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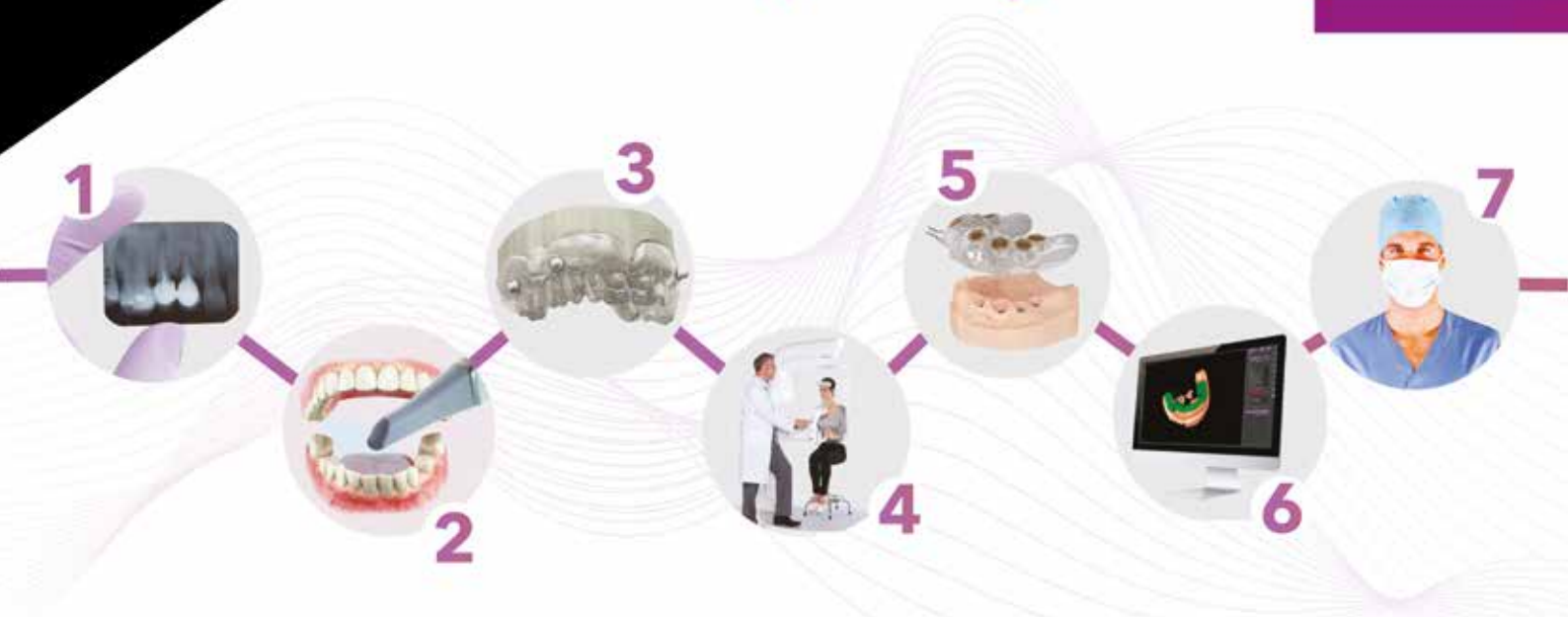
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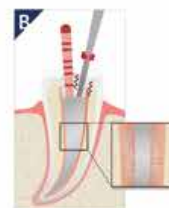


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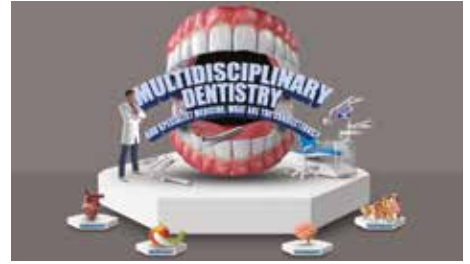


Fill the root canal with selected GP cones and lightly pump the GP cones up to the root canal to fill up the Apex.



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contents



6 EDITOR'S NOTE

34 FOCUS
Denmark
Rethinking Healthcare

52 SAVE THE DATE
Italian Dental Show
Colloquium Dental

8 PREMIUM HIGHLIGHTS

44 HOT TOPIC
Critical Thinking for
Oral Health

55 SHOWS REPORT

22 HIGHLIGHTS

46 DISTRIBUTORS WALL

56 CALENDAR

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Happiness, a New Measure of Progress



Reading the focus on Denmark's healthcare system, where the country consistently ranks among the happiest in the world, caught my attention.

Many would wonder how could they be so happy, if they pay some of the highest taxes in the world? By investing in quality of life.

Yes, because, probably, the key to understanding the high levels of happiness in Denmark is the welfare model's ability to reduce risks, uncertainties, and anxieties among its citizens, and prevent extreme unhappiness. The Danish welfare model provides opportunities for its citizens to pursue their happiness from advanced starting positions disregarding economic, social, gendered, or cultural backgrounds.

For example, education is free, and even at university level, there is no tuition fee. Meanwhile, every Danish student receives a sum of money, per month, from the state. This means I won't have to worry about how to finance my kid's education. It will be their talents and dreams that shape the path of their careers, not my wallet. There is free quality healthcare for everyone, and the welfare model works as a risk-reducing mechanism, and that forms a sound basis for high levels of happiness. The Danish labor market is based on flexibility and provides a safety net for workers and the unemployed. Employers can easily make changes in staff, and the unemployed can look for new jobs without the same level of financial anxiety. This is mainly because Denmark does well in terms of preventing extreme unhappiness. The poorest Danes generally are quite happier than the poorest in many other nations. Since the poorest people in Denmark enjoy a wide range of public social benefits that the poorest in many nations do not – while the difference between the wealthiest people in each country is very little.

A country with high rates of happiness, does not mean that it does not struggle with the myriad of global conditions arising out of modern lifestyles and societies. Stress, isolation, depression. Loneliness, often misunderstood and undiagnosed, is a major cause of suicide and its manifestations have become increasingly complex

in an interconnected world. Unresolved problems with addiction to drugs, pharmaceuticals, and alcohol remain as well. All of these factors, and many others, including generational poverty and the impact of climate change upon traditional industries and customs, also account on the rates of depression or suicide. But these causes are universal, and another topic, to discuss separately.

While, if happiness is defined by an individual's freedom to choose, and lead, a life he or she has reason to value, it is worth tracking it as a sign of national progress. There was a time when most economists believed that income was a fair measure of personal well-being, and GDP per capita could adequately reflect a country's progress. Today, few would disagree that quality of life assessments should be multidimensional.

In recent years, there is growing awareness among people, politicians, and scientists that economic progress is no longer a satisfactory indicator for the progress of a society. Happiness, well-being, and quality of life have made a powerful imprint on policy making. The Organization for Economic Cooperation and Development now includes life satisfaction as a parameter for the development of the member countries. The United Nations Development Program, for example, ranks countries by an annual human development index that aggregates income, life expectancy and education. But are even these factors fully adequate for measuring social well-being? Quality of life assessments that account for happiness and life satisfaction go beyond what GDP can show. There are several factors, in addition to income and wealth, which determine quality of life, including health, education, environmental conditions, social connections, political voice and security. Yet these are still objective indicators. They tell us little about a person's own assessment of his or her well-being.

