



COMMON SENSE DENTISTRY

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Real evidence-based dentistry

WHAT TREATMENT FAILURES FRUSTRATE DENTISTS THE MOST? From my own practice of nearly 40 years and lecturing to thousands of dentists each year, I would rank failed restorations and TMJ patients among the two highest frustrations for dentists in their practices.

Add implants to the practice, and this makes dentists absolutely crazy when there is a loose implant, loose or broken implant screw, or a failed restoration on top of an implant.

So what is the root cause of most of these frustrations? There is no such thing as putting in a single restoration without it being affected by all the other conditions that affect the patient. This is why proper examination, testing, diagnosis, and treatment planning are essential for every patient to achieve maximum success for a long-term prognosis. Testing? When did that get added to the mix? Keep reading about what I call “real evidence-based dentistry.”

Let’s bring real evidence-based dentistry to patients with objective testing of the actual patient being treated. Consider the medical treatment model of today as the one dentistry should strive for. The most common medical diseases today are treated based on real-patient evidence-based data specific to that patient. Blood tests are routinely taken that measure diabetic patients before and during treatment for best therapeutic results. Most successful medical treatment protocols today are based on real evidence-based testing of the individual patient.

Let’s take a look at global evidence-based numbers and bring it to the individual patient level in dentistry. Let’s look at the numbers of the most common dental diseases and how they play a role in dental treatment planning. The Academy of General Dentistry reports one in three patients have bruxism. In addition, the American Academy of Sleep Medicine reports approximately 40 million people in North America suffer from obstructive sleep apnea (OSA), of which many exhibit significant and destructive sleep bruxism. What are these statistics telling us?

Every dentist has experienced those patients whose teeth are ground down to little nubs, yet who swear they don’t grind their teeth. Who needs the headache of these kinds of cases that cause you to lose sleep at night or lose

your breakfast when you see that patient on your schedule with another broken crown?

With a condition as prevalent and destructive as bruxism, every single patient needs to be tested as to whether or not they have bruxism and to what extent. Using the STATDDS home bruxism/sleep monitor (STATDDS.com), the only monitor of its kind that can quantify bruxism data, we can determine the patient’s bruxism episodes index (BEI) before any treatment begins. This will quantify for you as the treating clinician and for the patient exactly what their bruxism issues are.

Once you have the patient’s individual evidence-based data, then you can effectively come up with an evidence-based treatment plan. For example, if the patient has a BEI greater than 5.0 (very destructive bruxism), you want to incorporate botulinum toxin (Botox or Xeomin) and a bruxism appliance into the treatment plan to decrease the intensity of their bruxism, thereby keeping their crowns, veneers, or implants from loosening or breaking. High BEI patients also require very high-strength restorative options and cements, such as zirconium crowns (BruxZir, Glidewell Labs) cemented with a resin-reinforced glass ionomer (FujiCem 2, GC America).

If a patient has a high BEI and apnea/hypopnea index (AHI that measures OSA), botulinum toxin and a mandibular advancement appliance (EMA, Glidewell Lab) would be a more appropriate treatment addition to the patient’s restorative needs. The dental clinician can retest and see posttreatment evidence-based data, which will verify the treatment success.

Bruxism monitoring is a concept strongly endorsed by my good friend Dr. Gordon Christensen and the American Academy of Facial Esthetics (AAFE), as evidenced by the on-demand and DVD programs available from PCC Dental and the AAFE. Bring evidence-based dentistry into your dental practice to eliminate the most common broken restorative frustrations that drive you and your patients crazy, and to get the best possible therapeutic outcomes for patients. It’s time for practicing dentists to stop the bruxism guessing game. **DE**

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