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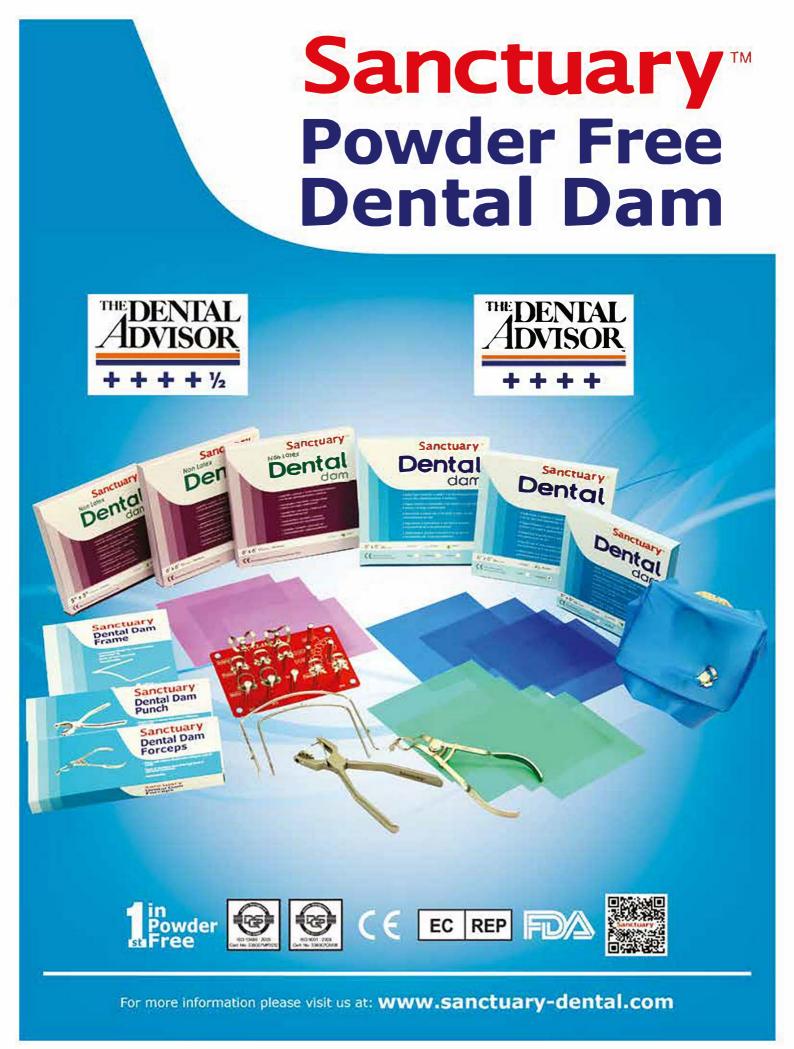


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Editorial

CHINA, THE PLACE TO BE



After the great feedback from "Doctor" by Infodent International – our highly scientific publication, in English and Chinese, dedicated to a selected target of Chinese dentists, professors and scientific boards, our focus within this remaining half of the year is still Chinese...

China is the great economic success story of the past 30 years, the world's second-largest economy. Since the "reform and opening-up" policy was introduced in 1978, China has changed beyond recognition. A Soviet-styled planned economy has transformed into a vibrant market-orientated economy and 600 million people have been lifted out of poverty. Between 1985 and 2010, 70% of the world population who had been lifted out of poverty was Chinese!

The first and most important thing anyone hoping to set up a business should do is find a local partner. A local partner will most often be an established Chineseowned company, or a businessperson with good contacts in the country who can navigate the complicated regulations and legal processes and, most importantly, deal with China's government directly. A good partner is an incorporated company that is about the same size as your firm, at least partly Chinese-owned, and wellconnected in the Chinese market.

Infodent has another innovative project that might support your search. Our most unique project is what we are calling the "Living Magazine"... you will find that the contents of our Infodent International Magazine are going "live" at the exhibition! How? We invite you all to visit our booth (F70-71-96-97, Hall I) at DenTech China next October to see, touch and evaluate the products showcased at the booth and published in the magazine through our highlights.

Furthermore a "Distributors' Wall" will be set up at the booth with announcements of dealers and manufacturers looking for new business and contacts within the Chinese market.

Our "live" magazine will be further supported by three conferences organized by the Infodent group:

• **32 Dental Marketing Ideas for Successful Dentists** – by Emanuele Elo Usai, Infodent International Creative Copywriter & Digital Strategist

 \bullet Treatment of Aesthetic and Structural Alterations of the Mucogingival Junction (MGJ) – with the collaboration of Asadental (Italy) and Dr. Liu Shuangbin

• CGF (Concentrated Growth Factors) & AFG (Autologous Fibrinogen Glue): Basic Principle and clinical Application – with the collaboration of Silfradent (Italy) and Prof. Bingzhen Huang M.D. & Ph.D.

China is no longer the Wild West of business that it once was. While the rise of China is easy to acknowledge, businesses constantly need to catch up with the speed and depth of change and development in China's large and complex market space. With our small contribution we really hope to help fulfill the needs of what the industry is looking for!

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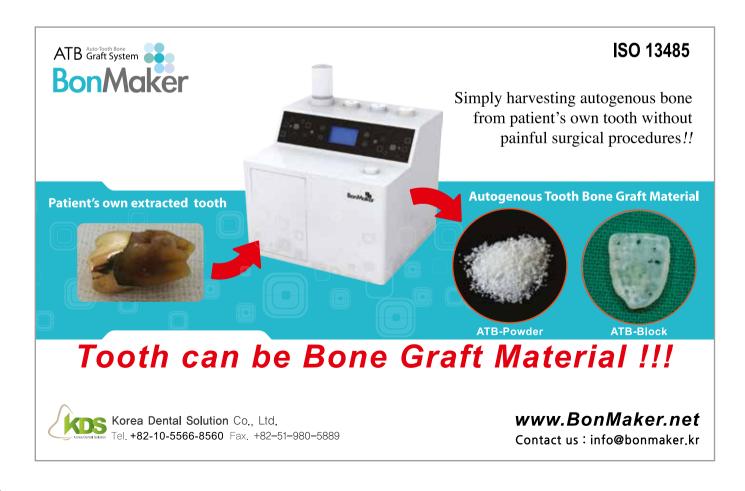
surgical procedure with pain and longer healing period. The BonMaker solves the usual problems encountered with autografts. With the BonMaker auto-teeth bone graft particulate processing, dentists can manufacture bone graft material specific to the patient by using the patient's own extracted teeth.

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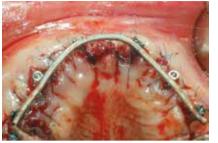
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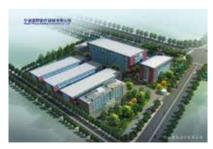


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Among the Beta Mini's unique features is a patented 360° swivel needle, allowing users to change the angle of entry to any canal. Compact and smaller in size, it's designed for easier grip and effortless squeeze of gutta-percha, and its hand piece is lightweight and ergonomic for users with large or small hands. It also adds convenience with reduced heating time and easier way to charge. For more information, call B&L BIO-TECH at (844) BNL-BIO-0 (265-2460) or visit bnlbio.com.



www.bnlbio.com



Computer-guide implantology: the new frontier of dentistry



B. & B. Dental S.r.l. is a leading Italian company in the field of oral implantology, manufacturer of dental implants and bone regeneration materials. Adhering to the new market needs and trends, a new software-based technique has been developed. It allows to obtain faster, safer and more precise diagnosis and treatment. Through advanced Computer-guided surgery techniques, patients may get treatment plans that turn mobile prosthetic teeth into fixed im-

plant-supported teeth, in a single appointment, for immediate and completely risk-free use. The guides obtained through computer-aided stereolithography make osseointegrated implantology an easy-to-use technique in any clinical condition, even in case of severe atrophy of the jaw bones. Moreover, a brand new surgical kit has positively impressed the professionals for its functional simplicity. Successful courses are periodically organized by B.&B. Dental; they confirm the growing interest of an increasing number of dentists who wish to participate (for information please contact: commerciale@bebdental.it).



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Open Implant System ROOTT



A fresh simplified outlook to modern concepts of implantology. The brand has 3 radically innovative implant family designs. The mainstay is the 2 piece implant it has an aggressive implant body design with a deep tapered conical connection and an indexing hex, the wide variety of prosthetic options make it a very versatile system. ROOTT

also has a refined selection of single piece implants, the compression screw implant is ideal for simplified immediate loading protocols in healed edentulous ridges and the axial basal or bicortical screw design is used to treat the more challenging cases with simplicity and efficiency. ROOTT implants are manufactured in a state of the art facility with the highest quality standards. This is a very high value implant system at an affordable price, something every implantologist must try to have in their armamentarium.



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DenMat[®] Launches Revolutionary New Firefly[™] Cordless Headlight System



Firefly is the first and only cordless headlight system that fits almost any pair of loupes, allowing users the freedom to focus on what matters most – their patients. At only 28 grams, the Firefly's elegant design is a lightweight and ergonomic alternative to conventional headlight systems. Although the Firefly is free of the cords, it still provides all of the features expected in a high-end headlight system. With extended run

times, adjustable brightness settings, and an extra-large spot size, the Firefly is the future of dental headlight systems. The Firefly uses an innovative magnetic mount to securely connect the light to almost any pair of loupes. Eliminating the cord also eliminates a potential source of infection. The Firefly comes with an easy-to-use charger base and two rechargeable light pods for easy continuous use throughout the day.



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• New Product! Suni Introduces the d'vinci Handheld X-Ray

รบกเ

One x-ray generator for your entire practice - that's what you get with d'vinci pxi, Suni's latest imaging device. A portable, handheld x-ray generator that's lightweight and easy to use, d'vinci pxi lets you move between operatories to capture crisp, high-res images anywhere in your practice. d'vinci pxi has a high-capacity rechargeable battery that

lasts for over 300 consecutive uses. It also comes with time-saving presets - which let you make on the fly adjustments to exposure time based on patient type or tooth - for even more imaging efficiency. It's the perfect imaging tool for a fast, efficient practice. And, when bundled with the SuniRay2 digital imaging sensor, it makes for the perfect low dose imaging system for your staff and your patients.



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The EVOlution of species at DenTag



It is known that simple dental instruments such as curettes or double probes may injure the operator's hand or lacerate the glove (with the opposite working points). The possibility of injury is during use, handling or passing the instrument between Assistant-Dentist-Assistant while performing the procedures on the patient.

Directive 2010/32/EU - prevention from sharp injuries in the hospital and healthcare sector, also it states that it's necessary to prevent workers' injuries caused by all medical sharps and pointed devices. Instruments with a handle 100, 105 mm are too short and the tips, even if they are turned contrary than working one, very often touch on the back of his hand. Instead, what it can do as an additional preventive action is to choose, when buying or replacing, one instrument with a long handle. The longer instruments can be wrapped exactly like the other and, in the event that the dentist uses cassettes or trays for sterilization of small size, it will be sufficient to put the instruments in the direction of the longer side. That's another reasons to choose new DenTag "EVO" family of instruments. Ask for more...

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dentures, inlays/onlays etc. The IScan LIm is also capable of scanning implant models for the production of custom abutments and multi-implant restorations, in addition to the afore mentioned standard indications. Due to open data formats, the LI Scanner Series is compatible with multiple CAD software solutions, providing the user with diverse options and solutions. Imetric supports exocad and DDesigner.



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Ventura implant stone a UNIQUE gypsum for models with analogs for implants

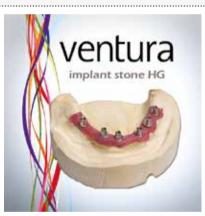
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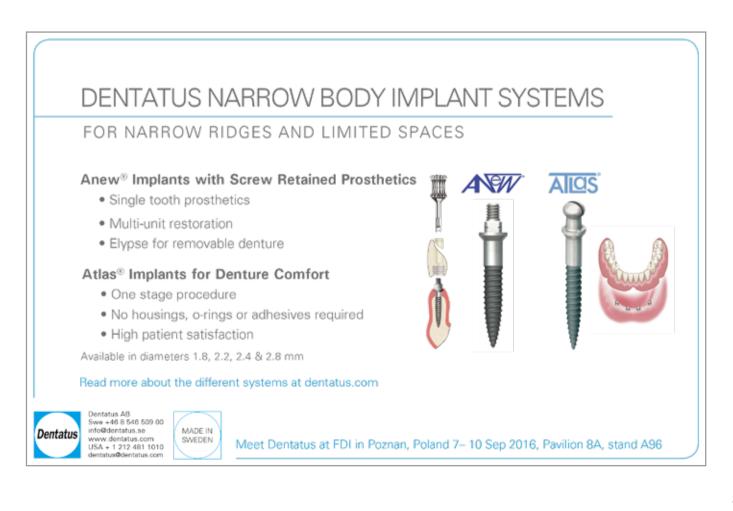
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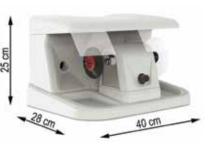




Mestra next launch



Mestra is working on the prototype for a new product that will be ready after the summer. R-080508 is a small size box incorporating a variable speed polishing lathe. Perfect for finishing works at reduced spaces and with the maximum stability. Equipped with connection to suction, LED lighting, protective shields and safe switch to protect the user in case of sudden motor start-up.



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DenMat Company Profile

DenMat Holdings, LLC is currently based in Lompoc, California. Since its founding in 1974, DenMat has been a leader in highquality dental products for dental professionals in the United States, Canada and more than 69 countries all over the world. DenMat offers three main product categories; Consumables include the brands known and trusted: Geristore®, Core Paste®, Tenure®, Ultra-Bond®, Infinity®, Splash®, SplashMax®, Precision®, Perfectemp10, Nuance.

