NIEUWSBRIEF VWVT

Editoriaal

Eindelijk is de rust (wat is rust?) teruggekeerd in de praktijk. De idiotie van het "nog vlug in orde stellen" voor de nieuwe maatregel voor terugbetaling van kracht wordt is geluwd. En wat blijkt: alles voor onbepaalde tijd uitgesteld!
Dit maakt voor de zoveelste maal duidelijk dat de informatiestroom op gang wordt gebracht enkel om de eigen glorie in het licht te stellen. Alles wat in de media verschijnt is steeds weer een voorstel door een of andere "verlichte" opgesteld en voor waarheid verkocht en gepubliceerd. Een iedere met gezond verstand in de media moest zich toch vragen gesteld hebben over de korte termijn van de implementatie van dit ingrijpend voorstel. De klagende voorzitter van een beroepsvereniging was de kers op de taart. Kijk eens aan wat we doen voor onze patiënten! Zelfs de ziekenfondsen speelden het spelletje mee. Eindresultaat: niemand weet wanneer dit zal toegepast worden. Onze afspraak agenda is zonder reden overhoop gehaald, vele werken werden nodeloos uitgesteld of over langere tijd gespreid, kortom een ongezien debacle tot glorie van de uitvinders. Tussen haakjes, wie gelooft nog dat zulke straf/ beloon maatregel effectief bijdraagt tot een efficiëntere genees/ tandheelkunde als de eerste vereiste namelijk volgehouden motivatie en ook daarnaast de kwaliteit van behandeling, en niet het bezoek van de patiënt de bouwstenen zijn. Als we eindelijk zullen kunnen beschikken over mondhygiënisten die zoals in het buitenland de motivering van de patiënt op peil houden is de eerste stap gezet. Dan pas kan een eis tot regelmaat voor de patiënt ingevoerd worden. Probleem: wat met het budget? O ja mondhygiënisten, de opleiding wordt gestart maar de erkenning van het beroep is nog niet wettelijk in orde! Terug een staaltje van inefficiëntie.

Eric Vandenoostende`

2016 NR 23

Vlaamse Wetenschappelijke Vereniging voor Tandheelkunde vzw.
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Entrainment of chaotic activities in brain and heart during MBSR meditation.

Gao J[1], Fan J[2], Wu B[2], Zhang Z[3], Chang C[4], Hung YS[3], Fung PC[5], Sik H[6].

The activities of the brain and the heart are dynamic, chaotic, and possibly intrinsically coordinated. This study aims to investigate the effect of mindfulness-based stress reduction (MBSR) on the chaoticity of electronic activities of the brain and the heart rate, and explore their potential correlation. Electroencephalogram (EEG) and electrocardiogram (ECG) were recorded at the beginning of an 8-week standard MBSR training course and after the course. EEG spectrum analysis was carried out, wavelet entropies (WE) of EEG (together with reconstructed cortical sources) and heart rate were calculated, and their correlation was investigated. We found enhancement of EEG power of alpha and beta waves and lowering of delta waves power during MBSR meditation state as compared to normal resting state wavelet entropy analysis indicated that MBSR meditation could reduce the chaotic activity of both EEG and heart rate as a change of state. However, longitudinal change of trait may need more long-term training. For the first time, our data demonstrated that the chaotic activities of the brain and the heart became more coordinated during MBSR meditation, suggesting that mindfulness training may increase the entrainment between mind and body. The 3D brain regions involved in the change in mental states were identified.

J Child Adolesc Psychopharmacol. 2016 Jan 19. [Epub ahead of print]

Neural Function Before and After Mindfulness-Based Cognitive Therapy in Anxious Adolescents at Risk for Developing Bipolar Disorder.

Strawn JR[1,2], Cotton S[3], Luberto CM[3], Patino LR[1], Stahl LA[1], Weber WA[1], Eliassen JC[3], Sears R[1], DelBello MP[1,2].