Subjective indicators, like happiness and life satisfaction, capture an important dimension of well-being that is missed by objective measures. Self-reporting also shows the importance people place on having dignity and a voice, as well as access to democratic institutions. We need both objective and subjective measures to accurately reflect quality of life on a global scale. And especially when it comes to framing policy, measurement, and quantification, even when it comes to happiness, is important.

By no means, there is no perfection, and each country faces challenges and issues. But I do believe that some countries can be a source of inspiration in how to increase quality of life. What's more, if enough people feel that their happiness depends on living in an environmentally sustainable and equal world, the pursuit of happiness could even be good for the planet!

Baldo Pipitone

CEO Infodent S.r.l.

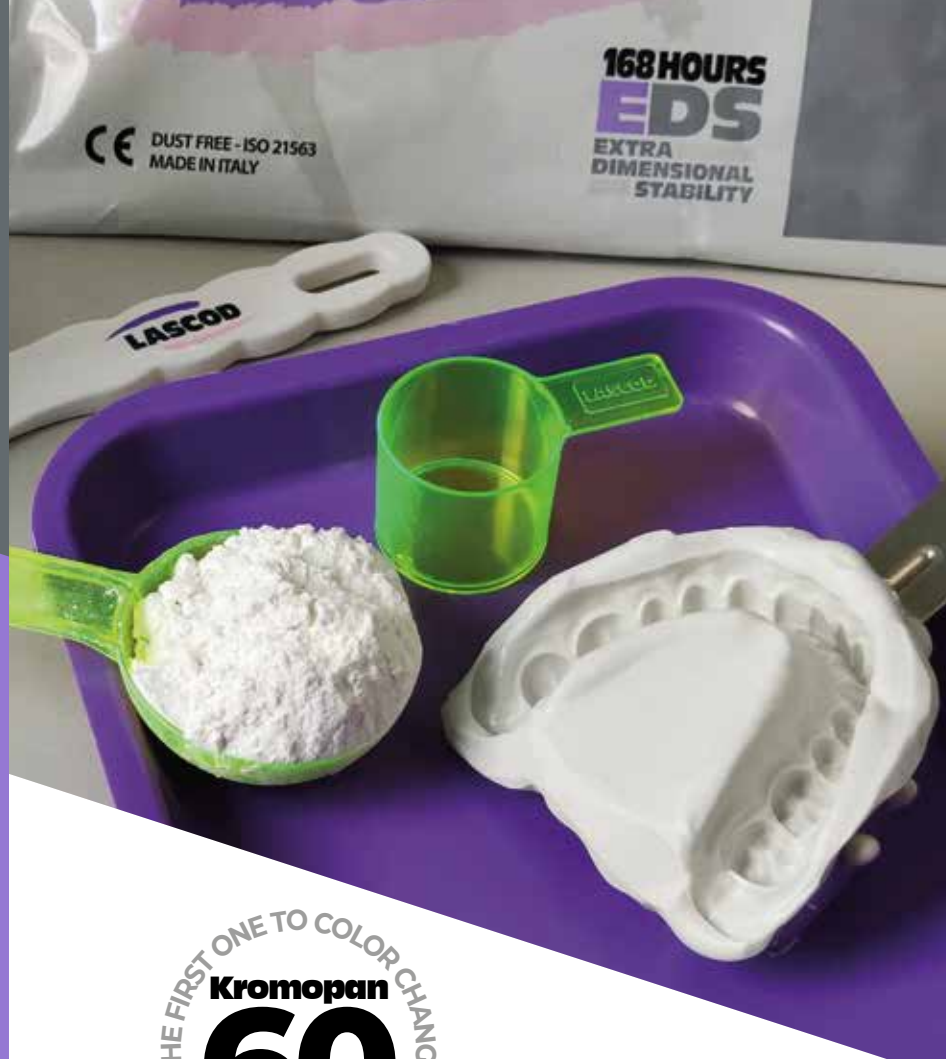
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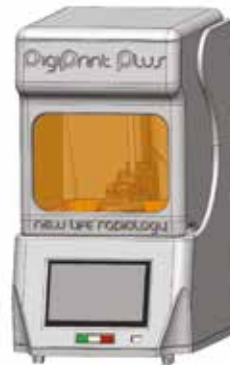


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TCS offers three resilient, high performing resins to choose from: **Unbreakable™** (nylon based) & **iFlex™** (polyolefin based) ideal for flexible partials, available

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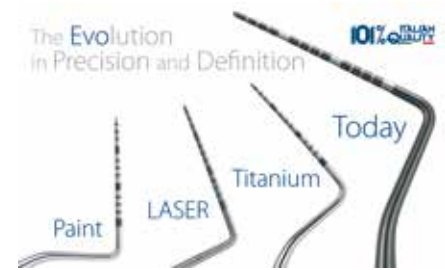
DenTag

Evolution is not a gamble but the way to win it

Precision is important in all fields, and especially in medicine and dentistry. Precision often allows us to prevent or treat various conditions in time. In the dental field, periodontal probes are an example of this. They can be used to diagnose and measure the progress of periodontitis and other infections. Today, the almost systematic use of advanced vision systems, enabling us to see even the smallest details, makes it even more necessary to have instruments that

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SHINING 3D®

Similarly, the accuracy of Aoralscan 3 is also greatly increased by 30%, allowing for better results. Thanks to AI, Aoralscan 3 can automatically identifies and filters out miscellaneous data during scanning. And with the help of the motion sensing control function, dentists can carry out the scanning process with minimal computer contact, ensuring safe and efficient clinical experience.

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B&B Dental Guided Surgery system

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- very high precision in implant positioning
- possibility of immediate loading, where conditions permit;
- greater medico-legal protection: thanks to radiological investigations (Tac or Cone Beam) and the use of software for the design of guided surgery (the professional is obliged to use the means and

not the results);

- intelligent management of warehouse stocks.

B&B Dental offers all-round computer-guided implantology training courses on its digital workflow, starting from every skill level, to accompany the clinician in the learning curve of this method that represents the future of implantology. It also has an internal guided surgery center that supports dentists in the design of their clinical cases and in the preparation of the necessary materials.

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Ugin Dentaire

Casting machine Ducatron Quattro



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DynaFlex

The Norris System



Control without compromise. To achieve superior arch development and fully expressed smiles, research has shown low-forces and less friction are the obvious routes to take. It is critical to preserve the free-sliding mechanics of passive self-ligation while reducing the learning curve.

The Norris 20/26® System incorporates best-in-class features including:

- .020 x .026 Archwire Slot
- Reduced slot dimension to deliver unparallelled control while preserving free-sliding mechanics
- Auto-Open/Auto-Close Door

- The unique mechanism allows the door to actually "glide open" and "glide closed" once the door travels 50% in either direction.
- This "Assisted" opening and closing is the first and only of its kind, and is another leap forward in PSL technology.
- Deep Tie-Wing undercuts
- This true "Twin" design easily accepts ligation ties and chain for additional control.
- Nickel-Free Cobalt-Chromium
- Cobalt-Chromium boasts superior frictional characteristics vs. 17-4 Stainless Steel, while providing a safe solution for any potential nickel-allergy patients.