Our small equipment includes a broad suite of products, including SOL™, SL3 and NV Pen Style wireless SoftTissue Diode Lasers. Sapphire Plasma Arc Lights, Magna 2.0 and 4.0 LED curing lights, PeriOptix™ Magnification Loupes and Solaris Headlights. In addition, we are also exclusive distributors for Velscope Vx, the most powerful technology available for assisting in the discovery of early oral abnormalities.

DenMat is the home of the world's #I patient-requested thin veneer, Lumineers® crafted by using advanced digital scanning, proprietary design software, and 3-D printing— all hand-finished by skilled lab artisans in California. DenMat also features the ultimate provisional appliances, Snap-On Smile® and Snap-It®

Our focus is to continue to develop a broad base product portfolio through acquisitions, exclusive distribution arrangements and product development. What makes us unique is the management team that has been in the dental field for over 20 years and they turn exciting ideas into sustainable businesses.

A major milestone for DenMat in 2014 year is the acquisition of 2 companies Zila and G. Hartzell and Sons. Zila is a fullyintegrated, oral hygiene company dedicated to a wide array of products in the detection, prevention and treatment of periodontal disease, and Soft Tissue Management of the oral health. Building upon a broad range of dental equipment, materials, and esthetic lab services, DenMat will integrate Zila's soft tissue and oral hygiene-focused products into its expanding portfolio. These products, which include Rotadent® professional power toothbrush, Atridox® locally applied antibiotic for treatment of periodontitis, ProDenRx soft-tissue management essentials, and NVPro3® cordless, will enable DenMat to offer to dental professionals a one-stop-shop for preventative soft-tissue management and enhanced oral hygiene.

G. Hartzell & Sons, manufacturer of dental and surgical instruments uses only the highest quality components and manufacturing methods backed by a comprehensive quality control program and policy. These methods have led G. Hartzell's recognition for superior quality by industry leaders throughout the world.

Our focus is to continue to develop a broad base product portfolio through acquisitions, exclusive distribution arrangements and product development. DenMat's goal is to develop a very rich portfolio of proven and new products that will simplify the processes in everyday dentistry.

DenMat's goal is to develop a very rich portfolio of proven and new products that will simplify the processes in everyday dentistry. DenMat is committed to providing the highest quality products and services that will meet or exceed our customer expectations, comply with requirements and continually improve the effectiveness of the quality system.

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SMART^M dental laser for dentist's convenience and patient's comfort

LASOTRONIX is an innovative Polish company specialized in the design and manufacture of high-tech laser devices for the use in medical and dental sectors. Cutting-edge technology is the trademark of all LASOTRONIX products. Each laser designed by LASOTRONIX contains the entire commitment, specialist knowledge and more than twenty years of experience in laser technology.

Thanks to **LASOTRONIX** there is no longer necessary to use five different devices to gain a wide range of dental applications: one unit is set to make the use of CO², Nd:YAG, low power diode lasers, PAD lamp or an ozone equipment as well as teeth whitening lamps. Covering such wide range of dental applications is possible thanks to thoughtfully selected diode sources and a variety of therapy accessories.

Currently, **LASOTRONIX** is proud to present the diode based laser platform, especially designed for dentistry, the **SMART**^{ME} series with a variety of most effective wavelengths increasing the number of applications.





EMART^M laser is offered as a combination of two lasers in one package: 10W at 980nm wavelength for a wide range of applications in Microsurgery, Endodontics, Periodontology, Pain Therapy and Whitening as well as 400mW at 635nm wavelength for cold therapies like Biostimulation and PAD (Photoactivated Disinfection).

Thanks to thoughtful design, that allows integration with the dedicated workstation or a dental unit, as well as deep attention to the smallest details, **BMART**^{MI} laser meets the needs of every dental office and assures perfect convenience for operation. At the same time, small size of this incredibly versatile device makes it very easy to carry around, enhancing portability.

The laser unit also features very advanced, but at the same time intuitive user interface including an expandable database covering a set of predefined therapy protocols, which can be modified and assigned to a patient.

In cooperation with wordwide distributors, **LASOTRONIX** supplies ingenious and unique laser devices, that help dental professionals work more efficiently. Our company is accredited by ISO9001 and ISO13485 quality control system, and EU CE mark. If you want to join us and promote our excellent products in order to expand the list of satisfied users, please kindly contact us today at **mp@lasotronix.pl**.



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MaCo Dental Care



MaCo Dental Care, established in 1993, has by now passed the milestone of two decades of presence in the international dental market and proved itself carrying on a winning idea by building a reputation founded on the reliability and versatility.

This Italian company is the result of the will of its founder, Jose Felix Conte, to capitalize on his experience as an operator in dental industry giving birth to its own brand. So begins the story of MaCo and the company, after operating as a distributor of dental products in international markets, starts manufacturing dental implants. Into the industrial complex of Buccino, a town just under 100km south of Naples, MaCo realized a manufacturing plant of 6000m2 provided with advanced machinery and equipment.

The quality control system is based on maximum efficiency and safety, and his compliance with standards set by ISO 13485 has been very early certified. Furthermore, all MaCo products are released with CE marking. Over the years MaCo has implemented its catalog and today it commercializes six different con-

nections (while two others are currently being launched) providing to specialists a wide selection of products able to meet every specific need related to the individual clinical case.

The growth of this company, based in the industrial area of Buccino, is not only remarkable in its manufacturing side and its commercial evolution is perhaps even more impressive. MaCo implants, in fact, have achieved a increasingly stable presence in the market and their spread abroad witness how the choice of maintaining highest quality standards standing into an affordable price range, has been successful. In many of the countries where MaCo Dental Care has begun to spread its products through participation in events and international trade fairs, the company has raised growing consensus and, in some cases, it has further strengthened its position by opening head office subsidiaries. MaCo Dental Care Mexico has been the first example of this type and now is a well-known presence in Mexican implantology so much that the company decided to hold there its first two international conferences.

industry news

Acapulco and Veracruz have hosted two events characterized by an increasing number of participants and a large response in dental sector. This partnership was further strengthened, with the third edition of the seminar, which concluded a week of classes, meetings and surgical practice which was attended by twelve Mexican professionals who were able to confront with MaCo Dental Care Italian opinion leaders. Following the successful Mexican experience, MaCo Dental Care has similarly worked in other countries: in Colombia, for example, where MaCo realized in the city of Cali, the first training center for continuous education of doctors and operators, in Spain, where its presence is by now consolidated, or more recently, in Morocco, where the company has played a leading role in the First Intercontinental Congress of Dentistry and Implantology held in Marrakesh in January of this year.

The latest addition is MaCo Russia based in St. Petersburg. Alongside these experiences MaCo distributes its products in Europe, North Africa, Middle East and South America.

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Concentrated Growth Factors:



A new medicine for tissue and bone regeneration.

Tissue regeneration is a continuing challenge both in biological and clinical terms. Regenerative medicine and tissue engineering are continuously making huge advances in the identification of new strategies in the field of tissue regeneration. In this field, platelet concentrates represent an interesting and innovative therapeutic alternative, as they provide a rich source of autologous growth factors involved in the induction of cell proliferation, in extracellular matrix remodeling and in the angiogenetic mechanisms, that take place during the different stages of tissue regeneration.



Photo Two CGF Yellow part: fibrin clots Red part: erythrocytes

Platelet preparations are obtained from patient's venous blood through a standardized protocol of centrifugation, that sometimes, using the addition of exogenous substances, allows to isolate a fraction rich in platelets and growth factors, called "platelet concentrate" or "platelet gel".



Photo Fibrin clots

The platelet growth factors have extremely high efficiency in every biological process, in which it is necessary to stimulate tissue repair, growth and modulation of cell life and self-control of the immune system. The technique of platelet concentrates moves plasma rich in growth factors from the blood to the treatment area, speeding and tracking the natural processes of healing.



Photo MEDIFUGE machine MF 200



Silfradent S.r.l. Tel. +39 0543 970684 Fax. +39 0543 970770 Via G. Di Vittorio n.35/37 - 47018 S.Sofia (FC) - Italy info@silfradent.com www.silfradent.com

Concentrated Growth Factors (CGF), developed by Sacco in 2006, is a special type of platelet preparation with great potential for clinical application.

At the base of the regenerative process, three factors are particularly important: the scaffold (organic, natural or synthetic), growth factors and autologous cells. All these elements are present in the CGF which is obtained by a "one-step" centrifugation process of the blood samples, using a special centrifuge (Medifuge Mf 200, Silfradent srl, Forli, Italy), without the addition of exogenous substances. Its main characteristic lies in its consistency; in fact CGF is an organic matrix rich in fibrin, thus more dense than other platelet concentrates, able to "trap" a large amount of platelets, leukocytes and growth factors, showing regenerative properties and versatility.



Photo CGF biological membrane

These features, together with the simple and standardized centrifugation protocol MEDIFUGE, make the CGF a superior autologous product which can be used in different areas of regenerative surgery; for example in dentistry, maxillofacial surgery, cosmetic surgery and orthopedics.

Its clinical efficacy, has so far been demonstrated in various situations ranging from filling of extraction sockets (Tadić et al., 2014), to the filling of the cavities after cystectomy (*Mirković et al., 2015*), to interventions of sinus lift and augmentation of the crestal profile (Kim et al., 2014; Del Fabbro et al., 2013; Sohn et al., 2011). In addition, CGF features, make it suitable to be used both alone and with bone particulate or autologous biomaterials (Gheno et al., 2014). In conclusion, if it is true that the blood is the "source of life" for the organism, platelets in it play an important role in the body's regenerative processes.

The research, however, does not stop and Silfradent has still in progress studies at several universities in Italy (University of Bari, University of Brescia), Europe (ACTA Amsterdam University, Dental School-Medical University Vienna; University of Warwick - UK) and also outside Europe (IPK center Hospital Havana-Cuba; Almejiera center Hospital Havana-Cuba).

Under the Patronage of H. H. Sheikh Hamdan Bin Rashid Al Maktoum Deputy Ruler of Dubai, Minister of Finance President of the Dubai Health Authority

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fläsh - whitening just whiter

fläsh – a new name with a lot of experience - is the latest development of WHITEsmile, based on over 20 years experience in tooth whitening "Made in Germany".

The new Light whitening system combines the new fläsh high power whitening lamp with the fläsh Light Activated Whitening Gel with active chlorophyll.

The result is an excellent whitening results and very low sensitivities. The gel is available for cosmetic whitening with 6% hydrogen peroxide and for medical tooth whitening with 32% hydrogen peroxide. The Easy Lock system allows precise positioning of lamp head towards the patient's mouth. The system is completed by useful accessories such as newly developed lip retractor, vitamin E oil, fläsh whitening toothpaste and after whitening mousse for remineralization.

fläsh provides realiable and safe whitening results of the highest level. The integrated color touch screen offers a visually guided treatment for optimal treatment success. The interface takes the user through the whole whitening process step by step. Default values like treatment time per cycle, Power level can be stored and used for all future treatments. The achieved whitening levels are determined from the color measurement before and after treatment.

Due to the strong LED light and special gel the lamp requires the fläshcard with treatment time for the lamp. The time cards are delivered with the material kits. The remaining time is shown accurately with remaining minutes. Single tooth whitening mode can be used without using time from the card. As a follow-up, there are also home whitening and whitening pens of fläsh. fläsh products are only available at specialized dentist.

WHITEsmile is looking for distributors in selected areas, inquiries are welcome at export@whitesmile.de.

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More Than 1,300 Dental Professionals "Tackled Every Day Challenges" at 6th International CAMLOG Congress in Krakow



In early June, more than 1,300 dentists and dental technicians from 33 countries participated in the renowned International CAMLOG Congress that took place in Krakow, Poland. Under the motto "Tackling everyday challenges", the 2016 Congress focused on the practical aspects of implant dentistry in daily practice while keeping a watchful eye on the science and was an interesting eye-opening symposium not only for current CAMLOG users.

The International CAMLOG Congress (ICC)

Altogether, 76 speakers and chairpersons from 12 countries and more than 19 universities and dental practitioners came together to discuss trends in the industry and exchange best practices. Topics discussed included the basic principles in treatment planning, implant surgery and prosthetics; the questions to ask about how to manage the esthetic zone or posterior area; and the clinical research for daily practice, supported by CAMLOG Foundation. In five additional workshops, participants learnt about 3D implant planning utilizing the smop software and the Guide System, about bone augmentation in private practice and the limits, the state of the art of maxillary sinus grafting or practical impact on wound healing based on optimal flap adaption, and suturing techniques.

Digital Human Faces for Film and Entertainment – Potential for Medical Applications

A special lecture was held by Professor Markus Gross, Director of Disney Research in Zurich, an international network of research labs with the mission to push the scientific and technological forefront of innovation at The Walt Disney Company. He guided delegates through the digital world of 3D facial modeling and demonstrated the potential of medical applications. The overview on 20 years of working with digital human faces caught the audience's full attention.

Digital Dentistry Pre-Congress

The influence of digital technologies in both the clinic and the laboratory can no longer be disputed. Therefore, a full-day sym-

industry news

posium was devoted to the topic. The ground-breaking Digital Dentistry Pre-Congress gave fascinating insights on the entire digital workflow. Experienced specialists conveyed the latest technologies and treatments methods and provided an outlook on the future of digital dentistry.