Abstract

OBJECTIVE:

We sought to evaluate the neurophysiology of mindfulness-based cognitive therapy for children (MBCT-C) in youth with generalized, social, and/or separation anxiety disorder who were at risk for developing bipolar disorder.

METHODS:

Nine youth (mean age: 13 ± 2 years) with a generalized, social, and/or separation anxiety disorder and a parent with bipolar disorder completed functional magnetic resonance imaging (fMRI) while performing a continuous processing task with emotional and neutral distractors (CPT-END) prior to and following 12 weeks of MBCT-C.

RESULTS:

MBCT-C was associated with increases in activation of the bilateral insula, lentiform nucleus, and thalamus, as well as the left anterior cingulate while viewing emotional stimuli during the CPT-END, and decreases in anxiety were correlated with change in activation in the bilateral insula and anterior cingulate during the viewing of emotional stimuli ($p < 0.05$, uncorrected; $p < 0.005$ corrected; cluster size, 37 voxels).

CONCLUSIONS:

MBCT-C treatment in anxious youth with a familial history of bipolar disorder is associated with increased activation of brain structures that subserve interoception and the processing of internal stimuli-functions that are ostensibly improved by this treatment.

Mindfulness and Professionalism in Dentistry

John G. Lovas, D.D.S., David A. Lovas, M.D. and P. Michael Lovas, M.A.Sc.

Mindfulness in Dental Education

The only report of mindfulness training for dental students is by Raymond et al., on the Canadian Medical Association's website.[29] They taught mindfulness meditation to thirty-two interested preclinical and clinical Harvard medical and dental students, stressing "self-reflection; reflective listening; journaling; communication in the service of negotiating effective relationships and seeking support; team-building; and leadership. These skills were practiced within the workshop setting and in student pairs between the workshop sessions. Skills development was explicitly linked to personal growth and professional application."[29] The assessment of the outcomes of this training has not yet been reported.

For several years, the senior author (JGL) has taught mindfulness meditation, in conjunction with the rapid relaxation (RR) technique, to graduate dentists, physicians, and psychologists in continuing education courses.[28] In the RR context, clinicians learn mindfulness meditation to cultivate calm aware presence, so they can teach patients to be calm by embodying calmness. Also, they need to have experiential knowledge of open awareness and equanimity—the desirable state toward which they aim to guide anxious, fearful patients.[140,143] Our impression is that these courses have been well attended and that the patient-management and self-care aspects were equally appreciated.

During orientation week 2007, the senior author (JGL) gave an introductory lecture on "Mindfulness in Dentistry" to first-year dental and dental hygiene students at Dalhousie University. During this session, students experienced five minutes of sitting mindfulness meditation, followed by a discussion of the experience; then, they heard a lecture on the drawbacks of mindlessness (rumination, catastrophization, interpersonal disconnect), followed by a description of the benefits of mindfulness in general and its dental relevance (self-care, stress management, improved relations with professors and patients). A printed handout, which included local and web-based mindfulness meditation resources, was provided. Of the seventy-six students registered, seventy-one completed anonymous written evaluations, and sixty-two (87 percent) stated that the session would "have a positive impact on [their] professional activities." Interesting written comments included the following: "[This] let me know I'm not alone in having my mind wander"; "Interesting—never experienced anything like it since it was not purely scientific"; "It made me realize that I also need to take care of myself." A number of students recommended additional time be allotted in the curriculum for mindfulness training; this is being implemented. Our curriculum committee has approved plans for a lecture on mindfulness at the beginning of each year of dentistry and dental hygiene, each with a different stage-appropriate emphasis. In the second year, the emphasis will be on teaching the RR technique to help students manage their own and their patients' anxiety. In the third year, the emphasis will be on cultivating a good chairside manner: empathy, equanimity, presence, listening skills, patience, and acceptance. In the fourth year, the emphasis will be on self-care, openness to change, and managing uncertainty in a constantly changing world, yet committing to life and lifelong learning.