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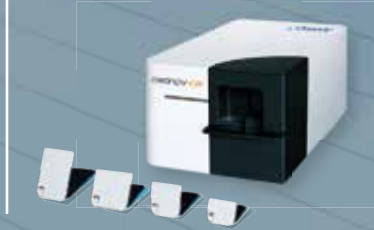
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BMS Dental

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- 10 sterilization cycles: 6 Type-B Cycles and 4 Type-S Cycles according to the type of material to be sterilized.
- 2 test cycles ("Vacuum Test" and "Helix/Bowie & Dick Test"), see LINK.

NEW! The implementation of the conductivity meter for water control protects the steam generator, checking the quality of the water and preventing damage due to repeated use of bad quality water (this positively affect life cycle of the entire device).

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LINK: to carry out the routine tests for the correct device functioning and sterilization efficiency, discover the quality of BMS dental sterilization control tests. Starting by the specific tests for Class B autoclaves, Bowie&Dick and Helix tests to the most used sterilization indicators: type 4 and type 6.



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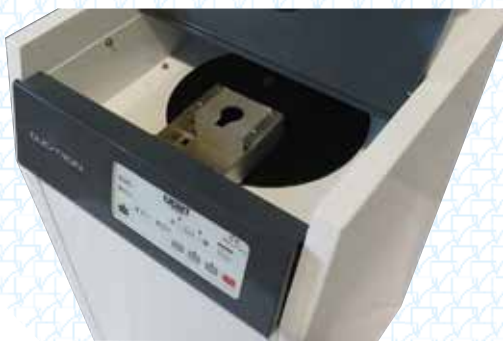
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Technical specifications

- Generator frequency: 130 KHz
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- Two start modes: fast (for non-precious and semi-precious alloys) and moderate (for precious alloys)

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Focus

Constitutional monarchy with a unicameral parliament (Folketing) of 179 seats. Head of state Queen Margrethe II and head of government prime minister Mette Frederiksen

Though member of the EU, Denmark's national currency is the krone. In a 2000 referendum, 53% of voters rejected adoption of the euro

Public income is derived primarily from taxes on real estate, personal income, and capital, as well as through customs and excise duties. The heaviest indirect tax, which goes to the national government, is the value-added tax (VAT)

Kastrup, near Copenhagen, is one of the busiest airports in Europe; it is a center for international air traffic

In 2019, about 70% of Danish adults reported being in good health, a proportion close to the EU average. However, as in other countries, people on higher incomes are more likely to report being in good health (81%), compared with 62% of those in the lowest

Denmark consistently ranks among the happiest countries in the world

Denmark has two dependencies: Greenland and the Faeroe Islands. They are both independent in health matters but follow the Danish national legislation



Author: Silvia Borriello
Editorial Director
silvia.borriello@infodent.com

Denmark

Rethinking Healthcare



Equity is a value in the Danish healthcare system, and healthcare is an important part of its welfare system, resulting in a heavily financed public funds system, experiencing little inequality. But most of all Denmark has, long before others, realized the need to rethink its health system, and has radically transformed it to make it financially sustainable for the multiple challenges ahead, turning it into a more effective system than other developed countries, such as the U.S. and other European countries.

Note: *PPP= Purchasing power parity (PPP) is defined as the rate of currency conversion that equalizes the purchasing power of different currencies by eliminating the differences in price levels between countries. / **Percentage of persons living with less than 60% of median equivalized disposable income. Source: Eurostat database.

| | Denmark | EU |
|--------------------------------|---------|--------|
| GDP per capita (EUR PPP*) | 40,464 | 29,801 |
| Relative poverty rate (% 2019) | 12.5 | 16.5 |
| Unemployment rate (%)** | 5.6 | 7.1 |

Denmark, officially Kingdom of Denmark, is just a small country of 5.8 million inhabitants and a high standard of living. Its per capita gross national product is among the highest in the world, with well-developed social services. The economy is based primarily on service industries, trade, and manufacturing; only a tiny percentage of the population is engaged in agriculture and fishing. Small enterprises are dominant.

In the healthcare industry, many local manufacturers possess fair shares in the global market. They specialize in the production of hearing aids, diagnostics, orthopedic and prosthetic devices. Denmark is also home to major companies in the medical device, biotech,

and pharmaceutical industries. About 90% of the local production is exported.

War in Ukraine has, in short time, become a new and destabilizing factor in both the Danish and global economy. It dampens growth and increases inflation at a time when inflation and capacity utilization is already high. Even if Danish economy is generally robust (its pre-covid GDP growth was +2.1%, World Bank 2019 data), and able to manage new challenges, it is expected to enter a pause in growth or, even, risks a fall in activity.

A Social Welfare State

One of the world's oldest and most comprehensive social welfare system, Denmark offers unemploy-

ment, disability, old-age, and survivorship benefits at virtually no charge to all Danes. Healthcare is part of the Danish welfare model and is grounded in the principle of solidarity amongst citizens, via their right to free healthcare and education. The state, or national level of government, controls all regulatory and supervisory power for healthcare. Health services are then provided by the 5 regions (Regioner) and 98 municipalities (Kommuner). [...]

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Ultra compact trimmer *Serantes*

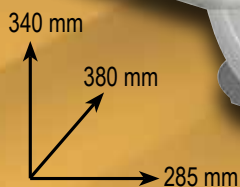
Sandpaper disc Ref. 080097

Diamond disc Ref. 080098

Sandpaper disc - DRY Ref. 080099



| | |
|---------------|----------|
| Height | 340 mm |
| Width | 285 mm |
| Depth | 380 mm |
| Weight | 4.9 kg |
| Rated power | 1600 W |
| Disc diameter | 235 mm |
| Speed | 3000 rpm |



MESTRA presents its new model trimmer, **possibly the smallest on the market.**

Ideal for small environments, with the productivity of a completely professional trimmer: the table and the window are similar to those of larger trimmers.

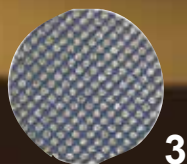
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- Velcro® sand disc with highcutting capacity and very easy replacement. Also available in diamond.
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- Rear water outlet.
- Totally compatible with the **MESTRA** family of decanters.

CAUTION!

Diamond discs are very heat-sensitive: do not trim or rectify metal pieces or coatings.

Accessories

- 1 Ref. 080097-08 (5 u.) Sandpaper disc coarse grain - 80
- 2 Ref. 080097-09 (5 u.) Sandpaper disc fine grain - 120
- 3 Ref. 080098-01 (1 u.) Diamond disc



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Equality and Solidarity in Danish Dental Care



Equality and solidarity are the ideological basis of the Nordic Welfare State model, and Denmark is no exception. Cuts in adult dental care subsidies, over the years, and adjustments of beneficiary groups were not only made due to economic concerns, but also due to changed treatment needs among the adult population. The changes aimed to give more support to those with greater needs and highest costs, rather than supporting everybody. Nonetheless organizing good and equitable dental care for all remains a challenge.