The 120 participants were also able to visit an industry exhibition on the digitalization of dentistry. "New digital dental technology can greatly enhance the practice workflow and patient experience, but its success hinges on the interoperability between the digital solutions within the workflow and their seamless integration into the practice or laboratory," said Dr. Robert Gottlander, Chief Marketing Officer, Henry Schein Global Dental, the global dental business of Henry Schein, Inc., the world's largest provider of health care products and services to officebased dental, animal health and medical practitioners.

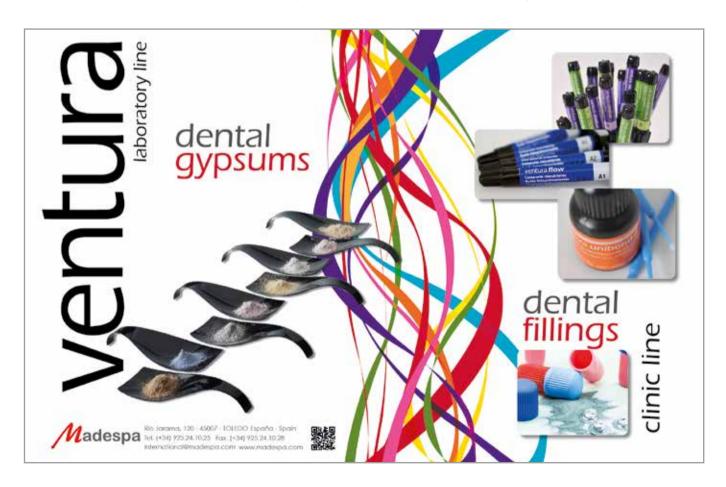
Henry Schein ConnectDental

Participants of the Congress were able to see the company's digital dentistry offerings at the Henry Schein ConnectDental display. Henry Schein ConnectDental helps practitioners navigate through their journey into digital dentistry – from offering the widest choice of trusted digital solutions, to seamless integration of these solutions into the practice or laboratory, to the education, training and support needed to help practitioners make the most of their digital solution investment and ensure seamless workflow efficiency. It offers an opportunity for practitioners to explore the industry's broadest array of "open"

solutions required to bring any practice or laboratory into today's digital age. From the latest digital innovations with intraoral scanners, milling and printing devices and materials, to cone beam 3D imaging, practice management systems, and a wide selection of digital dental laboratory solutions, Henry Schein ConnectDental also demonstrates how they are successfully integrated into a patient-centric workflow – all backed by the critical support, services and education needed for success. "As a trusted advisor to our customers, we place great emphasis on our early discussions with practitioners to ensure their specific needs are met," Dr. Gottlander said. The company currently has around 200 CAD/CAM and digital specialists in Europe, as well as 460 specially trained technicians. Over 50 Henry Schein Dental Information Centres can provide individual advisory service and comprehensive training with demonstration programs adapted to individual requirements.

CAMLOG Foundation

The CAMLOG Congress takes place every two years and was held in 2016 for the 6th time. It is organized by the CAMLOG Foundation, which specifically supports talented young people, the advancement of basic and applied research, as well as the ongoing education and training for the development of implant dentistry and related fields in the interest of the patients. In recognition of its responsibility to science, the CAMLOG Foundation has assumed responsibility of the scientific program of the International CAMLOG Congresses.



INDUSTRY NEWS Brexit

Brexit Implications for ASEAN Based Investors

In a victory that stunned analysts around the world, the UK has voted to exit the European Union (EU) by a margin of 52 to 48 percent. In addition to producing significant implications for investors across Europe, the interconnected nature of the global economy leaves businesses across the world exposed. ASEAN is no exception. Currency markets within the South East Asian bloc have already seen swift valuation changes, and the pending exclusion of the UK from the EU's network of trade negotiations in ASEAN is likely to have a long term impact on trade within the region. For European investors maintaining operations throughout ASEAN or British parties considering investment, it will be of utmost importance to monitor developments within the region closely in order to ascertain their likely exposure to Brexit fallout.

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Short-Term Considerations: Foreign Exchange Volatility

As markets within ASEAN know all too well, currency volatility is one of the most immediate externalities associated with economic crisis. Despite the Pound Sterling being separated from the Euro, the mere threat of a Brexit was enough to depreciate the Pound by 7 percent against the US dollar during voting. As polls closed, ASEAN currencies have also seen substantial rises in their value against the United Kingdom. For those purchasing goods or servicing debts within the UK or+ using British Pounds as a medium of denomination or exchange, the prevailing headwinds within currency markets strongly favor currencies from within ASEAN. In the near term, this will allow consumers to purchase goods from UK based suppliers at a significant discount, however, it will also curtail the ability of British based consumers to purchase goods from a variety of markets including those within ASEAN.

10.50% Brunei (BND) 1.69% -1.80% 9.22% Indonesia (IDR) 1.49% -2.49% 7.54% Malaysia (MYR) -0.28% -3.91% 11.70% 3.01% Philippines (PHP) -0.88% 10.50% Singapore (SGD) 1.69% -1.80% 11.59% 2.74% Thailand (THB) -0.85% 12.55% Vietnam (VND) 3.74% -0.13% 📕 vs GBP 📕 vs EUR 📕 vs USD

ASEAN FX Volatily Spikes as Brexit is Announced

This is likely to constrain liquidity of British buyers and runs the risk of disrupting existing purchase agreements that these parities may have signed with ASEAN based suppliers. While the British Pound has been hit hardest by its exit from mainland Europe, Brexit has created significant tensions within the Eurozone as a whole and decreased confidence that the Euro will continue to be used within the region. Reflecting these concerns, all currencies within ASEAN have appreciated significantly against the Euro with the exception of Malaysia. Investors flooding out of the Eurozone have instead taken refuge in Dollar denominated assets resulting in an appreciation of the US dollar against ASEAN markets. Although muted when compared to the Pound, the movement of the Dollar and Euro will have tangible impacts on the cost of goods being purchased and sold to these markets. Exports to the European Union will likely see reduced demand as cost adverse Eurozone buyers are priced out of ASEAN markets. Buyers from within ASEAN on the other hand will benefit from discounted Eurozone goods brought on by the relative rise in their home currencies. Those exporting to US markets will likely see demand increase, with countries such as Malaysia and Indonesia particularly well positioned to benefit. A final area of consideration for investors should be those nations within ASEAN that have chosen to control their currencies.

Given the large volatility and volume of trading in international markets, countries such as Laos, Myanmar, and even Vietnam may struggle to maintain steady parity with the Pound and other currencies such as the US Dollar.

Long Term Challenges: Trade Liberalization

While currency markets will price in Brexit over the coming weeks, the long term impact of the UK's departure will likely be reflected in ASEAN's trading relationship with the European Continent. Not only does the United Kingdom lack a network of independent trading arrangements with ASEAN states, but many of the EU projects with ASEAN remain unresolved. Currently, the EU is in open negotiations with several of the largest economies within the ASEAN region including Malaysia, Singapore, Thailand, and the Philippines. Moving forward, the United Kingdom will not be included within these negotiations and will be excluded from the benefits of any finalized agreements. This is likely to present challenges for those wishing to export to the UK or for UK based investors currently seeking to invest within the region. Although it is likely that the UK will initiate similar agreements independently, these agreements are yet to be announced and will likely take years to negotiate and implement. For mainland European investors who stand to benefit from agreements with ASEAN states, the fallout of Brexit is likely to cause considerable turmoil. As a serious blow to Brussels and confidence in centralized European governance, Brexit is sure to detract focus from negotiations in the near to medium term. Depending on the speed with which mainland Brexit fallout can be managed, negotiations may be subject to varying delays.

Investment Opportunities: The TPP & Vietnam

As explored above, currency volatility in Europe presents salient import opportunities for a variety of ASEAN's producers and consumers. In the long term, however, a select group of ASEAN markets and investors stands to reap major advantages from the diminishing position of Europe within ASEAN.

Having already concluded negotiations with the European Union,Vietnam is likely to be the big winner in the face of Brexit. Lagging EU trade negotiations with other member states will make the communist nation one of the most exciting opportunities for low cost investment from a European perspective. In the face of lowered purchasing power within the Eurozone,

ASEAN Trade Post Brexit

FTAS & Import Export Data

	EU FTA Agreement	Exports to UK (USD)	Imports from UK (USD)
Brunei	N/A	I 2 million	85 million
Cambodia	N/A	751 million	56 million
Indonesia	N/A	I.6 billion	8.9 million
Laos	N/A	N/A	N/A
Malaysia	Negotiations launched	2.3 billion	I.8 billion
Myanmar	N/A	N/A	N/A
Philippines	Negotiations launched	470 million	410 million
Singapore	Negotiations launched	3.3 billion	5.5 billion
Thailand	Negotiations launched	3.7 billion	2.5 billion
Vietnam	Signed & Awaiting implementation	3.6 billion	6.4 million

consumers will be on the lookout for low cost goods. Given its unique position in low cost manufacturing, Vietnam will likely be more competitive than ever among European consumers. The longer that negotiations are drawn out in other ASEAN states, the more solidified Vietnam's advantage will become. From the perspective of investment, TPP is likely to solidify advantages for its 11 members within ASEAN. The reduction of tariffs and convergence of regulations with Malaysia, Singapore, Brunei, and Vietnam provide significant opportunities for TPP members that will now be out of reach for European competitors. The dollar's strong appreciation against ASEAN currencies is also likely to compound benefits for US based investors, making them among best positioned to invest within ASEAN.

Navigating a Post Brexit Pacific

Despite the British decision to walk away from Europe, ASEAN is set to remain a lucrative and resilient location for investment and production. Many economies within the region are under-



going trade negotiations with the EU and have seen favorable treatment in the face of currency volatility. Nonetheless, it is important for companies operating in the region to understand the nature of their exposure to this development and to take actions to mitigate externalities as they arise. In the short term, it is advised that companies with a large European (UK or mainland) customer base pay close attention to foreign exchange volatility and consider mitigation options within ASEAN. Even if headwinds favor them in the status quo, these could change quickly as the situation in European and Asian markets develops.

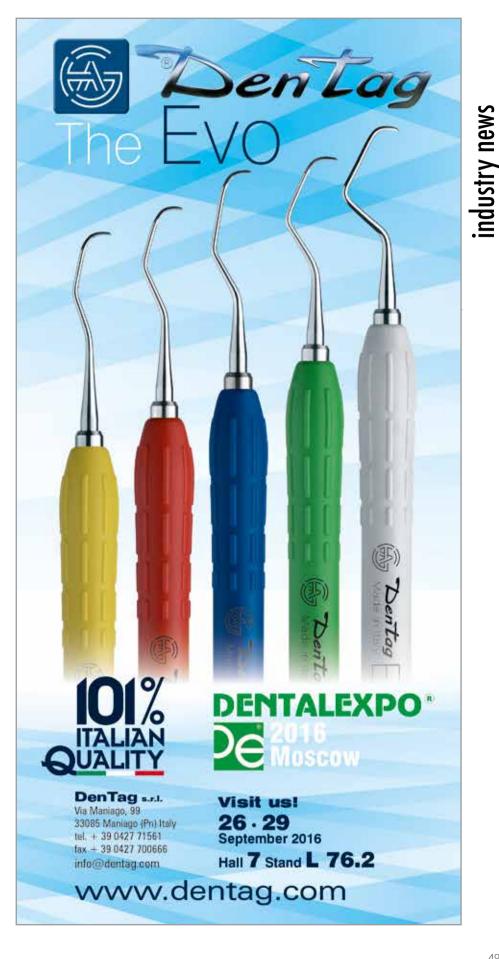
In the medium term, it will become important for companies to begin to monitor the progress of trade negotiations between the EU and ASEAN member states. It is likely that these could see delays and understanding when and where these delays will occur will allow for effective investment and operational planning. For more information on Brexit's relations to your operations or how to tap into opportunities created by prevailing changes within ASEAN, please feel free to contact our ASEAN market intelligence specialists at ASEAN@dezshira.com

This article was first published on http://www.aseanbriefing.com/ news/2016/06/24/asean-brexit.html

Since its establishment in 1992, Dezan Shira & Associates has been guiding foreign clients through Asia's complex regulatory environment and assisting them with all aspects of legal, accounting, tax, internal control, HR, payroll and audit matters. As a full-service consultancy with operational offices across China, Hong Kong, India and emerging ASEAN, we are your reliable partner for business expansion in this region and beyond.

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Intellectual Property Rights (IPR) Protection in China for the Medical Device Industry: Case Study



A European company in the dental instruments sector was selling their product in China through a Chinese distributor. They discovered a competitor in China was offering a similar, but lower-specification product, using an identical exterior design, colour scheme, and control interface. The technical manual, diagrams and parts of their brochure appeared in part to be directly copied from the original. Overall, the competitor's product gave the appearance of being similar in function to that of the European company, although its performance level and price were much lower.

What actions did the European Company take?

The European company's representatives had previously approached the company at a trade fair to complain about the infringement but had not received a positive response.

The company thereafter sought legal advice. They did not have a design patent to protect the overall shape of their product, nor

were there any Patents covering the product. Trying to claim infringement of the product shape and decoration by relying on other legal grounds was possible, but the chances of success were poor. The only clear legal grounds were copyright infringement of the contents of the technical manual.

Instead, the company decided to send a warning letter through their local lawyers that alleged infringement of the product shape (even though the legal grounds were not strong) and copyright in the manual. The letter implied that the company would take the matter to court. The law firm and representatives of the European company followed up the letter and met with the infringer to press them to stop their infringement.

The European company argued that a lawsuit would be wasteful for both parties, even if they were not successful, and that the Chinese competitor's imitation of a European product would harm their own image in the long run. As a result, the infringing

industry news

company decided to change a number of exterior features of the product and produced new manuals and brochures which greatly reduced the similarities to the European product. Although the European company did not have very strong rights, in this case, use of a warning letter followed up with determined negotiation was able to give a satisfactory result.

