



Dental news ADA responds to article in The Atlantic

# AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG JULY 8, 2019

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Campaign rules updated for presidentelect, second vice president candidates The 2018 ADA House of Delegates adopted new rules governing the candidacy announcements for ADA president-elect and second vice president, effective at the opening of the 2019 House of Delegates session.

The updated Election Commission Rules Governing the Conduct of Campaigns for All ADA Elective Officers now require candidates to formally announce no later than the final day of the ADA



annual meeting that comes before their candidacy if they wish to campaign outside their trustee districts. Send email notification of intent to run for office to Dr. Kathleen T. O'Loughlin, ADA executive director, at oloughlink@ada. org and copy Diane Ward, Administrative Services, at wardd@ada.org.

For candidates who announce after the last day of the annual meeting preceding their candidacies, their campaigning will be limited to their own trustee districts.

#### **JUST THE FACTS**

# Citizenship In 2018-19, more than nine out of 10 first-year students in U.S. dental schools were U.S. citizens.

Source: ADA Health Policy Institute, hpi@ada.org, ext. 2568.

# Virgin Islands hosts oral health summit

# ADA president, others discuss territory's five-year plan

#### BY JENNIFER GARVIN

Baltimore — ADA President Jeffrey M. Cole traveled to the U.S. Virgin Islands June 20 to meet with the Virgin Islands Dental Association and other stakeholders to discuss the territory's five-year oral health plan.

The ADA and Virgin Islands Dental Association, called VIDA,

CDC issues updated HPV vaccine recommendations, Page 12

are working together to address the territory's oral health care needs and how to remove barriers to care.

"We are proud to work closely

with elected officials and a committed group of dentists to improve oral health for U.S Virgin Islanders," said Dr. Cole in a news release. "Over the past several months, the ADA and VIDA have formulated an oral health care plan for the territorv that VIDA dentists are ready to initiate. No one is more dedicated than Virgin Islands dentists, hygienists and other dental staff to see all Virgin Islanders free of dental decay and pain. This summit was a necessary step to begin moving forward on this strategic plan."

During the visit, Dr. Cole met with Virgin Islands Gov. Albert Bryan Jr. and health officials to discuss dental

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# **Montana dentist parachutes into Normandy** to reenact D-Day on historic anniversary



Togetherness: Dr. Annette Dusseau and her husband, Shawn Modula, smile before Miss Montana takes off.

### **BY DAVID BURGER**

Normandy, France — Doing what no woman could have done in 1944, Dr. Annette Dusseau jumped out of a World War II plane June 5 over Normandy, commemorating the actions of the heroic paratroopers who spurred the Allies' epochal 1945 victory in Europe.

The Montana dentist and her husband, Shawn Modula, were among the more than 200 people from around the world who jumped out of WWII-era planes over what was once a French war zone to honor the D-Day invasion of June 6, 1944.

"I am still tingling," Dr. Dusseau said three weeks after the event, in which she wore a WWII paratroop-

er uniform replica and jumped from a Missoula C-47 plane, dubbed Miss Montana. Once owned by the Johnson Brothers Flying Service of Missoula for smokejumpers, the aircraft was built in 1944.

Jumping out of perfectly good airplanes is nothing new for Dr. Dusseau, who served as a U.S. Army dentist for 13 years and once underwent airborne training in Fort Benning, Georgia. It was at Fort Benning where she met her husband, who was an Army Special Forces commander at the time. He also donned a replica uniform and jumped out of the Miss Montana immediately after his wife.

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## **Students learn to screen for diabetes**

#### BY JENNIFER GARVIN

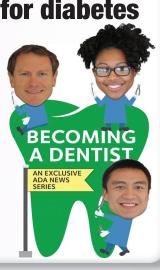
Baltimore — Class was just underway and already the dental students were thinking about numbers.

LaShonda was surprised to get 86 — she thought she'd be higher.

Ben and Dan were certain they'd be in the 100s. Were they wondering about their latest lab grades? Not this time. As students in Dr. Gary Hack's diabetes class, they were challenged with guessing their blood glucose levels.

Learning about the importance of blood glucose levels is part of the University of Maryland School of

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## **Diabetes**

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Dentistry's diabetes block. Each year, all second-year dental students learn how to measure the blood glucose levels of university dental clinic patients. The program, which is supported by an ongoing grant from the Maryland Office of Oral Health, helps the future dentists understand the relationship between oral health and diabetes so that they can better treat their future patients.

Diabetes continues to be a growing problem in the U.S. and worldwide. According to the Centers for Disease Control and Prevention, more than 100 million U.S. adults have diabetes (over 30 million) or prediabetes (over 86 million). Many don't realize they have the chronic disease, which can affect their oral health. Oral manifestations of diabetes can include gingivitis, periodontitis, xerostomia, thrush, impaired or delayed wound healing, increased incidence and severity of infections and parotid salivary gland enlargement.