In most European countries dental care operates outside the mainstream healthcare systems and the role of private services is more significant than for other somatic care. Equality and solidarity have been the ideological basis of the Nordic Welfare State model, which includes a wide range of publicly funded and provided services. **Typical for the Nordic countries is a relatively large public sector along with a private sector. The public sector service is staffed by salaried personnel and includes rural and sparsely populated areas. Care provision is decentralized, and local government (regions or municipalities) has great autonomy in organizing the services.** The oral healthcare system in Denmark consists of a public and a private sector, where public and private complement each other rather than competing with one another.

In Denmark, oral healthcare for children and adolescents is provided

ed by the municipal dental service. Dental care is completely free for children and young people up to 18 years of age, under the municipal dental health service or with a private practicing dentist, who is reimbursed based on fees paid by the municipalities. The municipal children and youth dental care services include periodic check-ups and treatments (e.g., in connection with caries) and refers children to orthodontists if necessary. The public dental care system for children was launched in 1972, and consolidated under the Dental Care Act in 1986, by including all children and adolescents up to 18 years of age. The system provides health promotion, systematic prevention, and curative care, free of charge. Since 1994, the municipalities have also been responsible for providing dental care to adults or elderly persons who have difficulties in using private services because of reduced mobility or physical or psychological functional

capacity. Children and adults who suffer from mental illness or mental handicaps can have specialist care in public clinics.

Dental health for children and adolescents is essentially school based and, as a result of outreach activities, the participation rate is nearly 100%. It includes comprehensive clinical oral care, prevention and oral health education for children and parents. School-based activities encompass oral health education in the classroom, diet control, supervised oral hygiene instructions, fissure sealing of permanent molars and the effective use of fluorides. The Danish Act on Dental Care also obliged municipalities to take on the responsibility to report oral health data to a national recording system, which is developed, and implemented, by the National Board of Health. The system was established to evaluate the evolution of oral health status nationally, regionally, and locally.

On the other hand, dental health-care for citizens, older than 18 years,

Greenland and the Faroe Islands

In **Greenland**, all dental care is provided as a free public service, to children and adults. All dentists, except one private practitioner, are employed by the Greenland government and there is a constant need for more staff. The demand for dentists in Greenland is likely to increase as old arrangements for free flights to Denmark for Danish nationals are phased out. However, new arrangements, including short-term contracts of three or six months, free accommodation and a free return flight should make working in Greenland more attractive to non-Danish dentists. Nearly all dentists work with Inuit staff who act as Inuit interpreters also.

The Faroe Islands are governed as a single Danish municipality. Until recently, as in Greenland, all dental services were provided as a free public service. Today the system in the Faroe Islands is the same as in Denmark as a whole.

“ Equality and solidarity have been the ideological basis of the Nordic Welfare State model, which includes a wide range of publicly funded and provided services. The oral healthcare system in Denmark consists of a public and a private sector, where public and private complement each other rather than competing with one another.

is offered by private dental practitioners. Citizens are responsible for a substantial part of the payments; however, some of the payments, in particular the preventive services, are covered by the regions. The system of subsidies for dental healthcare is operated by an agreement between the regions and the Danish Dental Association. Under this system the patient pays a part of the fee to the dentist; the other part is claimed through the region. The amount paid by the patients is dependent on the treatment, and age of patients but, in general, patients pay the majority of the treatment costs. In general, the subsidy is higher for preventive care and essential treatments, and lower for expensive treatments such as oral

surgery. Subsidies for the 18-25-year-olds are higher. The main treatments for which subsidies are paid include examination and diagnosis, fillings, oral surgery, periodontology, and endodontics. For most adults, orthodontics, crowns and bridges, and removable prosthodontics have to be paid for in full by the patient. Several groups may receive extraordinary subsidies towards their dental treatment, for example, patients with cancer and Sjögren syndrome, and patients with a poor economic status. Free dental care may be available for adults, for example, if the treatment needs to be carried out in a hospital. **On average, patients pay 81% of costs, mostly-out-of-pocket, and the public about 19% (2019 data).**

However, a substantial number of Danish adults (about 30%) buy private health insurance to further subsidize their dental costs. Three different reimbursement and payment levels can be chosen. Practically all kinds of treatment including prosthetics are covered and the reimbursements are listed according to a special scheme. Prices are regulated through negotiations between the Danish Dental Association (*Dansk Tandlægeforening*) and the Health Insurance Negotiating Committee (*Sygesikringens Forhandlingssudvalg*) every second year. Persons with high social background are more often insured than those with low social status, which does not contribute to equity.

Reimbursement systems for private dental care, population groups and treatment covered, in the Nordic countries.

| Country | Reimbursement of private dental care | Coverage | Treatment covered |
|---------|--|--|---|
| Denmark | Danske regioner * National Health Insurance | All adults | Basic treatment, not prosthetics |
| Finland | Kela National Sickness Insurance | All adults | Basic treatment, not prosthetics |
| Iceland | Sjúkratryggingar Islands Icelandic Health Insurance | 0-18 year-olds, old age and disability pensioners, adults with certain diseases or conditions | Basic treatment, removable prosthetics |
| Norway | Folketrygd | Adults with certain diseases or conditions <18 years | Certain specialist treatment, orthodontics for the young |
| Sweden | The National Insurance ATB Adult dental care subsidization by the state | All adults | Limited support to basic care, high-cost protection |

* An additional private dental insurance exists in Denmark

Financing and use of dental services

The Public Dental System, responsible for the young, disabled, elderly, is financed by local (municipal) tax revenues. Adults' dental care is financed by patient fees and national tax revenues. **While the government pays approximately 85% of the national costs of healthcare, 15% comes from individuals through co-payments for treatment. For dental care, this ratio is reversed, since the national cost of caring for adults' dental health is 20%, government-funded, with the remaining 80% paid by patients.** Danish residents, in fact, enjoy universal access to a comprehensive package of health services. Unmet needs for medical care are generally low (fewer than 2 % of the population). However, because dental care is less well covered, unmet needs and out-of-pocket spending for dental services are higher with 4.7 % of Danes reporting them in 2019, largely driven by affordability. In 2019, specifically, just 19% of dental care spending was publicly covered, compared to 31% (average) across the EU.

In Denmark, a registry of dental health among children has been in existence since 1972. No similar

“ The public dental care system for children was launched in 1972, and consolidated under the Dental Care Act in 1986, by including all children and adolescents up to 18 years of age. The system provides health promotion, systematic prevention, and curative care, free of charge.

registry exists for the adult population, which means that information on adult dental health is based on surveys and studies. Dental care coverage rate among children and adolescents is estimated to be 99%; 88% of them attend public and 12% private clinics. The number of decayed, missing and filled teeth (DMFT) at the age of 12 years has decreased steadily since 1975. The relatively small percentage of DMFT, compared with international figures, is partly explained by free access to dental care for those aged 18 years or younger (either at a municipal dental health service or at a private practice dentist on a fee-for-service basis, paid by the municipalities). The effort to promote health education has also strengthened the daily use of a

toothbrush and fluoride toothpaste in children.