Lessons to take away

• The European company would have had an even better result if they had had design patent or other patents for their product in China, which would have given them clear rights over the product design. Therefore European SMEs should make sure that they register their IP rights as early as possible, to ensure maximum protection.

• Do not assume that litigation is the only way forward. Make use of the full IPR framework that exists in China to achieve your goals. You should also not assume that any legal action will be very costly.

• The use of warning letter can be a viable alternative to criminal prosecutions or civil litigation. Using warning letters combined with determined negotiations can, in some cases, lead to satisfactory results.

• Always enforce your IP rights. If you manage to create an image of being litigious or of always taking action, the infringers are less likely to infringe on your products and would simply move on to less litigious companies.

CHINA IPR SME HELPDESK

The **China IPR SME Helpdesk** supports small and medium sized enterprises (SMEs) from European Union (EU) member states to protect and enforce their Intellectual Property Rights (IPR) in or relating to China, Hong Kong, Macao and Taiwan, through the provision of **free information and services**.

The Helpdesk provides jargon-free, first-line, confidential advice on intellectual property and related issues, along with training events, materials and online resources. Individual SMEs and SME intermediaries can submit their IPR queries via email (question@chinaiprhelpdesk.eu) and gain access to a panel of experts, in order to receive free and confidential first-line advice within 3 working days.

The China IPR SME Helpdesk is co-funded by the European Union. To learn more about the China IPR SME Helpdesk and any aspect of intellectual property rights in China, please visit our online portal at http://www.ipr-hub.eu/.

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Focus

Dental Sleep Medicine – Living with Sleep Apnea and Snoring

Author: Silvia Borriello

focus

I

f you suffer from sleep apnea you'll know that this form of sleep-disordered breathing can seriously affect your quality of life and impact your health if left untreated. Although most patients with treat-

able sleep-related disorders currently remain undiagnosed a lot has been done in the last 20 years.

KEY MESSAGES

- Obstructive sleep apnea is the most common organic sleep disorder

- It may affect children and adults, and result in excessive daytime somnolence and poor performance

- It has been associated with increased frequency of accidents and arterial hypertension

- Oral appliances prescribed by dentists offer an equally efficacious alternative in treatment of mild to moderate obstructive sleep apnea patients who are not compliant or refuse CPAP therapy

Photo iStock // kieferpix©

Obstructive sleep apnea is the most common type of sleep apnea and by far the single most common disorder seen at sleep centers, responsible for more mortality and morbidity than any other sleep disorder. Affecting millions of people worldwide, obstructive sleep apnea is marked by recurring episodes of upper airway obstruction that lead to markedly reduced (hypopnea) or absent (apnea) airflow at the nose or mouth. These episodes are usually accompanied by loud snoring and hypoxemia and are typically terminated by brief micro-arousals, which result in sleep fragmentation. Patients with obstructive sleep apnea are typically unaware of such arousals, but the resulting deterioration in sleep quality contributes greatly to excessive daytime sleepiness. Most obstructive sleep apnea patients have no detectable respiratory abnormality while awake.

There are three known forms of sleep apnea: central sleep apnea (CSA), obstructive sleep apnea (OSA) and complex or mixed sleep apnea that is a combination of both central and obstructive and these constitute 1%, 84% and 15% of cases respectively. With central sleep apnea (CSA) breathing is interrupted by a lack of respiratory effort. With obstructive sleep apnea (OSA), a physical block to airflow, despite respiratory effort, interrupts the breathing and snoring is common. Overall, 90% of all cases are OSA based, consisting in a partial or complete collapse of the upper airway caused by relaxation of the muscles in the back of the throat controlling the soft palate and tongue, blocking the passage of air.

An apnea event is defined as the cessation of naso-buccal air flow for more than 10 seconds. The indices commonly used to assess sleep apnea are the Apnea-Hypopnea Index (AHI) and the Respiratory Disturbance Index (RDI). The AHI is defined as the average number of episodes of apnea and/ or hypopnea per hour of sleep. The RDI is defined as the average number of respiratory disturbances, such as obstructive apneas, hypopneas and respiratory event-related arousals per hour. According to the guidelines for adult OSA, the diagnosis of OSA is confirmed if the number of RDI on polysomnography (PSG) is greater than 15/hr or greater than 5/hr in a patient who reports any of the following: unintentional sleep episodes during wakefulness; excessive daytime sleepiness, unrefreshing sleep; fatigue; morning headaches; insomnia; waking up breath holding, gasping, choking or coughing; irregular breathing during sleep (e.g. loud snoring); dry mouth; sore throat; high blood pressure; large neck size; frequent nightmares (especially in children), restless sleep, or the bed partner describing loud snoring. Less common symptoms include arrhythmia, decreased sex drive, unexplained weight gain, frequent nocturnal urination, gastroesophageal reflux and heavy night sweats.

Classification of Sleep Apnea

- (Apnea-Hypopnea Index AHI)
- AHI = 0-5 Normal range
- AHI = 5-15 Mild Sleep Apnea
- AHI = 15-30 Moderate Sleep Apnea
- AHI > 30 Severe Sleep Apnea

Definition of Obstructive Spleep Apnea Severity:

- mild for RDI =5 and < 15
- moderate for RDI = 15 and = 30
- severe for RDI > 30/hr

Although physical examination of the throat and weight measurement provide much information to the doctor, there are two types of sleep studies available to evaluate obstructive sleep apnea in patients: Nocturnal Polysomnography (PSG) - over night sleep study carried out in a sleep center - it involves monitoring of different events occurring during sleep like eye movements, chest wall movements, EEG etc., or home sleep testing through a portable monitor, called Home SleepTest (HST) or "Unattended Sleep Study".

Prevalence of Sleep Apnea

- I in 5 adults has mild OSA
- I in 15 has moderate to severe OSA
- 9% of middle-aged women and 25% of middleaged men suffer from OSA
- 75-80% of severe sleep-disordered breathing cases remain undiagnosed

OSA is a worldwide phenomenon and its prevalence has been extensively studied in recent decades and has been variously estimated at between 1% and over 6% of the adult population. Studies suggest that in Western European countries from 3-7% of middle-aged men and 2-5% of middle-aged women suffer from OSA, but figures vary widely due to low diagnosis levels. Despite the increasing recognition that obstructive sleep apnea is a relatively common condition, population data used to estimate disease prevalence did not exist accurately until about 15 years ago. Since the 1990s much has happened to quantify the levels of obstructive sleep apnea in various populations. According to figures issued by the World Health Organization approximately only 100 million people worldwide suffer from sleep apnea. Other published figures state much a higher total figure based on detailed analysis of registered sufferers and some of these figures are shown below. If one accepts that the addition of the undiagnosed suffer-

ers would at least double these numbers then the

figures are quite alarming.

Country	% with OSA	Actual Number	
United Kingdom	4.0%	2.5 million	
Australia	3.1%	0.8 million	
India	7.5%	85 million	
China	4.2%	57 million	
Korea	4.5%	2.3 million	

It is estimated in the USA that although there is a known figure of approximately 25 million residents with sleep apnea, there are over twice that many with some form of major sleep disorder -40 million in total. If these figures are to be believed, the difference is mostly attributed to undiagnosed OSA and the problem is even more enormous than we believe and constantly worsening.

Children may develop sleep apnea similar to that seen in adults, and various epidemiological reports suggest a relatively high prevalence, although somewhat less than in adults. The etiology of obstructive sleep apnea in children differs from the etiology in adults in that large tonsils or adenoids are the most common cause of the disorder, although the increasing prevalence of obesity among children in recent years represents an important contributing factor in many cases. Many children with obstructive sleep apnea can be helped by tonsillectomy.

Increased Risk Factors for Sleep Apnea

- Male gender
- Obesity (BMI >30)
- Diagnosis of hypertension
- Excessive use of alcohol or sedatives
- Upper airway or craniofacial abnormalities
- Smoking
- Family history of OSA
- Large neck circumference (>17" men: >16" women)
- Endocrine and metabolic disorders

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The fact that prevalence estimates of obstructive sleep apnea from North America, Europe, Australia, and Asia are not too substantially different suggests that this disease is very common not only in developed but also in developing countries. Several are the risk factors associated with development of OSA, including:

-Weight gain and obesity. Although believed to be a disorder of the general population OSA is seen more in overweight individuals. Obese patients, especially those with a central distribution of fat (abdomen fat) have an increased risk of various medical disorders including OSA. Neck circumference, is also positively associated with OSA.

-Aging, gender and ethnicity. Aging also plays a role as OSA is more common in the elderly than among middle-aged population. Approximately 20% of people aged 65 or older have OSA compared to approximately 10% in the 39-49 year-old age group. The prevalence ratio for adult OSA is approximate 2-3:1 in men to women. The decrease in gender prevalence differences after menopause in women suggests a pathogenetic basis for sex hormones. Additionally, OSA tends to aggregate in families. Having a first-degree relative with OSA increases one's risk for OSA substantially. Estimated heritability of AHI is 30%-40%. There is certain prevalence in some ethnic populations, for example, Asians have approximately two times the risk of OSA compared to Caucasians. African-Americans and Mexican-Americans are also at higher risk of OSA.

It is estimated that around 80% of obstructive sleep apnea cases remain undiagnosed, making it difficult to identify patients at risk of associated co-morbidities.

QUATRO

Smokers are more likely to have OSA than non smokers because smoking may cause upper airway inflammation and edema or sleep instability from nicotine. People who suffer from enlarged tonsils and adenoids, macroglossia (enlarged tongue) or abnormal positioning of the maxilla and mandible, are also prone to suffer from OSA. Recent studies have shown that OSA is also seen frequently in patients suffering congestive heart failure.

Given the widespread underrecognition of this disorder by the medical and lay communities, the public and personal healthcare costs globally are likely to be absolutely enormous. It is estimated that around 80% of obstructive sleep apnea cases remain undiagnosed, making it difficult to identify patients at risk of associated co-morbidities. Associations between OSA and arrhythmia, heart failure, hypertension, diabetes, insulin resistance metabolic syndrome and stroke have been observed. In addition it can give rise to emotional problems, depression, mood disorders, poor memory, irritability and motor vehicle and work-related accidents due to daytime drowsiness.

Prevalence of Sleep Apnea in Co-morbidities

- -Drug-Resistant Hypertension 83% -Obesity 77% -Congestive Heart Failure 76% -Pacemakers 59% -Atrial Fibrillation 49%
- -Diabetes 48%

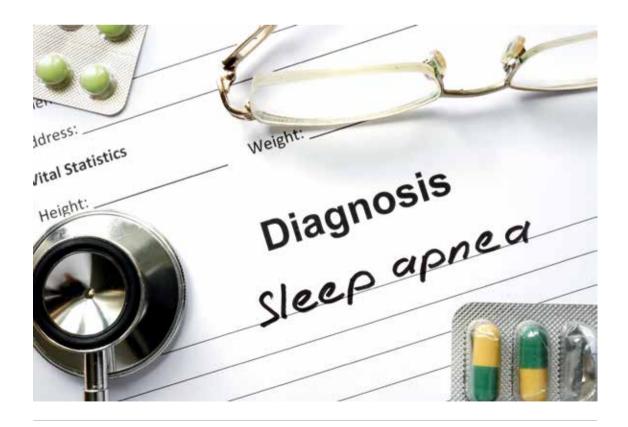
-All Hypertension 37% -Coronary Artery Disease 30%

Sleep Apnea Treatment

Sleep apnea is a chronic condition that requires longterm management. There are a variety of treatments for OSA, depending on an individual's medical history and the severity of the disorder. Most treatment regimens begin with non-pharmaceutical measures, especially for mild cases, such as lifestyle changes, reducing weight is an important treatment option and may result in improvement of symptoms in many patients, sleeping in lateral positions, avoiding alcohol consumption, quitting smoking, some individuals may be benefitted by special pillows. If such measures fail or if the disease is severe, then OSA requires specific treatment:

• Continuous Positive Airway Pressure (CPAP) -

the most effective OSA treatment and has become the standard of care. It consists of wearing a nasal or face mask during sleep, connected by tubing to a constantly running machine, which provides a positive flow of air into the nasal passages in order to keep the airway open. Most patients require lifelong therapy. Its efficiency strictly depends on its constant use. It can lead to claustrophobia, rhinitis, nasal irrita-



tion, sore eyes, headaches, abdominal bloating and also disturbance to partners so that patient compliance can become a problem. Bi-level Positive Airway Pressure (PAP) provides two different levels of pressure (higher during inhalation and lower during expiration) and is an alternative in patients intolerant to CPAP and also in patients with associated hypoventilation or chronic obstructive pulmonary disease.

• Oral Appliance Therapy - uses a mouth guard-like device worn only during sleep to maintain an open, unobstructed airway. Most of these devices work by manipulating the jaw bone in such a manner that it enlarges the posterior airspace. These sleep apnea mouth pieces are custom made by dentists using a plastic-like mold to form the specific shape of the patients' teeth and mouth. Not only do they work against sleep apnea, they are also effective to stop snoring.

• Oral Surgery - aimed at widening the airway by removing excess soft tissue from the throat or by removing enlarged tonsils and adenoids if they are the cause. Uvulopalatopharyngoplasty (UPPP) was commonly performed but was associated with serious side effects such as severe post operative pain, difficulty in swallowing and voice changes. As a result this operation is no longer routinely prescribed. Laser assisted removal of soft tissues has recently gained popularity among patients and doctors. The different surgery options all have varying side effects and rates of success and are usually considered for patients for whom CPAP or oral appliances have failed, or if such treatments are contra-indicated by claustrophobia or dental disease.