Nancy Neish, M.Ed., director of the School of Dental Hygiene at Dalhousie University, and the senior author (JGL) plan to offer an elective, “Mindfulness Meditation for Healthcare Professionals,” for interested dental and dental hygiene students. This could potentially develop into an interprofessional elective for students in all the health care professions at our university.

A related research project involving the construction and validation of a values scale for dentists is being conducted by Angela Langille and Vic Catano, Ph.D., of St. Mary’s University and Tom Boran, D.D.S., dean of our Faculty of Dentistry. The purpose of this values research project is to produce a reliable, valid instrument for assessing dentists’ values, which then may help to select for admission those dental applicants who already possess values that closely approximate professional values.

In the planning stages is research to assess the efficacy of mindfulness training in dental and dental hygiene curricula, with respect to increasing professionalism and students’ quality of life. Throughout the curricula, we plan to obtain longitudinal measures of mindfulness, empathy, attitudes towards professionalism, and values.

Self-Care, Mindfulness, and Professional Efficacy

Self-care is considered essential throughout professional life,[110] despite the observation that physicians, dentists, and nurses find it difficult to be “patients.”[99,111–114] Interestingly, care of others and care of self appear to be interdependent. Studies[115,116] confirm the theory[83,111,113] that health care professionals’ well-being positively impacts their work-related effectiveness. Likewise, it stands to reason,[112,117] and studies[118–122] confirm, that impairment of health care providers negatively impacts their patients’ health care and safety. The results of a small survey of practicing family physicians lends support to the logical notion that a healthy balance is near the middle between the extremes of self-interest to the detriment of patients and self-neglect in the service of patients.[123] We suggest promoting a balanced approach to self-care by having students reflect on and discuss in small groups how the aspiration (the good life) and obligation (the right thing to do) aspects of ethics,[124] like self-care and patient care,[115,116] are actually interdependent. Instead of seeing it as a burdensome “should list,” we recommend reframing professional morality as a vital prerequisite for enjoying a truly high quality of life.

Mindfulness training has been shown to help promote well-being, as summarized in a recent review of the research literature,[41] with neuroimaging studies suggesting possible mechanisms of action.[57,125] Two studies on nursing students[23,126] add credence to the theory[19,21,22,27] that more mindful health care workers provide better health care. Experiential self-care activities like mindfulness meditation have more sustainable effects than lectures and other strictly intellectuals, according to a recent survey of medical educators.[75] Activities outside of professional life, like maintaining a mindfulness meditation practice at home, are thought to have an impact on attitude and performance at work.[11] We therefore suggest mindfulness meditation practice as a potential practical bridge between two aspects of ethics: aspiration and obligation.

5 maart

Voorjaarssymposium

Mindfulness:

have you washed your brain?

Björn Prins

(Artevelde Hoge School Gent)