Dental workforce

There are two specialist degrees in Denmark – oral surgery and orthodontics, a third specialty is planned in pediatric dentistry. The dental education is 100% government funded and there is no tuition fee. Two universities educate dentists in Denmark (Aarhus and Copenhagen); dental education takes five years, a 2-cycle curriculum (3+2) with a bachelor degree (after the first cycle) and a master after the second.

There is a well-developed system of dental auxiliary support for dentists, with clinical dental technicians allowed to practice independently, providing edentulous persons with

Population groups having access to Public Dental Services (PDS) and proportions of dentists and dental hygienists working in the PDS, in the Nordic countries.

| Country | Free care in the PDS | Access to the PDS against payment | Proportion of dentists working in the PDS (%) | Proportion of dental hygienists working in the PDS (%) |
|---------|--|--|---|--|
| Denmark | 0-18 | Institutionalized elderly and persons not able to use private care for various reasons | 20 | 20 |
| Finland | 0-17 | All adults | 44 | 50 |
| Iceland | No PDS | No PDS | No PDS | No PDS |
| Norway | 0-18 and some adult special needs groups | Other adults when the PDS has capacity | 28 | 55 |
| Sweden | 0-19 | All adults | 57 | 60 |

| | 1975 | 1985 | 2000 | 2007 | 2009 | 2011 |
|-----------------------------|------|------|------|------|-------|------|
| DMFT at age 12 | 5.2% | 2.1% | 1% | | 0.64% | 0.60 |
| DMFT zero at age 12 | | | | 72% | | |
| Edentulous at age 65 | | | | 27% | | |

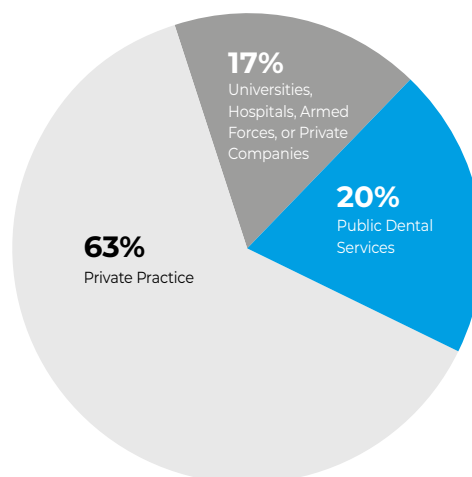
Note: "DMFT zero at age 12" refers to the number of 12 years old children with a zero DMFT. "Edentulous at age 65" refers to the numbers of over 64s with no natural teeth. Source: Danish Health and Medicines Authority / WHO Regional Office for Europe, 2011

| | |
|---------------------------------------|--------------|
| Number of total registered dentists, | 7,989 |
| Number of practicing dentists | 4,520 -5,161 |
| Number of orthodontists | 290 |
| Number of Oral Maxilla Facial Surgery | 98 |
| Active dentist to population ratio | 1:1,086 |
| Percentage female | 58% |
| Members of Danish Dental Association | 81% |



In 2019, specifically, just 19% of dental care spending was publicly covered, compared to 31% (average) across the EU.

Proportion of dentists working in Public or Private Practice



Source: EU Manual of Dental Practice 2015, Edition 5.1. Council of European Dentists / ADDE – Association of Dental Dealers in Europe. N.B. Figures are approx. and vary according to different sources

| | |
|---|-------|
| No. of dental hygienists | 1,900 |
| No. of dental technicians, estimate | 1,100 |
| No. of denturists/clinical dental techs | 565 |
| No. of assistants | 4,400 |

Source: EU Manual of Dental Practice 2015, Edition 5.1. Council of European Dentists / Oral health care systems, VIDENSKAB & KLINIK. TANDLÆGEBLADET 2015 | 119 | NR. 9
N.B. Figures are approx. and vary according to different sources

Number of dental Practices

| | |
|--------------------------------------|-------|
| General (Private) practice | 3,431 |
| Public Dental Service | 1,215 |
| University | 112 |
| Hospital | 58 |
| Armed Forces | 15 |
| General Practices as a proportion is | 66% |
| Number of general practices | 2,208 |

Source: EU Manual of Dental Practice 2015, Edition 5.1. Council of European Dentists

full removable dentures without dentists' involvement. They also provide partial dentures but a treatment plan from a dentist is required.

Dental hygienists may work in practice after graduation, but they must register to be able to own their practice, without supervision of a dentist. Hygienists can undertake basic diagnostics. They are mainly in the fields of oral health promotion and disease prevention. They are allowed to administer local infiltration analgesia. There is no registerable qualification for dental technicians, so there is no list of registered dental technicians, and the number of dental laboratories is estimated to be 500 -1000 (source from several trade unions). Dental laboratory technicians work mostly in laboratories, hospitals or dental faculties and are salaried, but some are employed by dentists in private practice.

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Study: Trends in Dentate Status and Preventive Dental visits of the Adult Population in Denmark over 30 years (1987-2017)

Researchers have analyzed the development in dentate status and preventive dental visits in the population in the past 30 years. Seven times, between 1987-2017, dental health information has been collected from representative samples of the Danish population.

The large study, conducted by the Department of Odontology of the University of Copenhagen and the National Institute of Public Health at the University of Southern Denmark, shows that Danish oral health has improved in the last 30 years, but great social inequalities remain. In the past 30 years, adult Danes have managed to save more of their natural teeth, which has positively affected their quality of life. Moreover, they have paid more visits to the dentist.

Unfortunately, the social inequalities in dental health and health in general have not changed in the past 30 years. People's dental health largely depends on the level of education, occupation, financial status, and ethnic background. In 2017, only 32% of adult Danes with significant financial difficulties received preventive dental care.

Among adult Danes with some financial difficulties the figure was 43% – compared to 62% among Danes with no financial difficulties.

- For the population in general, complete loss of natural teeth has dropped from 18% to 3%.
- Among Danes aged 65-74 years, toothlessness has dropped from 51% in 1987 to 6% in 2017.
- Among Danes aged 65-74 years, the share with a functional set of natural teeth (20 teeth or more) has increased from 16% to 69%.
- Among Danes aged 65-74 years, 29% went to the dentist once a year in 1987. In 2013, the figure had increased to 79%.

• Among young adults aged 25-44 years, the share who went to the dentist for oral and dental check-ups was 88% in 1987. In 2013, the figure had dropped to 61%.

• In 2017, 85% of all adult Danes went to preventive dental visits. While younger adults often expressed going to the dentist of intervals up to 18 months between visits, senior citizens typically expressed going to the dentist more often with less than 12 months between visits.

For entire article and study, University of Copenhagen: <https://healthsciences.ku.dk/newsfaculty-news/2021/09/danes-oral-health-has-improved-but-social-inequalities-have-not-changed/>



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Critical Thinking for Oral Health: a Crisis-proof Must, Shall Oral Health Survive!