Most OSA patients can be treated effectively by one of the above methods of treatment, but some may require more than one modality of treatment.

Economic Impact

Given the widespread under-recognition of this disorder by the medical and lay communities, the public and personal healthcare costs globally are likely to be absolutely enormous. There is evidence that, prior to diagnosis, patients with obstructive sleep apnea incur higher healthcare costs than matched control subjects. One study reported that obstructive sleep apnea patients used more than twice as many healthcare services in the 10-year period prior to diagnosis compared to controls, and the excess cost compared to control subjects was in the region of 4,265 Canadian dollars per patient. Furthermore, the same group reported a significant reduction in healthcare costs in the two-year period after introduction on continuous positive airway pressure therapy, compared to the 5-year period before diagnosis and also compared to matched controls during the same 7-year period of follow-up. Another study reported an annual healthcare use cost of USD 2,720 for obstructive sleep apnea patients prior to diagnosis, compared to USD 1,384 among matched control subjects.

The economic costs of obstructive sleep apnea should also be placed in the context of the potential impact of untreated disease on society. There is now clear evidence of an increased risk of road traffic accident, or work-related accidents, in untreated patients with obstructive sleep apnea. Various studies have demonstrated an increase in accident rate to between 3 and 7 times that of the general population among untreated obstructive sleep apnea patients; these rates fall to normal levels after successful therapy.

A further aspect of the economic cost of obstructive sleep apnea relates to diagnosis and treatment. The traditional approach to diagnosis has been the demonstration of the disorder through overnight sleep studies in a dedicated sleep laboratory. These studies are resource intensive. Increasing emphasis is thus being placed on limited diagnostic techniques that focus on cardio-respiratory variables and are suitable for home-based studies. The cost of treatment with continuous positive airway pressure is relatively modest – involving the provision of a device with a lifespan of at least 5 years



In recent years, dental sleep medicine has become an increasingly common treatment modality for obstructive sleep apnea and snoring. and compares favorably with the cost of treatment for other chronic respiratory disorders such as asthma and chronic obstructive pulmonary disease.

The global sleep apnea devices market is estimated to grow at a CAGR of 16.7% during the forecast period of 2014 to 2019, majorly due to the exponentially rising patient pool of sleep apnea patients, as well as the rising awareness among patients and caregivers. The therapeutic devices segment is the largest contributor to the global sleep apnea devices market, having accounted for a 59.7% share of the global sleep apnea devices market back in 2014. The Positive Airway Pressure (PAP) devices segment is the largest contributor to the global sleep apnea therapeutic devices market, followed by the diagnostic devices segment. Both these segments are growing continuously due to the technological advancement in both diagnostic and therapeutic products, such as polysomnography (PSG) devices, screening devices, actigraphy systems, PAP devices, humidifiers, adaptive servo-ventilation systems, oxygen devices, oral appliances and accessories, thus driving the growth of the overall global sleep apnea devices market.

North America enjoys the largest share of the global sleep apnea devices market, followed by Europe, Asia and the rest of the world. Such growth is attributed to the high prevalence of obstructive sleep apnea, increasing side-effects of urban lifestyle such as obesity, diabetes, anxiety, cardiology disorders as well as rising awareness of these disorders among people, increasing technological advancements in diagnostic/ therapeutic devices, growing adoption of these devices by sleep apnea patients and rising government initiatives in this sector. However, limited reimbursements and a lack of patient compliance may act as the major restraints.

Age is considered as one of the major factors for the development of this disorder.

According to the data published by WHO, the global base of population pertaining to the age group 65 years and above is expected to rise from 7% in 2000 to 16% in 2050. Rapidly growing geriatric population is expected to be the vital driver for this market growth.

Among major players operating in this market are Philips Respironics, a subsidiary of Koninklijke Philips N.V. (the Netherlands); ResMed (U.S.); Compumedics Limited (Australia); BD (U.S.); Curative Medical (U.S.); BMC Medical Co., Ltd. (China); Fisher & Paykel Healthcare Limited (New Zealand); DeVilbiss Healthcare LLC (U.S.); Itamar Medical Ltd. (Israel), Weinmann Geräte für Medizin GmbH + Co. KG (Germany), Natus Medical Inc. (U.S) and others.

TREATMENT OF SLEEP APNEA AND SNORING WITH DENTAL SLEEP MEDICINE

Snoring - a sound that occurs during sleep when soft tissue in the upper airway vibrates as you breathe. Obesity, nasal obstruction, alcohol and smoking all increase the risk of snoring. Loud and frequent snoring is a common sign of obstructive sleep apnea.

Sleep apnea - a chronic condition that occurs when your muscles relax during sleep, allowing soft tissue to collapse and block the airway. Common signs include snoring and gasping or choking sounds during sleep. Excess body weight, a narrow airway or misaligned jaw all increase the risk of sleep apnea.

In recent years, dental sleep medicine has become an increasingly common treatment modality for obstructive sleep apnea and snoring. Although positive airway pressure (PAP) remains the most common and most efficacious treatment for sleep disordered breathing, oral appliances (OAs) are an accepted and common treatment for sleep-related breathing disorders.

An oral appliance is a device worn in the mouth only during sleep. It fits like a sports mouth guard or orthodontic retainer. A custom-fit oral sleep appliance is an effective treatment that prevents the airway from collapsing by supporting the jaw in a forward position. It is intended to decrease the frequency and/or duration of apneas, hypopneas, respiratory effort related arousals and/or snoring events. Oral appliances have been demonstrated to improve nocturnal oxygenation as well as the adverse health and social consequences of OSA and snoring. Although typically used as a stand-alone therapy, they can serve as a substitute to PAP therapy or sleep apnea oral surgery and/or other treatment modalities for the management of OSA. They are indicated for patients with mild to moderate OSA and primary snoring and are accepted therapy for patients with severe OSA who do not respond to or are unable or unwilling to tolerate positive airway pressure therapies. Oral appliances are often used in conjunction with weight loss if the individual is overweight. Furthermore, they offer advantages over PAP as they do not require a source of electricity and are less cumbersome, especially with travel. They are well tolerated in most patients and therapeutic adherence may be better than continuous positive airway pressure (CPAP).

A custom made, adjustable, oral appliance (available from a dentist) is fabricated using digital or physical impressions and models of an individual patient's oral structures. As such, it is not a primarily prefabricated item that is trimmed, bent, relined, or otherwise modified. It is made of biocompatible materials and engages both the maxillary and mandibular arches. The oral appliance has a mechanism that allows the mandible to be advanced in increments of 1 mm or less with a protrusive adjustment range of at least 5 mm. In addition, reversal of the advancement must be possible. The protrusive setting must be verifiable. This mechanical protrusion widens the space behind the tongue and reduces the vibration and physical obstruction to breathing and the tendency to snore. The appliance is suitable for placement and removal by the patient or caregiver. It maintains a stable retentive relationship to the teeth, implants or edentulous ridge and retains the prescribed setting during use. An oral appliance maintains its structural integrity over a minimum of 3 years.

Non-custom oral appliances, commonly known as "boil and bite devices," are primarily prefabricated and usually partially modified to an individual patient's oral structures. Although there are several businesses that sell oral appliances on the internet, it is important that the sleep physician, primary care doctor, and/or dentist approve the appliance, as many of the over-the-internet 'boil and bite' mouth pieces for sleep apnea are not effective. In addition to being custom- or non-custom-made, oral appliances are either titratable or non-titratable. Titratable OAs have a mechanism that allows for varying amounts of mandibular protrusion. The increasing protrusion of the mandible is considered analogous to the titration of continuous positive airway pressure (CPAP). Nontitratable OAs hold the mandible in a single protrusive position and no changes are possible over the course of treatment.

Commonly used terms for the definition of these oral appliances include, but are not limited to: mandibular advancement devices (MAD), mandibular repositioning devices (MRD), mandibular advancement splint (MAS) and mandibular advancement appliance (MAA) as they are the most effective and widely used in clinical practice. There are also custom-made and non-custom-made oral appliances that hold the tongue forward and are called tongue retaining devices (TRDs) and these have to be distinguished from mandibular advancement devices. There was insufficient evidence to assess the efficacy of TRDs for the treatment of adult patients with OSA.

Side effects, serious enough to cause patients to discontinue use of their oral appliance, are less common than side effects causing adult patients with OSA to discontinue the use of CPAP. In order to monitor patient adherence it is fundamental that patients schedule follow up visits to the dentist to evaluate the deterioration or maladjustment of the oral device, evaluate the health of the oral and craniofacial structures and integrity of the occlusion and assess the patient for signs and symptoms of worsening OSA. Intolerance and improper use of the OA are potential problems for patients using OAs, which require patient effort to use properly.

OAs may aggravate temporomandibular disorder and may cause dental misalignment and discomfort that are unique to each device. In addition, OAs can be rendered ineffective by patient alteration of the device. Specific side effects differ widely in types and severity, but most are of a dental nature: sore teeth, gum problems, sore jaw muscles, excessive salivation, difficulty chewing in the morning, dry mouth and change in occlusion.

Guidelines of Recommendations for the Use of Oral Appliances

The American Academy of Dental Sleep Medicine (AADSM) is one of few organizations that has begun to address the issue over the past 25 years through the development and delivery of educational pro-

Oral appliances have been demonstrated to improve nocturnal oxvaenation as well as the adverse health and social consequences of OSA and snoring.

grams in dental sleep medicine along with the devel-Tribest, one of the main dental disposable and material manufacturers & exporters in China We are looking for exclusive "TRIBEST" brand agent all over the world.Except Qatar, Jordan. tal Disposable Dental Syringes & Tips New items 00000 CC Matrix Band



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opment of a certifying examination in dental sleep medicine that is now administered and maintained by the American Board of Dental Sleep Medicine (ABDSM).

Since the publication of the initial position statement by the American Academy of Sleep Medicine (AASM) in 1995, the clinical use of oral appliances for the treatment of snoring and obstructive sleep apnea has markedly increased. The scientific literature has grown considerably, particularly related to clinical outcomes after use of oral appliances, and hence the American Academy of Sleep Medicine (AASM) and the American Academy of Dental Sleep Medicine (AADSM) commissioned, in 2015, a "Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnea and Snoring with Oral Appliance Therapy:An Update for 2015".

A joint task force conducted a systematic review of the literature and developed evidence-based recommendations. This evidence was counterbalanced by an assessment of the relative benefit of the treatment versus the potential harms. The strength of each recommendation in the guideline was not only made based on the quality of evidence, but also incorporated patient preference along with other factors such as cost, value, and other patient-related factors. All of the studies to evaluate the efficacy and risks of oral appliances were conducted by dentists with considerable experience in dental sleep medicine. The board of directors of both the AASM and AADSM approved the final guideline. Published by the Journal of Clinical Sleep Medicine (JCSM), the purpose of the guideline is to replace previous recommendations for the use of oral appliances in the treatment of OSA and snoring.

OSA is a chronic disorder and would be best diagnosed and followed by a sleep physician in cooperation with other healthcare providers the patient may be going to treatment (their primary care physician, a qualified dentist, etc.)

For a successful delivery of oral appliances, patients must refer to a "qualified dentist" with technical skill, acquired knowledge and judgment regarding outcomes and risks of these therapies. Training in how to provide oral appliance therapy is uncommon in dental schools, so not all dentists have the training or experience required to deliver knowledgeable care and application of the literature to practice dental sleep medicine. As physicians diagnose and subsequently refer patients with OSA to select dentists to evaluate for oral appliance therapy, they should seek qualified dentists who have a valid state license and proof of liability coverage and possess additional training or experience in this area of care.





Summary of Recommendations According to the AASM and the AADSM Guideline*

The AASM and the AADSM expect this guideline to have an impact on professional behavior, patient outcomes and possibly, healthcare costs. The recommendations define principles of practice that should meet the needs of most patients in most situations.

The Use of Oral Appliances for Treatment of Primary Snoring in Adults

• We recommend that sleep physicians prescribe oral appliances, rather than no therapy, for adult patients who request treatment of primary snoring (without obstructive sleep apnea).

Oral appliances (OAs) reduce the frequency and intensity of snoring, improve sleep quality for both patients who snore and their bed partners and improve quality of life.

OAs should be recommended for patients who snore who fail conservative measures (such as weight loss, positional therapy and avoiding alcohol) and request further treatment. Diagnosis of primary snoring should be rendered by a sleep physician and not a dentist, as snoring is frequently accompanied by OSA and misdiagnosis can have serious implications for the patient.

The Use of Oral Appliances for Treatment of Obstructive Sleep Apnea in Adults

2. When oral appliance therapy is prescribed by a sleep physician for an adult patient with obstructive sleep apnea, we suggest that a qualified dentist use a custom, titratable appliance over non-custom oral devices.

A systematic review of the evidence has shown that custom, titratable OAs reduce the AHI, arousal index, and oxygen desaturation index and increase oxygen saturation to a greater extent than do non-custom OAs. The evidence supports the use of custom, titratable OAs over other types of appliances. The available data also suggest that OAs effectively improve daytime sleepiness. The reduction in subjective daytime sleepiness achieved with custom titratable OAs is not inferior to that reported with CPAP therapy. The evidence indicates that OAs are also effective in improving quality of life (QOL). Specifically, custom, titratable OAs provide moderate improvement in QOL outcomes. The data on QOL is very limited for custom, non-titratable OAs and therefore their use cannot be recommended to improve QOL.

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• We recommend that sleep physicians consider prescription of oral appliances, rather than no treatment, for adult patients with obstructive sleep apnea who are intolerant of CPAP therapy or prefer alternate therapy.