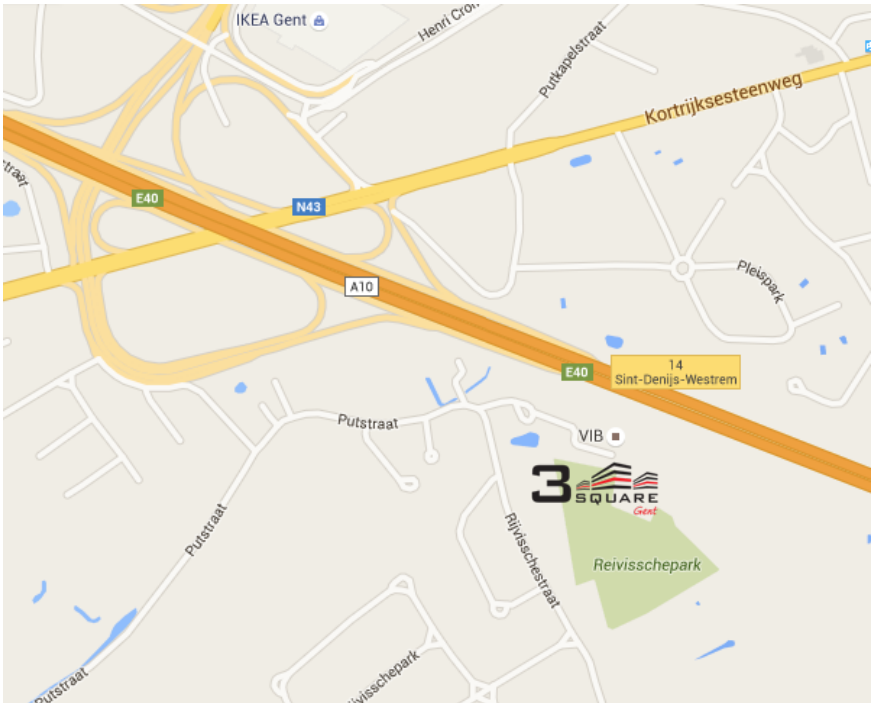
3 Square Gent

Mindful bij de tandarts!?

Mindfulness is hip en wordt ten pas en ten onpas gehanteerd. Elke zichzelf respecterende boekwinkel heeft in het rek zelfzorg een resem boeken staan met ronkende titels als mindfulness in de relatie, mindful eten, mindful roken, mindfulness bij kankerpatiënten,... Het lijkt wel een wondermiddel dat voor alles en iedereen gratuit toegepast kan worden. Zoals bij elke hype is er echter bijzonder veel kaf tussen het koren, maar wat is nu aan van al deze claims?

Tijdens deze lezing neemt Björn Prins ons mee op tocht om een heldere en nuchtere blik te werpen op mindfulness en haar toepassingen. Björn is verbonden aan de vakgroep experimenteel klinische en gezondheidspsychologie en doctoreert op het werkingsmechanisme van mindfulness. Op basis van de laatste wetenschappelijke studies zal hij ons op een boeiende wijze onderhouden: Wat is het, voor wie werkt het, wat kan de wetenschappelijke psychologie ons voorbij de hype vertellen over mindfulness?

Deze lezing bestaat uit 2 onderdelen. Enerzijds zal Björn het hebben over het gebruik van mindfulness based stress reduction voor de tandarts zelf. Topics als zelfzorg, stresshantering en het optimaliseren van de professionele relatie staan hier centraal. In een 2de deel zal Björn ons meenemen in de toepassing van mindfulness bij het hanteren van acute en chronische pijn bij de patiënt.



3Square - Gent

Rijvisschestraat 124

9052 Zwijnaarde

Int J Prosthodont. 2016 Jan-Feb;29(1):50-2. doi: 10.11607/ijp.4380.

Analyzing Complete Denture Occlusal Contacts: Accuracy and Reliability.

Mpungose SK, Geerts GA.

Abstract

The aim of this study was to investigate the accuracy and reliability of interpreting occlusal markings made by articulating paper on complete dentures intraorally. Clinical teachers at a training hospital interpreted occlusal markings intended for adjustment. Their scores were compared to a control score to determine accuracy. For reliability determination, the observations were repeated. Only between 20% and 30% of observations were found to be both accurate and reliable. Unless the procedure can be standardized, this technique shouldn't be considered appropriate prosthodontics protocol for balancing the occlusion of complete dentures.

Clin Oral Implants Res. 2015 Sep;26 Suppl 11:57-63. doi: 10.1111/clr.12630. Epub 2015 Jun 15.

EAO consensus conference: economic evaluation of implant-supported prostheses.

Beikler T1, Flemmig TF2.

Abstract

OBJECTIVE:

There are various alternatives for the management of oral conditions that may lead to or already have lead to partial or full edentulism. Economic evaluations measure the efficiency of alternative healthcare interventions and provide useful information for decision-making and the allocation of scarce resources.

MATERIAL AND METHODS:

The current English literature dealing with "cost-effectiveness" of dental implant therapy versus different alternative treatment modalities, that is, complete and fixed partial dentures, root canal, and periodontal treatment, has been included in this narrative review. Due to the high heterogeneity within the literature, a meta-analysis could not be conducted.