Gerhard Konrad Seeberger
Past-president of
FDI World Dental
Federation

It has been former US President Harry S. Truman who said, "Not all readers are leaders, but all leaders are readers"! It is more difficult than that! It is about inequalities, the biggest enemy of health, oral health included. First, not all people in this world can read and, therefore, must believe what they are told. To include these poorest on the globe we must show high responsibility for the messages we roll out. Second, not all who are able to read understand what they have read. Third, not all who understand do remember the literature read, germane to the topic in discussion.

"Delaying routine care means that we are going to provide more urgent care later!", says President-elect of the FDI World Dental Federation Dr. Gregory Chadwick in a recent tweet.²

This is in direct opposition of what WHO Dental Officer Benoit Varenne stated in a message during the COVID-19 period: "WHO guidance recommends in case of community transmission to give priority to urgent or emergency oral cases, to avoid or minimize procedures that may generate aerosol, prioritize a set of clinical interventions that are performed using an instrument and of course to delay routine non-essential oral health care."³

"Non-essential" was substituted by "non-urgent" four months later. A substantial benefit for people looking routinely after their oral health, for responsible citizens sticking exemplarily to the prevention concept for Non-Communicable Diseases, NCDs, and contribute to decrease treatment costs for oral care? No! At least not in the actual world driven by controversial messages from the media creating confusion and frustration. Critical thinking was and is the dear need of the hour!

Furthermore, there was and there is no scientific evidence up to now, that dental aerosol would be a risk factor for contracting SARS CoV-2. But there is scientific evidence that dental practices are among the safest workplaces in medicine.⁴

Words need a careful selection when a precise message is to be delivered in

the name of 1 million dentists worldwide. To an FDI tweet released on June 24th this year, nothing could be added to an excellent information presented by FDI Madam President, Prof. Ihsane Ben Yahya. It is the introduction to the Twitter video that is offending exemplary, original, outstanding, and timely work delivered in the, relatively, recent past of the FDI. The sentence I am referring to is the following:

"We cannot talk about **#health** without **#OralHealth**. Says FDI President Prof. Ihsane Ben Yahya highlighting how the **#pandemic** is just a microcosm of the bigger picture ➔ our past failure to address **#OralDisease** in a substantive way and to view it as a **#NCD**.⁵

With all due respect, but I humbly disagree with only one word: our! I am patiently waiting for all those of the more than 1 million dentists represented by FDI who want to line up behind my statement: I do not belong to the "our"! Literature has evidenced why addressing oral disease has not been addressed in a concrete way.⁶

Did not the whole world struggle with the economic and financial crisis, spending reviews, missing allocated monies for oral prevention and care, and lacking public response to oral healthcare needs of the low income class, resulting in expenditures weighing more than 10% on the family budget? Useless to highlight that the latter is not congruent with the United Nations Target of Universal Health Coverage, UHC. State action is of utmost need!

The causes of the failures are not to be looked for in the dental community, the dentists, the undisputed experts for tackling oral diseases.⁷

Did **we** forget the engagement of First Madam President of FDI Michel Aerden in fighting tobacco use almost two decades ago?

Have **we** already forgotten that FDI, represented by former President Orlando Monteiro da Silva and former Executive Director Jean-Luc Eiselé, was successful in integrating oral disease into

the conglomerate of the "Big 4", cancer, cardiovascular diseases, diabetes, and respiratory diseases, at the United Nations High Level Meeting on NCDs in September 2011?

Are **we** still aware that this result was leading to the kick-off of the FDI Vision 2020, a document realized under the leadership of Prof. Michael Glick bringing back reliability and trust into the Organization and its work?

Haven't **we** all been proud when former Director General of WHO Margaret Chan has stated in her speech on behalf of the Opening Ceremony of the 100th FDI World Dental Congress in Hong Kong with Madam President TC Wong in 2012: "Dentistry is pioneering the concept of prevention in medicine turning it into an art and science!"

Can **we** just brush away all the successful initiatives with our partners starting from Live, Learn & Love to Brush Day & Night?

Are **we** still proud, first complemented by pediatricians, of the FDI Oral Health Definition, presented to the world under the leadership of Patrick Hescot, at the FDI World Dental Congress in Poznan, Poland in 2016?

Do **we** remember that in 2018, in order to better tackle the newly integrated NCD mental disease and air pollution, the 5 by 5 Approach was born in order to find new opportunities for the NCD response. It was my humble-self raising the issue that time was not only mature for the 5 by 5, but definitely for a 6 by 6 approach!

Have **we** considered the work done by FDI and International Consortium for Health Outcome Measurement, ICHOM, for the Adult Oral Health Standard Set, an instrument to make oral health and the dentists' engagement in regaining oral health measurable?

Did **we** recognize that just 18 months ago FDI Vision 2030 was released, a document created with the purpose of providing guidance on achieving appropriate, affordable, evidence-based, integrated, comprehensive oral health care for all, with the overarching goal of ensuring that oral health is included in health in all policies and any ensuing health and health care debate.

” Let us hope in a better future without oral disease following the WHO Draft Global Strategy on Oral Health approved by the members of the 75th World Health Assembly

How would **we** have been able to release the Consensus on Environmentally Sustainable Oral Healthcare if all that pioneer work from before is swept away by just stating “our past failure to address **#OralDisease**”.

By no means the socially responsible dentist shall be responsible for the steady increase of the global burden of oral disease. Let **us** hope in a better future without oral disease following the WHO Draft Global Strategy on Oral Health approved by the members of the 75th World Health Assembly, which, by giving an importance to the official FDI – WHO relationship, could have recognized the FDI Oral Health Definition on page 2, paragraph 3 of the document. It would have eased substantially the collaboration of FDI, its members, the National Dental Associations, and every single socially responsible dentist with governments and health ministries. The dentist's support is essential in every country, shall the Strategy be a successful path

towards the decrease of the burden of oral diseases, even for countries where there is no dentist.

Last but not least, let **us** think also of all the efforts and finances of experts, members and partners that have been spent to realize the proud work of the past in FDI.

I am proud of FDI's, our, past successes, and I am proud to be belong to FDI!

Gerhard Konrad Seeberger
Past-president of
FDI World Dental Federation

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*References in regard to the content can be found on www.fdiworlddental.org

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"Multidisciplinary Dentistry and Specialist Medicine: What are the connections?" At the Biggest Dental Show in Italy



"colloquium dental 2022" with the "Italian Dental Show" fair will be held on 22/23/24 September 2022 at the Centro Fiera del Garda - Montichiari (BS), Italy. The prestigious conference venue, designed for the most important and innovative events, is the setting for the leading appointment in the international dental world.