"Twenty-seven million people will see a dentist in a year, and not see a physician," said Dr. Hack, a professor in the school's department of advanced oral sciences and therapeutics. "Since periodontal disease is one of the first signs of diabetes, dentists should begin to monitor their patients with diabetes and screen at-risk patients for diabetes and prediabetes."

Today's class begins with students testing their own blood glucose levels using a glucometer. Before arriving, they were encouraged to eat breakfast but not everyone had time for a meal. High blood sugar, known as hyperglycemia, is defined as a value of more than 140.

With his love of gummy bears and soda, Dan said he was a little surprised to learn his blood glucose reading was only 107. He was wor-



Test time: Dan and Ben test their blood sugar levels.



**Oral-systemic connection:** Dr. Hack gives a lecture on diabetes at the University of Maryland School of Dentistry on April 25.



Watch me: LaShonda demonstrates to the class how to test and read blood glucose levels.

ried it would be higher.

"I have a family history of diabetes — both grandparents on my dad's side have diabetes," said Dan.

Ben, who skipped breakfast that morning, was surprised to find his number was 93.

"Knowing my score was a little high (for me) that day is enough

motivation for me to tweak my lifestyle," Ben said.

LaShonda, who ate eggs before coming to class, guessed her reading would be around 110 instead of the 86 she measured.

Testing themselves and learning how to use the glucose meters is a key part in preparing for their up-

> coming work in UM-SOD's dental clinic. In the clinic, a blood glucose test is offered to patients who have diabetes risk factors. According to the CDC, those risk factors include being overweight, being over 45, having a parent or sibling with type 2 diabetes and not being physically active. Students refer patients found to have high blood glucose levels to medical colleagues at the university or to their primary care providers. The clinic makes glucometers and A1C blood test pointof-care instruments available to do this.

> "Diabetes is a systemic disease that is a risk factor for gum disease," Dr. Hack told the class. "People with poor glucose control are more prone to periodontal

disease and that makes it more difficult to control blood sugar levels.

"There is a bidirectional relationship between oral health and diabetes.

"Some people even think that chronic, severe periodontal disease can actually initiate diabetes," he continued, "so there is a huge relationship."

When it comes to diabetes and dentistry, it's personal for Dr. Hack, who has been living with the disease for more than 30 years and wears a continuous glucose monitor and insulin pump. He launched the diabetes course at UMSOD in 2014.

During his lecture, Dr. Hack broke down some typical scenarios that could occur when a person with diabetes comes in for treatment.

"There was a patient who came into the clinic and was asked what his blood sugar was and he said, 'It's perfect," Dr. Hack recalled. "However, the student had taken this course and when she took his blood sugar, she found it was extremely high. The student was then able to refer the patient back to his physician.

In another, he described a patient testing with a low blood sugar reading. That patient might be given orange juice and tested again 15 minutes later before proceeding with treatment.

For the future practitioners, Dr. Hack advised keeping glucose tablets or juice on hand for these situations — both of which the university clinic currently does.

"People do not generally go to a physician without symptoms, but we see otherwise healthy people every day," Dan said. "Our role in health care puts us in the perfect position

### **Screening for** prediabetes, diabetes could help patients

In September 2018, the ADA Science Institute published an article in the Journal of Dental Research and Clinical Translational Research that looked at whether performing diabetes risk assessment in the dental office had the potential to identify people unaware that they might have diabetes or prediabetes.

Authors Cameron Estrich, Dr. Marcelo Araujo and Ruth Lipman, Ph.D., analyzed the data of more than 10,000 adults in the National Health and Nutrition Examination Survey from 2013 to 2014 and 2015 to 2016. The authors found that 7.7% of U.S. adults had seen a dentist but not a medical provider in the past 12 months and that 31.37% of these adults would be identified as being at high risk for prediabetes according to the CDC Prediabetes Screening Test; and that based on hemoglobin A1c, 15.8% had either prediabetes or diabetes.

From these data, they estimated that doing a diabetes risk assessment during the dental visits has the potential to alert an estimated 22.36 million adults of their risk for prediabetes or diabetes. They concluded that incorporating diabetes risk assessment into routine dental visits would enable people with prediabetes to take action to decrease their risk of developing diabetes and had the potential to get people with diabetes to engage in treatment to decrease their risk of diabetes-related complications.

to screen for these types of illnesses. Given the fact that a majority of people in the U.S. with prediabetes do not even know, it makes sense that we should offer these routine tests for each of our patients."

"At this point in time, dentists can't diagnose diabetes, but because diabetes is such an epidemic, I believe dentists will one day be able to. I've talked to endocrinologists about this, and they're overwhelmed. They would welcome the help," Dr. Hack said.

LaShonda said she's up for the responsibility.

"I absolutely plan to use glucose meters in the future. If they will give me a more comprehensive view of my patient's health status, they're worth the effort," she said.

The ADA currently has no policy on dentists screening for diabetes, but the ADA Code on Dental Procedures and Nomenclature approved codes in 2018 and 2019 for reporting HbA1c in-office testing and blood glucose level tests using a glucose meter. Dr. Hack attended the Code Maintenance Committee meetings to support both of these codes.

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