RESULTS:

The available evidence from economic evaluations indicated that for the treatment of central incisors with irreversible pulpitis and coronal lesions, root canal treatments were most cost-effective initial treatment options. When initial root canal treatments failed, orthograde retreatments were most cost-effective. When root canal retreatments failed, extractions and replacement with single implant-supported crowns were more cost-effective compared to fixed or removable partial dentures. In the treatment of periodontitis in molars with Class I furcation invasion, non-surgical periodontal therapy was more effective and costed less than implant-supported single crowns. For the replacement of single missing teeth, two evaluations indicated that implant-supported single crowns provided better outcomes in terms of greater quality-adjusted tooth years or survival rates at lower costs compared to fixed partial prostheses. Another economic evaluation found that implant-supported crowns costed more, but provided greater survival rates compared to fixed partial dentures. For the restoration of edentulous mandibles, two evaluations indicated that overdentures retained by two or four implants improved oral health-related quality of life outcomes, but costed more than complete dentures.

CONCLUSIONS:

To better assess the efficiency of implant-supported prostheses in various clinical conditions, more economic evaluations are needed that follow well-established methodologies in health economics.

Voorjaarscursus 2016

15 en 16 april 2016

Prof. Bart Van Meerbeek

Prof. Marleen Peumans

Prof. Kirsten Van Landuyt

La Reserve Knokke

GRENSVERLEGGEND ADHESIEF RESTAUREREN

Bent u toe aan een volledige update van de mogelijkheden om met moderne adhesieve technieken tanden minimaal invasief en duurzaam te herstellen?

Dan is deze anderhalve dagcursus iets voor u!
Met 10 lezingen worden u de nieuwste ontwikkelingen in de adhesieve tandheelkunde toegelicht. Materiaalkundige aspecten van adhesieve restauratiematerialen, met inbegrip van de nieuwste zogenaamde '*universele*' adhesieven en '*bulk-fill*' composieten, zullen kritisch worden behandeld; de huidige inzichten betreffende mogelijke toxische effecten van kunstharsgebaseerde materialen zullen worden toegelicht; de klinische toepassingen voor direct en indirect restauratief herstel van tanden in het front en de premolaar/molaar regio zullen worden gedocumenteerd aan de hand van uitgebreid klinisch beeldmateriaal.

VRIJDAG 15-04-2016:

08.00-09.00 uur: Ontvangst
09.00-10.30 uur: Prof. Bart Van Meerbeek: Moderne kleeftechnieken aan tandweefsel
10.30-11.00 uur: KOFFIEPAUZE
11.00-11.45 uur: Prof. Marleen Peumans: Directe composietrestauraties in het front: deel 1
11.45-12.30 uur: Prof. Kirsten Van Landuyt: Hoe gezond zijn harsgebaseerde tandvulmaterialen?
12.30-14.00 uur: LUNCH
14.00-14.45 uur: Prof. Marleen Peumans: Directe composietrestauraties in het front: deel 2
14.45-15.30 uur: Prof. Bart Van Meerbeek: Posterior composiet materiaalkundig
15.30-16.00 uur: KOFFIEPAUZE
16.00-16.30 uur: Prof. Bart Van Meerbeek: De nieuwe trend '*bulk-filling*'
16.30-17.30 uur: Prof. Marleen Peumans: Posterior composiet: klinische procedure van A tot Z

ZATERDAG 16-04-2016

08.00-09.00 uur: Ontvangst
09.00-09.30 uur: Prof. Bart Van Meerbeek: De toekomst is digitaal!
09.30-10.30 uur: Prof. Bart Van Meerbeek: Adhesief versus conventioneel cementeren van keramische restauraties
10.30-11.00 uur: KOFFIEPAUZE
11.00-12.30 uur: Prof. Marleen Peumans: Adhesieve partiële keramische restauraties (**lezing 10**)
12.30-13.00 uur: DRINK aangeboden door de VWVT

