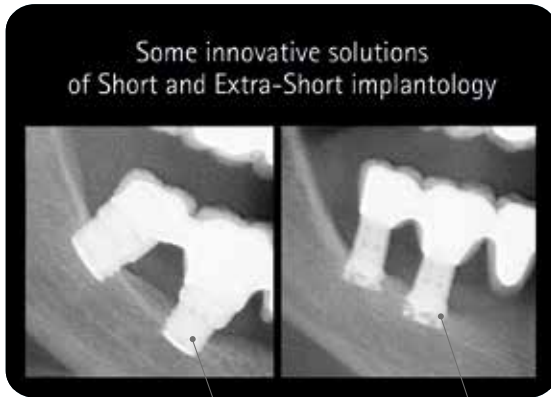
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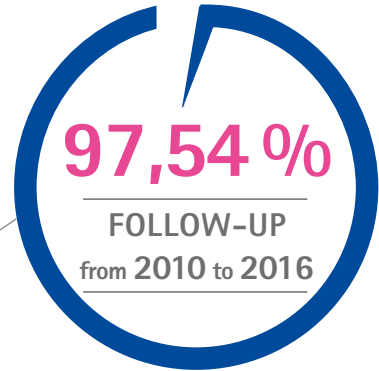
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