A patient whose OSA does not improve with the use of CPAP or is intolerant to CPAP may benefit from the use of an OA. Overall, the discontinuation of therapy due to side effects occurs less when using OAs versus CPAP to treat adult patients with OSA. Although OAs have been shown to improve physiologic sleep parameters, continuous positive airway pressure (CPAP), in our meta-analyses, was found to be superior to OAs in reducing the AHI, arousal index, and oxygen desaturation index and improving oxygen saturation, and therefore, should still generally be the first-line option for treating OSA. We suggest that qualified dentists provide oversight— rather than no follow-up—of oral appliance therapy in adult patients with obstructive sleep apnea, to survey for dental-related side effects or occlusal changes and reduce their incidence.

Minimization of side effects may improve adherence and thereby patient outcomes. Several studies demonstrated dental interventions to mitigate side effects. Additionally, knowledge of dental materials and a variety of dental devices including the knowledge of the patients' dental status will likely ensure fewer side effects. A qualified dentist will be able to screen for many problems and choose and/or build the OA with features to minimize the side effects of the therapy. A qualified dentist will have the skills to choose the proper OA and make necessary modifications to accommodate patients who, among other things, may have allergies to metals or acrylics, are strong teeth grinders, or have anatomical deviations. The patient's history and exam, appliance preference, and review of any side effects should be taken into account to avoid device breakage, allergic reactions or discomfort that leads to frustration or discontinuation of the therapy.

• We suggest that sleep physicians conduct follow-up sleep testing to improve or confirm treatment efficacy, rather than conduct follow-up without sleep testing, for patients fitted with oral appliances.

The overall grade of evidence for support of follow-up evaluations and testing by sleep physicians is low due to a lack of evidence. However, the discussion sections in most research studies report significant improvement in OA efficacy when changes were made to the appliances based on data obtained either during or after the sleep studies. While insufficient evidence exists to produce a meta-analysis, the available data suggest that subjective feedback is not sufficient to determine the optimal setting of the OA in the management of OSA. Without objective data the patient may, unnecessarily, remain sub-optimally treated. Follow-up sleep testing by sleep physicians should also be considered for OA-treated patients who develop recurrent symptoms, show substantial weight changes, or receive diagnoses of comorbidities relevant to OSA.

• We suggest that sleep physicians and qualified dentists instruct adult patients treated with oral appliances for obstructive sleep apnea to return for periodic office visits—as opposed to no follow-up—with a qualified dentist and a sleep physician.

A review of the evidence suggests that patients may benefit from periodic follow-up visits with a physician and with a qualified dentist. Several studies have demonstrated that adjustments made to the OA by a dentist, based on data obtained from PSGs and home sleep apnea tests conducted by a physician, may result in greater long-term improvement in OSA. The absence of periodic follow-up visits may result in suboptimal improvement in OSA or side effects that increase risk for discontinuation of therapy.

* For a complete and detailed reading of the guideline: http://www.aasmnet.org/Resources/clinicalguidelines/Oral_appliance-OSA.pdf

Sources:

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Health and Oral Care in South Africa

Author: Silvia Borriello

ne of the strongest economies in the African region, South Africa is a dynamic and complex country.A vibrant civil society and a middle-income nation that has dedicated substantial resources to health and human capital investments, with a progressive Constitution that guarantees the right to healthcare.

South Africa health system consists of a large public sector and a smaller but fast growing private sector, varying from the most basic primary healthcare, offered free by the state, to highly specialized, hi-tech health services available in both the public and private sector. The public sector is stretched and under-resourced in places. While the state contributes about 40% of all expenditure on health, the public health sector is under pressure to deliver services to about 80% of the population. National Health Insurance (NHI) is the central means by which the government aims to achieve universal coverage, under the principles of social solidarity and equity elaborated in the National Development Plan. Under NHI, six work streams are establishing the implementation roadmap (i.e. Establishment of NHI Fund, benefit package, purchaser-provider split, role of private medical schemes, finalizing the NHI policy papers and strengthening of District Health system). The private sector, on the other hand, is run largely on commercial lines and caters to middle- and high-income earners who tend to be members of medical schemes. It also attracts most of the country's health professionals. South Africa spends more on voluntary private health insurance (42%) as a share of total health expenditure than any other country in the world. It serves, however, only around 16% of the population. Private hospitals account for 26% of bed capacity but engage 55% of doctors and most specialists. This two-tiered system is not only inequitable and inaccessible to a large portion of South Africans, but institutions in the public sector have suffered poor management, underfunding and deteriorating infrastructure. While access has improved, the quality of healthcare has fallen. The situation is compounded by public health challenges, including the burden of diseases such as HIV and tuberculosis (TB) and a shortage of key medical personnel. Despite the high expenditure from the government aimed at improving hospitals and strengthening public health ahead of the National Health Insurance scheme, health outcomes remain poor when compared to similar middle-income countries and the South African government is responding with a far-reaching reform plan to revitalize and restructure the healthcare system, including:

- Fast-tracking the implementation of the National Health Insurance scheme, which will eventually cover all South Africans
- Strengthening the fight against HIV and TB, non-communicable diseases as well as injury and violence
- Improving human-resource management at state hospitals and strengthening co-ordination between the public and private health sector
- Deploying "health teams" to communities and schools
- Regulating costs to make healthcare affordable to all
- Increasing life expectancy



The South African Experience in Oral Health Needs

Given the historical inequities in oral health service delivery, a huge burden is placed on the public health system to deliver adequate and appropriate oral health services. However, the South African Government's policies regarding the new National Health Insurance (NHI) scheme should significantly boost the South African dental products market by creating greater access to dental treatments. This initiative will not only improve basic dental services, but also increase the number of elective surgeries, brightening the prospects of dental product vendors. The market is expected to experience greater investments in elective and cosmetic surgeries, as the country shakes off the effects of the economic downturn. The Government has been conducting oral health campaigns to create awareness about the importance of oral health. As oral diseases are largely preventable, the country is giving top priority to oral health promotion and primary prevention. These strong marketing and educational campaigns, along with an expanding older population, will give a leg up to the dental products market. The rising prevalence of oral diseases in major pockets of the South African population, especially the underserved, disadvantaged and urbanising communities, has caused healthcare bodies in the country to sit up and take notice as high levels of oral diseases result in a greater demand for oral health professionals, equipment, facilities as well as financial resources to cater for the above needs. Almost 90% of the population in South Africa has suffered dental caries and required dental treatment. Aged people require more tooth replacements and restorations and South Africa, with the largest elderly population in Southern Africa, more than I in 8 people (5.6 million) are aged 50 and above and over 7% (2.9 million) are aged 60 and above, presents a goldmine of opportunities to dental product manufacturers.

Oral Health Professionals and Facilities

As oral health services remain a low priority in terms of budgetary allocations, oral health workers face challenges in service delivery that are further complicated by limited access to communities because of poor infrastructure. The lack of oral health professionals and facilities mostly contributes to unmet oral health needs in South Africa. In spite of discordant figures, 165,371 gualified health practitioners in both public and private sectors were registered (March 2012) with the Health Professions Council of South Africa, the health practitioner watchdog body. Among these, 5,560 are dentists of which just above one half are currently practising in the country as mostly have emigrated to developed countries such as the United Kingdom due to inadequate remuneration and infrastructure. There are currently five institutions in South Africa that produce approximately 400 graduates every year. To serve the vast patient pool in South Africa, colleges have added compulsory community service to dental graduates' training, so the underserved sections have better access to basic dental care. The value of human resource allocation for the delivery of oral health services cannot be understated. The current number of oral health professionals is not adequate to meet the population's oral health needs in the public sector as shown in table below.

Province	Population	Oral Health Professionals	Ratio per one oral health professional
KwaZulu-Natal	10 645 400	685	15 540
Gauteng	9 700	1800	6217
Limpopo	5 439 600	165	32 967
Western Cape	5 223 900	1011	5167
Northern Cape 103 900		55	20 070
Eastern Cape 6 743 800		221	30 514
North West	3 200 900	214	14 957
Free State	2 824 500	147	19 214
Mpumalanga	3 617 600	229	15 797

Ratio of oral health professionals to populations in South Africa in 2010

Source: Lehohla PJ. Mid-year population estimates by province. Statistics South Africa. Statistics release [serial online]. (P0302); 2010:4 [cited 2012 May 19]. Available from: http:// www.statssa.gov.za/publications/P0302/P03022011.pdf Fisher R. Oral health professionals statistics by provinces. The who, what & where of health care. Medpages Statistics [serial online]. 2010:1–2 [cited 2012 Jun 20]. Available from: http://www.medpages.co.za



Figures indicate that provinces such as Limpopo and Northern Cape have few, if any, oral hygienists employed in the public sector. This is of particular concern because preventive community oral health services are driven primarily by oral hygienists. This implies that preventive services in many provinces are lacking thereby further justifying the need to

explore other opportunities, such as integrated oral health service delivery, to ensure that basic oral health needs are met.

On the other hand, records indicate that a significant higher number of professional nurses are employed by the public sector in comparison to oral health professionals as shown in table below.

Province	Population	Oral Health Professionals	Nurses	Ratio per one oral health professional and/or registered nurse
KwaZulu-Natal	10 645 400	685	2045	3899
Gauteng	9 700	1800	5299	1576
Limpopo	5 439 600	165	470	8566
Western Cape	5 223 900	1011	2757	1386
Northern Cape	03 900	55	279	3305
Eastern Cape	6 743 800	221	1540	3829
North West	3 200 900	214	814	3113
Free State	2 824 500	147	703	3322
Mpumalanga	3 617 600	229	815	1044

Ratio of oral health professionals and professional/registered nurses to populations in South Africa in 2010

Source Lehohla PJ. Mid-year population estimates by province. Statistics South Africa. Statistics release [serial online]. (P0302); 2010:4 [cited 2012 May 19]. Available from: http://www.statssa.gov.za/publications/P0302/P03022011.pdf Fisher R. Oral health professionals statistics by provinces. The who, what & where of health care. Medpages Statistics [serial online]. 2010:1–2 [cited 2012 Jun 20]. Available from: http://www.medpages.co.za



These records, in general, highlight the importance of identifying the human resource disparities occurring on a provincial basis. A possible reason for this disparity in human resource allocation may be rooted in the historical inequities in oral health service delivery. Repeated attempts were made to address these historical imbalances in oral health service delivery, but disparities still exist in post-apartheid South Africa.

The urban-based, curative-driven, individual-focused delivery of oral healthcare suggests that oral health services in South Africa are still based on the principles of the bio-medical model. This is contrary to national policy statements on oral healthcare. The impact on the quality of life, exacerbated by the shortage of adequately trained oral health professionals, demands a re-look at oral health planning efforts. There is a need for effective preventive interventions, early identification of oral diseases and appropriate referral for treatment. Collaboration and integration of oral examination and oral health education into primary nursing care could positively impact the human resource shortage in oral health services.

Integrated oral healthcare delivery

Multiple disease presentations occur as a result of lifestyle practices and it is therefore important that all healthcare providers consider the inclusion of oral examinations as part of the whole body examination. In fact, oral diseases, especially dental caries, can co-exist with other chronic diseases such as obesity, diabetes and respiratory infections. Studies have also shown a distinct inter-relationship between severe periodontal disease and diabetes, as oral diseases co-morbid with other general health conditions. Health service integration is the bringing together of different health activities that share common health goals. Healthcare providers at primary healthcare centers are generally the 'first line' of health workers to meet basic health needs. Community members visit primary healthcare providers far more frequently than they would visit oral health professionals.

These visits present opportunities for early identification of oral diseases, oral health education and referral for appropriate management of oral diseases.

However, the process of integration faces a number of challenges in South Africa. These include high workload resulting in low staff morale, insufficient information or skills, lack of administrative support to guide the integration process and a mismatch between the policy development and implementation processes. Integrated oral health service delivery is widely cited in health policy documents in South Africa, but research shows that the health policy process offers very little, if any, direction on the actual translation of these policy statements into implementable programmes. The implication of this lack of support and guidance by health management at district level is that the actual process of programmatic integration is left with the 'grass-root' health worker.

Registered nurses' direct contact with communities makes them the ideal category of staff to consider for integrated oral health service delivery. Early oral examinations will help early detection of oral disease, thereby preventing or minimizing the development of serious oral health conditions that could require advanced clinical management or hospitalization.

Apart from early detection of oral diseases, the potential exists to implement comprehensive integrated preventive and awareness programs thereby contributing to a reduction in the burden of oral diseases.

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The need to provide comprehensive health services with a strong preventive focus is entrenched in health policy statements in South Africa. The integration of specialized health services into primary healthcare is seen as an effort to reduce the isolation of services and increase accessibility to the communities, with the rationale being that such integration would be beneficial to both the community and oral health professionals.

The value of integrating oral health education and oral examinations into nursing care at primary health care level is evident. However, programmatic health integration remains a philosophical concept that struggles to translate into practice in South Africa.

The integration of specific oral healthcare into nursing care at primary healthcare level has the potential to address the current shortages in oral health human resources, but more importantly - this approach provides a viable platform to ensure comprehensive management of the patient.

Inputs in the education curriculum and continuing education for registered nurses on issues such as oral examination and oral health education can contribute to turning programmatic health integration into a reality.

South African Dentists' Confidence

According to surveys, South African dentists' confidence in the healthcare environment remains low. South African dentists remain concerned about the inclusion of cover for dental benefits in medical schemes. Only few believe that medical schemes will provide adequately for oral health and their concerns about the implementation of the National Health Insurance (NHI) initiative continues to grow as only few are confident that it is the correct solution to fix the country's ailing health system. Such low levels of confidence of dentists are of major concern as these are a crucial component of the medical industry so it is vital that they feel included within the many changes currently taking place within the medical and healthcare space.