A congress hall equipped with sophisticated audiovisual technologies will be set up in one of the pavilions and the "Italian Dental Show" exhibition in two other pavilions. For more updating, a new conference room was added this year: the auditorium on the second floor dedicated to Ezio Nardi. **There is a compulsory passage from the exhibition halls to the congress hall to give visibility to all exhibitors.**

Organizer of the event Teamwork Media srl, a publishing house based in Brescia, which has been operating in the dental sector for thirty years and is the reference point for specialized information for dentists and dental technicians with the magazines "teamwork clinic" and "dental dialogue" and the books of its library. Italian and international speakers of high prestige and professionalism, qualified scientific committees allow us to offer continuous updates during each event to keep up with the times and maintain visibility on the market. The program of past editions is published on the website www.colloquium.dental

There is some news for the 2022 event. In addition to the usual scientific congress on Friday and Saturday with international speakers, on Thursday morning, in the Samuele Valerio room, the event will begin with an all-female event: Women in Dentistry. Four colleagues will take turns on stage with conferences that will highlight their skills, their professional value, and that will surely involve the audience. For the afternoon are scheduled reports on marketing, held by experts on the subject who will illustrate how to improve the commercial strength of the dental clinic and dental laboratory, acquiring information from the market and then creating targeted competitive strategies to increase their turnover.

Participation for Thursday is free; obligatory prescription.

On Friday and Saturday in the Samuele Valerio congress hall, Italian and foreign speakers will alternate on the theme "Multidisciplinary dentistry and specialist medicine: what are the connections?" The speakers will illustrate how the general health conditions related to specific systemic diseases such as, for example, insulin-dependent diabetes, collagenopathies, weaken the immune system as well as those that depress the psycho-somatic system. All these pathologies

involve therapeutic and pharmacological treatments which, on the basis of scientific evidence, can cause dentition problems.

Simultaneous translation into Italian, German, English and Bulgarian will be provided for these conferences on Friday and Saturday. Participation is reserved for "dental dialogue", "teamwork clinic" subscribers; obligatory prescription.

The congress "The various aspects of dentistry" will be organized on Friday and Saturday, in the Ezio Nardi conference room, in collaboration with some associations in the sector, AISOD, SIOH, ATASIO.

The topics covered will be of great relevance: the rules governing the medical device system, guidelines for dental sedation, narcosis in frail patients, advanced technologies in oral hygiene sciences, clinical prevention protocols, management. Participation in the Ezio Nardi congress hall is free; obligatory prescription. The tradition of the congress, founded on reports of a high scientific level and supported by ultra-modern audiovisual technologies, will, as always, also offer the possibility of meeting old colleagues, will encourage the exchange of views, fuel discussions on current technologies and facilitate the creation of new friendships among colleagues, even foreigners. The congress and the exhibition will be the subject of an intense advertising campaign also in several other countries.

The Italian Dental Show fair has always aroused, in all previous editions, a strong interest from both exhibitors and the public and is now an unmissable event for operators in the sector, dentists and dental technicians. Also, this year's exhibition, with more than 250 international exhibitors, has all the prerequisites and requirements for a brilliant success with a complete panorama of current technologies, innovations, and products. The visit to the fair will allow information on the various disciplines, digital workflow, diagnostics, CAD / CAM systems. Numerous company workshops will also be organized. The exhibiting companies will thus be able to intensify contacts with customers and acquire new ones in a pleasant atmosphere that has always characterized this event. Admission to the fair is free as well as the 11,000 parking spaces. The exhibition center is located near the highway exit Brescia Est. **The program and the registration form are published on the website www.colloquium.dental in Italian and English.**

**We are waiting for you in Montichiari – Brescia, Italy
22-24 September 2022, save the date!
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Colloquium Dental Italian Dental Show

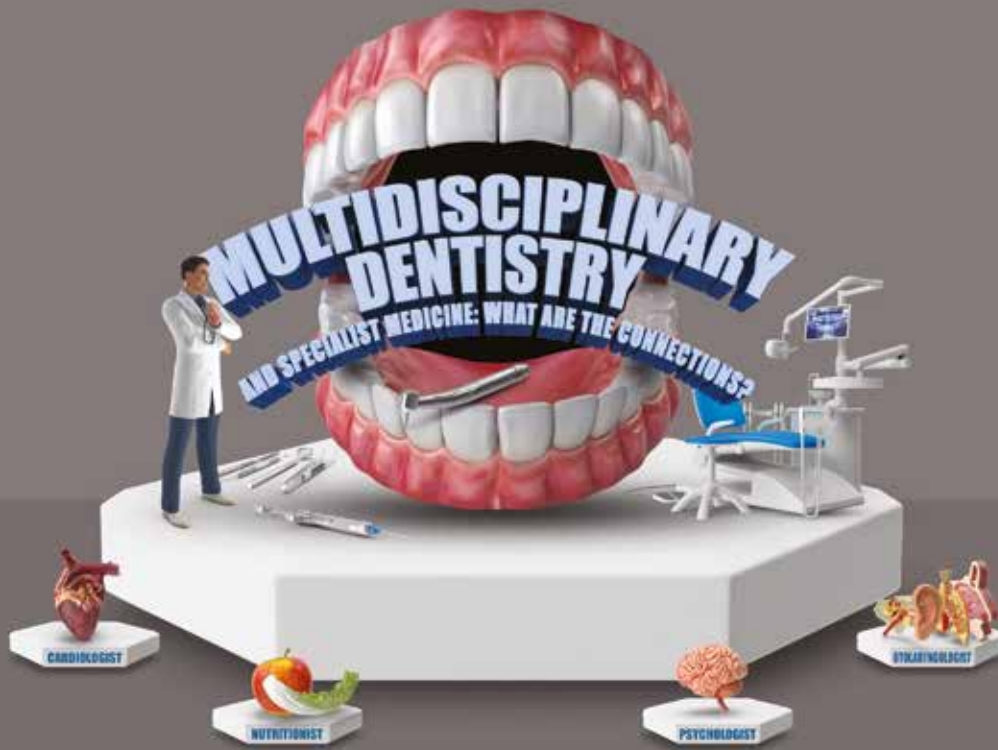


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23rd September 2022

Friday, 23rd September 2022

Multidisciplinary Dentistry and Specialist Medicine: What are the connections?
• HALL SAMUELE VALERIO

