

Better Science Sought

As medical science has progressively improved man's chances of surviving serious injury or acute infections, public attention turns increasingly toward chronic and debilitating ailments—and "in this new atmosphere. . . dental caries and periodontal disease are being more widely recognized as a major health problem."

This fact, stated last week by Dr. John W. Hein of Forsyth Dental Center, Boston, echoed consensus of delegates to a three-day conference on evaluation of agents used in the prevention of oral disease in New York.

Colleagues from points as far apart as Birmingham, Ala., and Stockholm, Sweden, agreed at sessions sponsored by the New York Academy of Sciences that "oral disease cannot be eliminated merely by mass therapy."

In public addresses, private talkfests and individual interviews, experts in the field called for more teamwork, "a uni-

fied view," increased research, and "continuous improvement of techniques" now available for evaluation of preventive or control procedures.

Conference co-chairman Dr. Hein decried the fact that "we (have) given our colleagues in practice very few weapons for their preventive dentistry armamentarium" and "that which we have offered has frequently been clouded by scientific confusion and doubt."

Dental research is the "key to ultimate success of programs growing out of the new national concern over oral health," he declared.

He warned that current dental manpower is inadequate and that it was doubtful that "the immense cost of broad dental programs is fully appreciated by the public or the nation's leaders."

Dr. Hein said that "even in its lowly state as the most neglected of health areas, cost of dental care in the United States last year was over three billion dollars."

He and other speakers asked representatives of the Food and Drug Administration and the American Dental Association Council on Dental Therapeutics to "take the next logical step. . . specify level of effectiveness and advantages of each agent or procedure under defined conditions of use," as they already do with drugs.

"Failure to move in this difficult direction would stifle the continuing search for ever more effective procedures," Dr. Hein said.

About 400 delegates attended sessions, termed by one as having "a Boston-Birmingham accent" because so many speakers came from these two cities.

They termed the New York conference "practical" in that it included dental caries, periodontal disease, oral calculus and poor oral hygiene as "a simultaneous topic."

Dr. Hein said the program was planned that way because dentists now believe in pooling research.

In the past, Dr. Hein said, "we have witnessed the fallacy of the isolated approach."

It may be too early "in the history of oral biology," he suggested, to "set definitive guidelines that will accelerate our work."

But he and co-chairman Dr. Ward Pigman of New York Medical College said that if this conference "succeeds in eliminating some erroneous concepts, progress will have been made."

"Multiple factors are involved in the

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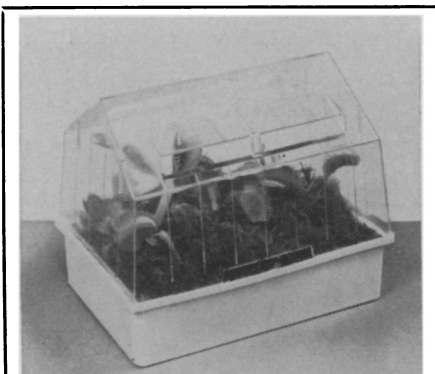
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Better science . . .

etiology of dental caries, periodontal disease and dental calculus," Dr. Hein told delegates. "Therefore, significant progress in bringing them under control may well be achieved in a stepwise fashion."

Researchers should appreciate "limitations as well as potential of laboratory animals, experts agreed.

Dr. William G. Shafer of Indiana University School of Dentistry cited as a "failing of many well-intentioned investigators"—the assumption that periodontal disease processes occurring in the human and the animal with similar clinical symptoms "necessarily have the same origin and evolution.

"Such an assumption is dangerous," he warned, "as history has proven many times."

He and others said there has been "little if any trend toward standardization of experimental conditions between laboratories and, as other research disciplines long ago discovered, this is essential to progress."

Two researchers, Dr. Robert Harris and Dr. Juan M. Navia of Massachusetts Institute of Technology, said experimental periodontal disease has been treated with urea, fluorides, and antibiotics. Their summary: "When given in diet or drinking water, these agents are effective in reducing plaque formation—but often not effective in arresting bone loss."

Dr. Alvin F. Gardner of Bureau of Medicine, FDA, reported current need for "clinical examinations of both old and new drugs used in dentistry." Future dental investigations, he said, "will require improved methods of evaluation. Techniques should be sharpened and well-planned statistical studies should replace those in which clinical impressions of a dental practitioner are presented as substantial evidence of efficacy."

Delegates said industry plays an important role in their field. Dr. John K. Peterson of North Dakota Health Department discussed various brands of therapeutic dentifrices. He said "another fluoride additive concept, phosphate fluoride," may undergo council evaluation soon.

"Difficulties in the periodontal field" result from dentists' "incomplete knowledge and lack of sophisticated instrumentation," Dr. Robert Grainger, University of Toronto, said. Some tests today, he said, are "inaccurate and insensitive."

Chewing gum studies at the University of Alabama Dental School, Dr. Sidney B. Finn reported, found 30-month results give promise of "significant reduction in proximal lesions in

sugarless and sugar phosphate groups." The phosphate gum, both in vitro studies and in experimental animals suggested use in human studies, with "conflicting results," he reported. The phosphate gum appears to bring greater reduction than the sugarless gum.

Dr. Gilbert Parfitt of the University of British Columbia, Vancouver, discussed power toothbrush and forced water jet. He concluded that "all devices depend on skill and diligence of the user and, although mechanical efficiency can be measured, utilization depends disproportionately on acceptability and ease of use of the device."

Present research in mouthwashes, Dr. J. McCormick of the University of Alabama Medical Center, told delegates, centers on their role as anticaries agents. (Past studies focused on cleansing and deodorizing.)

The fact that trace quantities of fluorides can reduce caries has "taken emphasis off of bacterial aspects" of mouthwashes, he said, and "presently most researchers attempt to alter oral fluid environment with trace elements in the form of mouth rinses and topical applications that can be dispensed to great numbers with a minimum of personnel."

According to Dr. John K. Peterson, North Dakota Health Department, current tests of dentifrices incorporating substances to inhibit plaque and calculus formation and to counteract hypersensitivity "show minimal or conflicting results."

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