As such, in a country where the health outcomes are poor, despite the high percentage of GDP allocated to health, the need to focus attention to prevention and primary care. Very few patients understand the limitations of dental cover through their Medical Aid Schemes, or the fact that scheme rates offered to dentists, in many instances, fall way below the actual costs of treatment and service.



The inadequacy of current funding models to provide sufficiently for dental care could ultimately lead to the demise of the profession.

Statistics released by the Government Employees Medical Schemes revealed that 41% of women and 31% of men suffer from oral disease in South Africa, with 64% of women and 56% of men having lost some of their teeth. These alarmingly high statistics reveal the dire need for the dental profession to be included within any new healthcare structures that are being proposed by government.

According to surveys only 24% of dentists would encourage their children to enter their profession. This is extremely concerning as South Africa is facing a huge shortage of dentists.

The fact that they would not want their children to follow their footsteps speaks volumes about how they currently view the opportunities available in their profession.

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The First 18 of 27 Factors Consolidating Business!

Is it possible to foresee success? Is it possible to know if we have elaborated a good or bad strategy ahead of time?

Author: Prof. Antonio Pelliccia Marketing & Health Management Faculty of Medicine Catholic University of Rome Policlinic A. Gemelli of Rome University Vita e Salute of Milan Hospital S. Raffaele of Milan

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fter the international success on the "Basic 56 Principles for Startups", we are now dealing with the 27 factors consolidating business. For a competitive enterprise in the healthcare sector, specifically in the dental one, research, development

and business control are absolutely essential areas to consolidate success. By identifying a list of factors it will be possible to concentrate on the really important main areas, avoiding waste of efforts and resources. Their explication will be the outcome of the involvement of the whole team at different communication levels. Synergy is basic to lead the company or the single project towards common objectives. BUT let's see which are the 27 factors consolidating business.

They correspond to a limited number of areas in which an enterprise needs to focus to reach positive results and to guarantee a constantly growing, competitive and effective return. The factors consolidating success enable the creation of a sim-

plified scheme of an enterprise's competitive reality, by selecting the different keys of the organizational and management model, according to a rational criterion, as such measurable.

We are continuing from factor 10 as the first nine have already been listed (see Infodent 2/2016).



The question to ask for each strategic target is "what is essential in order to reach such target?"

- **10)** Analysis of decisional processes priorities. It becomes necessary to identify and adopt methods structured to choose improvement initiatives priorities and to manage the planning of such projects as well as to constantly monitor their development through systematic check up cycles and final review. As such, a decision is characterized by the chosen action, its nature and its consequences (its result). According to the decision-maker degree of knowledge on the nature of the action, we can distinguish between:
 - decisions in situations of certainty;
 - decisions in situations at risk;
 - decisions in situations of uncertainty.
- 11) Quality Perceived. The main activity for competitiveness is always to plan improvement and, in order to obtain best results at the best added value, it is necessary to consider improvement as a structured activity, developed according to defined projects and objectives, systematic, run by managers and revised during its realization just like a real process in which its phases, obligations, timings, responsibilities, resources, indicators and objectives are defined. It is always necessary to a have a scheme identifying the main phases of the process of improvement, its planning and development as

a logical consequence of Quality, as such no longer separated from it but as "Perceived Quality".

12) Strategic plan of the socio-economic factors and present market.

- These are the important areas of activity, for an organization to be successful, in which to focus for a limited period of time, until the threshold of acceptability has been reached. The question to ask for each strategic target is "what is essential in order to reach such target?" The plan should be carried out by taking into consideration the platform of growth, profits and the following crucial factors of success:
- Liquidity: active cash flow, revenues and profit margins growth
- Future: acquire new customers and/or distributors
- Customer satisfaction: is the customer satisfied?
- Quality: how is service or product quality?
- Service or product development: what's new that could increase business through existing customers or by attracting new ones?
- Intellectual capital: increase what is profitable
- Strategic relationships: new sources for business and products, different from revenues
- Ability to attract and preserve: the ability to extend by word of mouth
- Sustainability: ability to keep everything on the run.

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- 13) Evaluate the list of decisional processes, as such the "Decision Tree" in a company organization chart. It's possible that this will help to find new strategic objectives leading to a review of the mission.
- 14) In order to be able to measure the performance of the activity and its business processes a definition of a system of indicators is needed to represent, in one perspective framework, the capacity of the enterprise to carry out its short, medium and long term objectives. Identify how each of the crucial factors for success will be controlled and measured. Not only by measuring results achieved, according to a static analysis, but highlighting the capability of the enterprise to adapt to external environmental changes, according to a dynamic analysis. The indicators measures can be summarized as follows:
 - Cost measures. A first and fundamental indication on the efficiency of processes can be obtained by measuring the costs needed for each single activity and processes as a whole. A satisfying control system (even if subject to criticism) that can guarantee the management of a medium-long term vision is called Activity-Based Costing (ABC).
 - Time measures. Time has gained extraordinary importance as factor of competition. Being measurable and direct (on the contrary to costs that may vary in interpretation) time is widely used as measure in the management of an enterprise. The main time performance measures are called "lead time", process execution actual times. Other time measures can be: "time to market", the rate of new products introduction; "time to order", the rate of stock rotation.
 - Quality measures. Process execution quality measures are the most diversified and complex to analyse. For a correct interpretation of the measuring system it might be useful to differenti-

ate quality produced (or processes quality) from quality perceived. Quality produced consists in the objective validity and efficiency of the process performance and its output, while quality perceived could be defined as the conformity of the offer to the needs of the customer.

- 15) Communicate to the team the crucial factors to success and connected elements. The difference between a group and a messy crowd is that the group has some common targets (to make profit, to give a service or simply survive). If a work group does not reach the requested results it might get frustrated. For those in charge of other people, reaching results is the main criteria for success, whether it be in production, sales or other company sectors. To reach targets the group must be very much united. People need to be coordinated and work in one direction; a work group shall guarantee better global results than the sum of individual efforts. Conflicts within the group must be used productively, and opinion exchanges can lead to exchange of ideas or tensions or lack of coordination. Constant monitoring and revaluation of results is needed to be sure of proceeding towards fixed targets.
- **16) Organizational stress and signs of uneasiness.** Work stress is usually linked to monotony, difficulty in having a working rhythm, commitment rhythm and length, lack of support. Through many studies on stress, the following signs of uneasiness have been identified and some health conditions should be signs of alert:
 - Intolerance in going to work/Absenteeism;
 - Indifference to work/Desire to change job;
 - High level of gossip;
 - Resentment towards the organization;
 - Unusual aggressiveness and irritability;
 - Psychosomatic disorders;

marketing

A first and fundamental indication on the efficiency of processes can be obtained by measuring the costs needed for each single activity and processes as a whole.



- Feeling useless/Insignificant;
- Feeling ungrateful;
- Slow performances;
- Organizational disorder as regards roles, duties etc.;
- Lack of proactiveness;
- Formal adherence to rules and lack of work affectivity.
- 17) Company values to share with the work team at all levels. In this case we can surely say that success also depends from this, often underestimated. Company values are made of entrepreneurial spirit, approach to success, inclination to risk and to responsibilities. For this, Human Resources have gained an ever more central role on realizing that collaborators constitute a real capital for the company. As a consequence the need to start new procedures for the management of human resources, based on growing talents and creating work conditions able to attract them, keeping them inside the company. Companies capable of attracting the best and smartest collaborators will last over time, while those continuing to do "business as usual" will most likely die. The value for shareholders is strictly linked to the commitment of the workforce and to the company's strategic targets. Organizations exploiting the creativity and energy of its collaborators will supply products and services requested by new markets. There is growing awareness that a correct management of human resources can help one's own business to be successful, or, even better, can become a basic element to consider while planning the strategies of an organization.
- 18) Synergy in the structural elements of business Dashboard is the main instrument! Once everyone believed that such "Dashboard" corresponded to Management Control. Today the strategic business factor is the result of an integration plan of syner-

gies from three resources: Economic Resources, Human Resources and Market Resources. The traditional view of just Management Control is gone; it's become theoretical and sterile, it is now necessary to have a well-studied Business Plan to accomplish!

Synergy is the key word. What do we need to know production costs for, if we cannot plan real sales value? How do we know how many customers we will have? Why do we need to analyze expenses data, if we don't know the potential return on investments? These are just some of the hundreds of questions that a company manager asks himself every day. It is important to always consider, as elements of success, access to raw material and relevant prices; the regulatory framework, such as taxes, laws and regulations; the economic contest and price stability, financing conditions; access to capital market; the value of interest rates; knowledge on business risks and possible insurances on business risks; bank relations; investment know-how to obtain profitability; market positioning; productivity; product supremacy; personnel growth; employees attitude; social responsibility; balance between short and long term targets; budget analysis; combined analysis on sensitivity, flexibility and variability; managerial functions and managers' characteristics.

To end this collection of the first 18 of 27 factors consolidating business, I'd like to mention once again that the traditional view of just Management Control is gone; it's become theoretical and sterile, it is now necessary to have a well-studied Business Plan to accomplish! We'll work on the synergies more and more and with these articles we want to highlight the elements. In the future I will develop some schemes, graphics and synthetic charts to put these fundamental elements for entrepreneurship into practice.

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Dentaid Volunteers Work in Refugee Camps in Greece

VOLUNTEERS with the international dental charity Dentaid have treated refugees in desperate need of dental care in two refugee camps in northern Greece.

Amir Badrbeigi, a dentist at Chapel Park Dentistry in St Leonards-on-Sea, was joined by Laura Bailey, a nurse at the same practice, Laura Westbrook, a nurse at DBS Larkhill, near Salisbury and Dentaid's Kerry Crook on the trip to camps at Nea Kavala and Cherso, from July 1-3.

The team worked alongside Health-Point Foundation and The Red Cross to provide emergency treatment for refugees who had been suffering dental pain for months. Working in a tent with temperatures reaching 40 degrees, the team triaged, treated and provided aftercare for their patients. On the first day 38 people received dental treatment and 48 refugees were seen on the second day. Most needed extractions and had developed complex dental problems since fleeing their homes.

"It was an incredible experience and the refugees were lovely people who genuinely appreciated the help we gave them," said UK and European projects manager for Dentaid, Kerry Crook. "The team was brilliant and worked together in difficult conditions to treat as many people as they could. They saw adults and children, many of whom had badly rotten teeth and had been living in awful pain. These people had left their homes in Syria and Iraq, walked well over a thousand miles to reach Turkey and travelled to Greece by boat – they had arrived with nothing. We know there are several other camps in the area where people need dental treatment and we'll be sending more volunteers to Greece in the near future." Dentaid had an incredible response to its appeal for volunteers from kind-hearted dental professionals who had been moved by the refugees' situation. In addition to dentists and nurses, Dentaid is also keen to hear from hygienists and therapists as there is a need for oral health education and toothbrushing programmes in the camps that will be delivered with the help of translators.

If you would like to find out more about volunteering with Dentaid in Greece contact *info@dentaid.org* or call +44 1794 324249.

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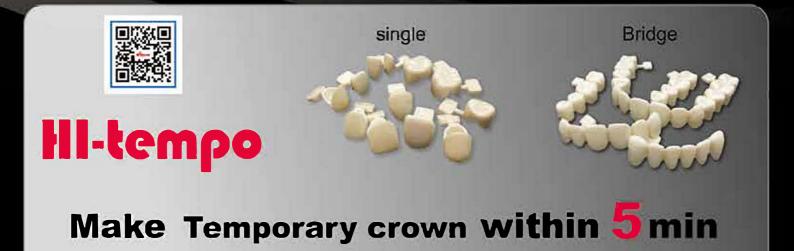
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The 39th Moscow International Dental Forum & Expo DEN-TAL SALON 2016 went successfully in Moscow at the fairgrounds Crocus Expo. The exhibition and forum are usually indicators of trends in the profession and in the dental market as a whole. This time the April Forum and Exhibition evidently added some optimism to the skeptics.

The exhibition proved once again that "Dental-Salon" and "Dental-Expo" are considered two of the most beautiful exhibitions in the exhibition centre Crocus Expo not without reason. The exhibition attracted new participants, long-expected certified novelties appeared. According to the opinions of the majority of participants, the exhibition was successful, exhibitors were satisfied with the results and with the quality and energy of the visitors. At the same time the visitors were very glad to have a wide variety of products and the opportunity to get additional experience and knowledge. The sponsors of the exhibition were the companies "DentImen.Ru" and "Rocada Med", which is present on the dental market for 25 years. In the end, in the exhibition Dental-Salon 2016 participated 405 companies and more than 1.000 brands were present. During the work of the exhibition about 26.000 people came to visit the event, and the total number of participants of the Forum and Exhibition exceeded 30.000.

It's worth saying that not only participants announced novelties at Dental-Salon 2016. The organizers of the exhibition presented a new communication service for exhibitors and visitors – Expodat. The visitors were proposed to use a "Stand visitor card" or simply an electronic visiting card. The exhibitors used a special terminal that contains all the information about the products presented on the booth. With the aid of this service, guests of the booth where the terminal Expodat was located, could momentarily save the information about products and services of the company in their member area, saving their own and managers' time without collecting paper advertisement. Within a framework of the 39th Moscow international dental forum more than 700 various educational and presentation events for dentists were held. Key conference of the Forum -XXXV Russian research and practice conference of the Russian Dental Association "Actual problems of dentistry" for the first time presented symposiums that are accredited in the system of continuous medical education in six dental specialities of the main seven. In total, more than 400 people attended research and practical events of the Russian Dental Association.