Programma 2016

VOORJAARSSYMPOSIUM

5 Maart 2016

"Mindfulness : Have you washed your brain"

De Heer Björn Prins (Artevelde Hogeschool Gent)

Locatie: 3 Square Village Gent

****

VOORJAARSCURSUS

15 en 16 april 2016

"Grensverleggend adhesief restaureren"

Prof. Bart Van Meerbeek (KU Leuven)

Prof. Marleen Peumans (KU Leuven)

Prof. Kirsten Van Landuyt (KU Leuven)

Locatie: La Réserve Knokke

****

NAJAARSCURSUS

7 en 8 oktober 2016

"De uitneembare gebitsprothese"

Prof. Dr. Regina Mericske (U Bern)

Meister Zahntechniker Max Bosshart

Locatie: 3 Square Village Gent

****

NAJAARSSYMPOSIUM

19 november 2016

"Druggebruik en tandheelkunde"

Prof. Dr Geert Dom(U Antwerpen)

Dr Lieve De Backer

Locatie: Antwerpen

Artieste maakt gebit van David Bowie

Schilder en beeldhouwer Jessine Hein heeft een kopie gemaakt van David Bowie's oorspronkelijk gebit voor hij onder handen werd genomen door een tandarts die er een niet bijster geslaagd in de rij geplaatste tanden van maakte.
Deze artieste weet duidelijk hoe een gebit te sculpteren, of het functioneel is zullen we nooit weten. meer info.

PEER REVIEW

Vergaderingen 2016

West Vlaanderen

Combi sessie 1/2: VOLZET

donderdag 25 februari om 10.00u

Combi sessie 3/4: VOLZET

donderdag 17 maart om 10.00u

Combi sessie 5/6:

donderdag 8 december om 10.00u

Coördinator: Kris Lenoir

E-Mail: ict@vwvt.be

Telefoon: 050 71.26.57

Locatie:"Di Coylde" Beernem

Oost-Vlaanderen

Combi sessie 7/8: VOLZET

donderdag 24 maart om 10.00u

Combi sessie 9/10: VOLZET

donderdag 21 april om 10.00u

Combi sessie 11/12: VOLZET

donderdag 20 oktober om 10.00u

Coördinator: EricVandenoostende

E-mail: ict@vwvt.be

Telefoon: 09 230.10.93

Locatie: "Patyntje" Gordunakaai, Gent

Vlaams Brabant

Combi sessie 13/14:

dinsdag 13 september om 16.00u

Coördinator: Marc Quisthoudt

E-Mail: ict@vwvt.be

Telefoon: 02 377.55.84 of 02 520.52.79

Locatie: Bistro "Ouddorp" Huizingen

Antwerpen

Combi sessie 15/16:

donderdag 3 maart om 10:30u

Coördinator: Kinga Kakol

Telefoon: 0476 949459 of 03 219.25.31

Combi sessie 17/18:

vrijdag 9 oktober om 10:30u

Coördinator: Luc De Maesschalck

E-mail: ict@vwvt.be

Telefoon: 051 30.40.17

Locatie: Royal Beerschot Tennis & Hockey club, Antwerpen

Limburg

Combi sessie 19/20:

vrijdag 13 mei om 10:30u

Coördinator: Herbert Renders

E-mail: ict@vwvt.be

Telefoon: 051 30.40.17

Locatie: Het Koetshuis, Bokrijk

OPROEP

Om onze administratie zoveel mogelijk te beperken vragen we om inschrijvingen voor ICT (peer-review), symposia of cursussen via de website te doen. Gewoon inloggen met je inlognaam en wachtwoord.
Het is ook belangrijk dat ieder de correctheid van het RIZIV-nummer nakijkt. Nog steeds komen bij opladen van aanwezigheden foutieve nummers boven.
Wij vragen ook de einddatum voor inschrijving te respecteren. Het bijwerken van databestanden voor de accreditering met de handtekeningen dient vlot te verlopen. Het eigenhandig bijschrijven van de naam met handtekening is administratief niet correct te verwerken.