| | |
|---------------|--|
| 08.50 | Opening Peter Asselmann |
| 09.00 - 09.50 | Dr. A. Iorio Siciliano, Mdt. V. Mutone MULTIDISCIPLINARITY: CURRENT TREND OR NATURAL NECESSITY TO CHOOSE THE TREATMENT PLAN? |
| 09.50 - 10.40 | Dr. S. Gismondi, Mdt. E. Ferrarelli MANAGEMENT OF OCCLUSION AND VERTICAL DIMENSION FROM ANALOG TO DIGITAL |
| 10.40 - 11.20 | Pause |
| 11.20 - 12.10 | Prof. Dr. T. Traini DYNAMIC SCANNING OF THE MANDIBULAR KINEMATICS IN THE DIGITAL WORK FLOW: EVOLUTION OF THE INDIVIDUAL ARTICULATORS? |
| 12.10 - 13.00 | Dr. G. Politano NON-RETENTIVE ADHESIVE RESTORATIONS IN LITHIUM DISILICATE: A NEW WAY OF RE THINKING THE PARTIAL ADHESIVE PREPARATIONS OF THE POSTERIOR SECTORS |
| 13.00 - 14.00 | Pause |
| 14.00 - 14.50 | Mdt. H. J. Joit DIGITAL WORKFLOW-HUMAN PERFORMANCE HIGH END RESTORATIONS AS CONCEPT IN BIG LABS? |
| 14.50 - 15.50 | Mdt. Y. Nishimura MASTER THE TRUE BEAUTY – SEEKING “PATIENT SMILE” |
| 15.50 - 16.30 | Pause |
| 16.30 - 17.10 | Prof. Dr. D. Végh DIABETES AND ORAL HEALTH |
| 17.10 - 17.50 | Dr. A. Della Pietra, Mdt. A. Zollo THE MULTIFACTORIAL MANAGEMENT OF THE EDENTULOUS PATIENT |
| 17.50 - 18.30 | Dr. G. Ciabattani DIGITAL IMPLANTOLOGY, A MINIMALLY INVASIVE APPROACH TO OPTIMIZE REHABILITATION TIMES IN PERIODONTAL AND MEDICALLY COMPROMISED PATIENTS |

24th September 2022

Saturday 24th September 2022

Multidisciplinary Dentistry and Specialist Medicine: What are the connections?
• HALL SAMUELE VALERIO

| | |
|---------------|---|
| 08.50 | Opening Peter Asselmann |
| 09.00 - 09.50 | Mdt. M. Prosperino VISIONARY DESIGN OF CERAMIC TEETH |
| 09.50 - 10.40 | Prof. Dr. S. Prati, Mdt. E. Balbo THE ROLE OF OCCLUSION AND PROSTHETIC SUPERSTRUCTURE FOR IMPLANT SUCCESS |
| 10.40 - 11.30 | Dr. T. Porrà, Mdt. M. Miladinov FULL DIGITAL WORKFLOW |
| 11.30 - 12.20 | Dr. S. Lombardo, Mdt. A. Di Felice PROSTHETIC REHABILITATIONS BETWEEN ANALOGUE TRADITION AND DIGITAL INNOVATIONS |
| 12.20 - 13.10 | Dr. M. Imburgia, Mdt. N. Palladino MODERN DIGITAL FLOWS COMING FROM INTRAORAL SCANS LEAD TO DEEP INTERCONNECTIONS BETWEEN THE ACTORS PRESENT IN IMPLANT-PROSTHETIC REHABILITATION |

The 27th Dental South China was successfully concluded, we will continue to forge ahead in the future



On 5th March 2022, the 27th Dental South China International Expo came to a successful conclusion in Area C of China Import and Export Fair Complex, Guangzhou. The exhibition area of DSC is 55,000 square meters, with more than 800 exhibitors. More than 150 professional seminars were held during the same period, and dozens of central-level media, portal websites, mainstream and industry media focused on reporting.

New products are competing for the first time, and achieve fruitful results in dental medicine treatment

With the wave of Industry 4.0, a new round of industrial revolution characterized by intelligent manufacturing, the manufacturing industry urgently needs to transform and upgrade from traditional manufacturing to intelligent manufacturing. The series of activities of "Innovative and Intelligent Manufacturing in Dental South China", which was first held at this exhibition, were unanimously loved by exhibitors and visitors. More than 20 brand exhibitors presented their new products during the New Product Launch Event.

The industry trend introduced by mainstream voices and key opinion leaders

In this exhibition, more than 150 seminars were held with high quality. Numerous well-known experts shared cutting-edge medical research results, practical clinical treatment techniques, advanced equipment application experience and efficient clinic management methods. The technical session shared hot issues, and "Symposium on Reviews on Typical Cases" allowed dentists to improve their diagnosis and treatment thinking in the collision of ideas. Furthermore, the poster display was set up on the spot, which stimulated the interest of clinicians on case study, and strengthened the awareness of case study.

Viewing the development of "digital intelligence" in dental industry with artistic skill

In the discussion of "Dental + Digitization", DSC was presented with the help of artistic techniques: the Digital Intelligence Art Gallery. With the theme of "Love (AI), Sunshine, Air and Water", DSC reviewed the development of China dental industry over the past two decades. In the form of space art, combined with digital scenes to interact with users, visitors experienced the development and innovation of dental digital intelligence. The Art Gallery attracted amount of visitors and received a lot of praise. With more positive and professional actions, Dental South China International Expo will bring a deeper and higher pattern of industry feast to all colleagues in dentistry. See you next spring!

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IDEX Istanbul broke not one but two records

The first exhibition organized for the oral and dental industry after a two-year period, IDEX Istanbul – 17th International Dental Equipment and Materials Exhibition, reached a record-breaking trade volume.



One of the foremost events for the global oral and dental industry, IDEX Istanbul broke a record with a business volume of over 200 million dollars. The other record was broken with the number of visitors. Greeting visitors from all corners of the world, IDEX Istanbul welcomed 76,148 buyers, including 24,748 international visitors. According to these figures, the exhibition has become the most efficient trade platform of all the previous editions.

The 17th edition of IDEX Istanbul witnessed a high turnout of buyer delegations from around 100 countries, mainly located in Europe, Africa, the Balkans, Gulf countries, the Commonwealth of Independent States, and the Middle East.

"The success of the exhibition is not surprising"

Stating that the exhibition, particularly the number of international visitors, is not surprising, CNR Holding Chairwoman Ceyda Erem said, "We estimated that the number of international buyers would be at least 22 thousand, which was the registered number of international buyers according to our international data department. We worked very hard for this exhibition, which demonstrated from day one that it would welcome many more international buyers than all the other exhibitions in Turkey. The exhibition, which was highly efficient in many terms, reached the visitor number of 76,148, which included the international visitor number of around 25 thousand".

Ceyda Erem also underlined the great importance of long-lasting experience in the achievement of the exhibition and added, "Our devoted professional team, and of course, the greatest investment of the trade fair industry, BIG DATA – BIA system, played an essential role in this achievement. It is such an efficient system that we could form the data of all sector-based buyers from all over the world, particularly the customers who have not established any trade connections with Turkey".

IDEX Istanbul also stood out with the number of international exhibitors.

Great interest in the symposium

Welcoming world-renowned academics, IDEX Istanbul hosted a specially-tailored symposium that discusses the past, present, and future of the industry. Innovations and developments in the oral and dental field were demonstrated in practice at the symposium programs. The internationally-acclaimed academics and experts illuminated industry professionals and students about the innovations in the industry.

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22-24/09/2022

Italian Dental Show Colloquium Dental 2022

Montichiari, BS - Italy

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Fax: +39 030 8981613
Email: redazione@teamwork-media.com
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Moscow – Russia

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- 45. Shining 3D Technology
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- 9. Spiro
- 8. SS White Dental
- 37. Talleres Mestraitua
- 10. Technology in Biomaterials
- 62. TeKne Dental Srl - TKD
- II Cover. Thermoplastic Comfort Systems - TCS
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- 31. Ugin' Dentaire
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