We can't emphasise enough the evident success of the 2nd international endodontic congress "Endopoint 2016" that presented an authoritative program at the level of a serious European congress. I2 top speakers from 4 countries attracted about 400 listeners. And the geography of the listeners was very varied from Russia to Australia where the global endodontic congress IFEA will be held this summer.

Dental Tribune International – an absolute leader of the world dental press gave a serious international support to the congress. President of the holding Torsten Oemus participated in the opening of the congress and evaluated it very high encouraging to hold such congresses not only in Russia, but also in other countries. According to the results of the survey, the listeners were also very satisfied with the quality of the scientific program and the organizers heard many thanking words.

Next anniversary exhibition "Dental-Expo 2016" and the 40th Moscow international dental forum will be held 26-29 September 2016 in the international exhibition center "Crocus Expo". The program is already being prepared. The dentists can expect many interesting things. Don't miss it!

Our Contacts:

www.dental-expo.com/dental-salon info@dental-expo.com

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Have you registered for the UK's largest Dental Trade Show?

The annual British Dental Industry Association (BDIA) Dental Showcase is set to be the biggest and best yet, taking place at ExCel London 6-8 October 2016.

Offering something for every member of the dental team to enjoy, show highlights include: discovering the latest innovations in dentistry; visiting over 350 industry-leading stands; seeing a vast array of new and innovative products on display; attending an extensive programme of lectures; getting exclusive show offers; gaining verifiable CPD, and opportunities to network with colleagues and peers during the show.

This year we've expanded the hall to a massive 17,000sqm to accommodate some exciting new developments, to continue to build upon the theme of 'Putting Innovation into Practice'. New features of this year's Dental Showcase include:

• The return of Tech Show to Dental Showcase, in the form of the Go Digital! initiative. Take a look at the transformational technology in this area of dentistry, as well as seeing live demonstrations from some of the best technologists in the business

• Two additional educational theatres, and the extension of our seminar programme with a broader range of the industry's best speakers covering interesting and educational topics

• A meeting and networking zone where you can get together with your peers and colleagues, or make new connections for the future

Get to know your supply chain

With the significant growth of sophisticated counterfeit dental equipment is becoming an increasing concern of the dental industry; aided by the ease of on-line selling, unscrupulous manufacturers and vendors could be catching you out. The BDIA are keen to tackle this issue head-on, and launched its Counterfeit and Sub-standard Instruments and Devices Initiative (CSIDI) to promote awareness of the dangers of counterfeit and illegal dental instruments and devices. The aim is to provide a quick and simple method of reporting incidents and to recommend purchasing only from reputable manufacturers and suppliers. Attending Dental Showcase is a great opportunity to meet reputable suppliers and BDIA members in person, get to know the companies and reps you are doing business with, and establish a legitimate supply chain. While visiting Dental Showcase you can see and touch instruments and devices, view demonstrations and take advantage of genuine show offers and discounts.

There's plenty to see and do over the three days, so get your free ticket now at www.dentalshowcase.com

Notes to Editors:

The BDIA represents and supports a diverse range of manufacturers and suppliers of dental products, services and technologies, to the benefit of members, the dental profession and the public. BDIA members gain access to a range of services designed to benefit them and promote the wellbeing of the industry as a whole, the profession gains the reassurance of dealing with like-minded individuals who are committed to providing a high quality standard of service.

BDIA is a non-profit making organisation, which means that any surplus funds generated from activities such as BDIA Dental Showcase, are re-invested solely for the purpose of developing dentistry for the benefit of our members, the profession and the public.

Reporting of counterfeit and substandard instruments can be done at www.bdia.org.uk/devicereporting

For Further information, please call 01494 782873 or visit www.bdia.org.uk and www.dentalshowcase.com Contact: Nicola McGing nicolamcging@bdia.org.uk

DENTAL BDIA **SHOWCASE** Putting innovation into practice 6-8 October 2016, ExCeL London



16 May 2016, St. Petersburg. On 11-13 May, 2016 the 19th International exhibition Stomatology St. Petersburg was held at EXPOFORUM, St. Petersburg, Russia.

This year 66 companies, including large industry representatives such as JOHNSON & JOHNSON, SUNGO GROUP, OLYMP, VLADMIVA, AVANTA INVEST, ADIN DENTAL IMPLANT RUS, ALVIK MEDEXPRESS, ALTOR MEDICA, AMRITA, ARKOM, VERTEX, GLAXOSMITHKLEIN, JVM TRANSIT, CORAL, CORMED-R, LESNOY BALSAM, MEGA DENT, MEGALIANCE, OMEGA-DENT, OSSTEM, POLIDENT, RAUDENTALL, SENTOR SOFTWARE SPECKOMPLEKT, SPIDENT, SPLAT, STOMA-SERVIS, STOMA-UNIT, STOMADENT, STOMDEVICE, T-MED, TECHNO-DENT-GROUP, TS-DENTA, STRAU-MANN, EUR-MED NEVA, YUNIDENT, YUPAK have presented their expositions. Within three days 3.162 people visited the exhibition.

A saturated business program is an integral part of the Stomatology St. Petersburg exhibition. This year programme attracted over 1000 listeners. Within three exhibition days the following events were held:

• XXI International Conference of Maxillofacial Surgeons and Stomatologists 'Modern technology in dentistry';

• All-Russia scientific-practical conference with international participation "Fundamental and applied problems of periodon-tology";

• seminars, workshops, presentations and other events.

The exhibition organisers are PRIMEXPO, part of the ITE Group, and DENTALEXPO. The joint projects include international exhibition 'Dental-Expo St. Petersburg' which will be held on 27-29 October, 2016 in EXPOFORUM.

The 20th International exhibition Stomatology St. Petersburg will be held on 16-18 May, 2017 at EXPOFORUM, St. Petersburg, Russia.

16-18 May 2017 EXPOFORUM, St. Petersburg, Russia

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Scientific topic

Speaker: Bingzhen Huang M.D.& Ph.D **Title:** CGF&AFG: Basic principle and clinical application

Abstract:

CGF (Concentrated Growth Factors), AFG (Autologous Fibrinogen Glue) are autologous fibrin and fibrinogen without any additive

(anticoagulant and activator). In this presentation, I will show you how to make autologous fibrin, fibrinogen, thrombin easily and discuss with you the basic difference of autologous blood production (PRP, PRGF, PRF, CGF, AFG) and how and why these productions work.



Speaker: Dr. Liu Shuangbin

Title: Treatment of aesthetic and structural alterations of the Mucogingival Junction (MGI)

Abstract:

The purpose of this course is to provide a brief analysis of the gingival reconstruction of teeth and implant from an aesthetic and a structural point of view, according to scientific evidence and through the clinical experience of the operator. The course will provide a wide range of information and procedures of reconstructive surgery. Limits, errors and possible complications will be analyzed supported by extensive clinical cases.

Business topic



Speaker: Emanuele Elo Usai **Title:** 32 Dental marketing ideas for successful dentists

Abstract:

Is being a good dentist enough to attract patients into your practice? The answer is no. This

course aims to provide dentists some starting points needed to prepare and develop a marketing and communication strategy to improve their dental practice. A journey in 32 points across case histories and creative ideas, starting with the importance of identifying the business goals and continuing with traditional, non-conventional and digital ideas to increase the revenue.

> Date and time: 27th of October, 2016 13.00 - 17.00 Free entry, write to prc@infodent.com to book your seat and your coffee break pass.

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The 20th China Int'l Exhibition & Symposium on Dental Equipment, Technology & Products

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 Co-organized by: Shanghai Stomatological Association / College of Stomatology, Shanghai Jiao Tong University / Shanghai Research Institute of Stomatology / School of Stomatology, Tong Ji University / Shanghai Stomatological Disease Center

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October 26~29, 2016

Shanghai World Expo Exhibition and Convention Center Shanghai, China

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August

September



• 25-27/08/2016

Videc 2016 The 9th Vietnam International Dental Exhibition & Congress

(Hanoi - Vietnam)

Organised by: Vietnam Odonto Stomatology Association (VOSA) 40B Trangthi Street Hanoi Phone:+84 4 826 9723 Fax:+84 4 825 8882

Venue: Cultural Palace 91 Tran Hung Dao Hanoi,Vietnam

• 07-10/09/2016

FDI 2016 Annual World Dental Congress accompanied by World Dental Exhibition

(Poznan - Poland)

Organised by: Exactus Sp.j. PL 90-418 Lodz Al. Kosciuszki 17 Phone:+48 4263 22866 Fax: +48 4263 22859 Email: exhibition@fdi2016poznan.org

Venue: Poznan Congress Center

www.fdi2016poznan.org

Infodent Booth: Hall 8 B39-40



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• 25-28/09/2016

China Dental Show 2016 CDS - The 18th CSA Annual Meeting

(Shanghai - China)

Organized by: Chinese Stomatological Association (CSA) and Reed Sinopharm Exhibitions Co., Ltd. 15th Floor, Tower B, Ping An International Finance Center, No.1-3, Xinyuan South Road, Chaoyang District, Beijing, P.R. China Phone: +86 10 84556607 Website: www.reed-sinopharm.com

international Sales & Marketing Manager: Mr Leo Liu Phone: +86 10 845 56607 Mobile:+86 1370 1016 544 Email: yao.liu@reedsinopharm.com

Venue: National Exhibition and Convention Center (Shanghai)

www.chinadentalshow.com



• 26-29/09/2016

Dental Expo Moscow 2016 40th Moscow International Dental Forum & Exhibition

(Moscow - Russia)

Organised by: Dental Expo B.Yakimanka 38A, I staircase, 2 floor (Metro ''Oktyabrskaya'', ''Polyanka'') Moscow Russia Phone: +7 495 921 4069 Fax: +7 495 921 4069 Email: info@dental-expo.com

Director of Moscow exhibitions: Ms Natalia Khokhlova Email: rus@dental-expo.com

General manager: Mr Ilya Brodetski Email: brodetski@dental-expo.com

Venue: Fairgrounds Crocus Expo, Pav. 2, Halls 5, 7, 8 Myakinino Subway station Moscow Russia

www.dental-expo.com/eng.html

Infodent Booth: Hall 7, stand P102.3



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29/09-01/10/2016

EAO 2016 -European Association of Osseointegration Congress

(Paris - France)

EAO Congress organisation and scientific secretariat office c/o Colloquium 13-15 rue de Nancy 75010 Paris - France Phone: +33 | 44 64 15 15 Fax: +33 | 44 64 15 16 E-mail: eaocongress@clq-group.com Website: www.eao.org

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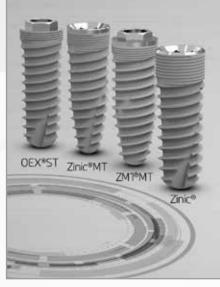
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October

• 06-08/10/2016

BDIA Dental Showcase London 2016

(London - United Kingdom)

The British Dental IndustryAssociation Email: admin@bdia.org.uk Phone: +44 1494 782873 Website: www.bdia.org.uk

Contacts: Sales & Event Manager: David Lonergan Email: sales@dentalshowcase.com Phone: +44 1494 417219

Darran Lacey Exhibition Co-ordinator: Darran Lacey Email: DarranLacey@bdia.org.uk Phone: +44 1494 781188

Venue: ExCeL Exhibition Centre London UK

www.dentalshowcase.com

Infodent Booth: A20



• 06-08/10/2016

Sofia Dental Meeting 2016

(Sofia - Bulgaria)

Sofia Dental Meeting "Krum Popov" 62 Sofia 1421 - Bulgaria Tel:+359 2 866 2257 +359 884 27 84 83 Email: sofiadentalmeeting@gmail.com sofiadentalmeeting@dir.bg office@sdm.bg

Venue: Ramada Hotel

www.sofiadentalmeeting.com

• 06-08/10/2016

Pragodent 2016 -The 24th Annual of International Dental Fair

(Czech Republic)

Organised by: INCHEBA EXPO PRAHA, spol. s r.o. Vystaviste 67, 17090 Praha 7 Email: info@incheba.cz Website: www.incheba.cz

Contacts: Project Manager: Ing. Marcela Benesova Phone: +420 220 103 491 Fax: +420 220 103 492 Email: m.benesova@incheba.cz

Venue: Incheba Expo Praha

www.pragodent.eu/en.html

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• 13-15/10/2016

Dental World 2016 16th edition

(Budapest - Hungary)

Event Organizer Hungary Ltd. Hungary 1012 Budapest, Kuny Domokos utca 9 Phone: +36 1 202 2994 Fax: +36 1 202 2993 Email: info@dental.hu Website: www.dentalworld.hu

Venue: HUNGEXPO Budapest Fair Center Add: 1101 Bp, Albertirsai út 10 Budapest - Hungary

www.dentalworld.hu

Infodent Booth: Josef Szababo Promenade



calendar



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• 26-29/10/2016

DenTech China 2016 The 20th International Exhibition and Symposium on Dental Equipment Technology and Products

(Shanghai - China)

UBM China (Shanghai) 9F, CIROS Plaza, No 388 Nanjing West Road, Huangpu Shanghai, 200003 China

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Venue: Shanghai World Expo Exhibition and Convention Center Shanghai - China

www.dentech.com.cn

Infodent Booth: F70-71-96-97 Hall 1



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Printer/Stampa: Graffietti Stampati Snc S.S. Umbro Casentinese Km. 4,500 Montefiascone (VT)

n°3/2016 - aut. trib. VT n°528 del 21-07-2004 Quatrimestrale di informazione tecnico scientifica Costo copia - Euro 0.77

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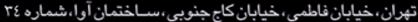


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