

Chapter 1

Exposition of the Conference Theme

N. Vergel de Dios

Private Periodontal Practice, Manila, Philippines

Introduction

On behalf of the Executive Committee of the Asian Pacific Society of Periodontology, I welcome you all to Chennai, India. Time has gone so quickly and it has been two years since we last met in my home country, on the island of Mactan, Cebu, Philippines. Much has transpired around us since then. We saw how natural calamities like the tsunami in December 2004 that swept through our region and more recently the earthquake last October 9th that struck India, Pakistan and Afghanistan, had rendered us helpless and devastated. Likewise, the threat of terrorism not only in our region, but also in the United Kingdom and the United States of America continues to hound us. The second bomb attack in Bali, Indonesia once again shattered our peaceful existence. Internal political conflicts and unrest grips my country; other domestic problems may have beset your own individual countries as well. But life indeed goes on, and since we all share the common goal of continually uplifting the science of periodontology in our region, here we are gathered once again to try and understand how we can apply to clinical practice what we are able to observe in the laboratory.

Evidence-based clinical practice

The 21st century ushered in a shift towards evidence-based clinical practice. Developments in treatment procedures and techniques and the knowledge information explosion including changes in social and cultural patterns have all placed greater demands on clinical decision making (Worthington & Needleman 2005). Clinical decision making involves using the best available evidence to support the treatment options chosen by the clinician with the concurrence of, or in consultation with the patient (Needleman *et al* 2005). Needleman *et al* (2005), further contend that evidence-based dentistry, as an approach to patient care, needs to be substantiated by research data. It cannot however substitute for a well-developed clinical competence or skill (Needleman *et al* 2005).

Periodontal research

We have amongst us in the group, some of the best periodontal researchers in the region. Today, we will examine research directions and advances in periodontal aetiology, diagnosis, and clinical protocol as appropriate in the Asian Pacific region. Our speakers will also discuss the clinical applications of current research in the following areas: disease recognition and

prognosis, periodontal pharmacotherapeutics, and periodontal wound healing and regeneration.

Results of systematic reviews or research synthesis on different areas of periodontal research show that several variabilities and heterogeneities among studies exist and that there is a lack of data on long-term clinical outcomes and patient-centered outcomes (Trombelli 2005).

Osseointegrated oral implants

We have seen how osseointegrated oral implants dominated periodontal research in the early eighties up to the nineties and extensively changed the demeanor of clinical practice in recent times, particularly in the more developed countries of the world. In the Philippines, and elsewhere in the Asian region where oral implant placement procedures can be costly, where the average man earns US\$6 per day, and where no government subsidy could be expected for medical much less dental treatment, clinical practice and research has remained focused on disease control. It has even led to redirecting our efforts and attention back to oral health promotion and prevention of caries and periodontal diseases. Most of our clinical efforts are aimed at tooth retention rather than at extraction of periodontally involved teeth. To replace or substitute these extracted teeth with oral implants may never be considered as a treatment option because tooth substitutes and even fabrication of dentures and prosthodontic appliances to replace missing teeth are not at all affordable to the average dental patient.

Regenerative procedures

The disparity in our socio-economic status bespeaks of the way our specialty is practiced in the region. Researchers in the developed

countries like Australia which ranked number three of the Top 10 in the 2005 Human Development Index of the United Nations and Japan at number eleven, the only Asian country in the Top 20 of the same report (Contreras 2005), focus on reconstructive and regenerative procedures. Regenerative procedures like Guided Tissue Regeneration (GTR) can have additional benefit in terms of clinical attachment gain, probing depths reduction and bone defect fill. I address this question to all of you; will a 0.02 mm or a 2.6 and even up to a 2.9 mm attachment gain really matter to someone whose main concern is to provide for his children's education and which means him foregoing a dental visit to save for his children's tuition and school fees for the next semester?

Reconstructive procedures

I salute the men and women who have devoted time and great effort to discover methods to achieve reconstruction of osseous defects. The development of bone grafts and other biomaterials in the attempt to regenerate lost periodontal tissues is truly noble. The use of grafts and other biomaterials have shown greater bone fill as well as greater clinical attachment gains (Renvert *et al* 1985). However, Trombelli (2005) stated that the addition of a bone substitute to a periodontal membrane does not produce any further benefit in the management of intraosseous defects using GTR as culled from two available systematic reviews. While the shift in research focus of developed member countries had changed over the years to tooth substitutes, i.e. oral implants, among the less developed member countries of the APSP, research continues to be devoted towards tooth preservation and finding clinical procedures by which to control disease and preventing disease recurrence. The importance of supportive

clinical care to decrease the incidence of tooth loss cannot be overlooked.

Enamel matrix proteins

Studies on the effect of Enamel Matrix Proteins (EMP) as an agent for regenerating periodontal attachment apparatus have shown promising results in in-vitro studies (Rincon *et al* 2003, Yoneda *et al* 2003). Again, information on long-term clinical outcomes to confirm the effect of EMP on the stability of periodontal support and tooth survival needs to be ascertained (Trombelli *et al* 2005). To us in the less developed countries, we can only sit back and watch all these developments happen because our governments do not possess the financial capability to support any of our research. We envy you and wish that we too can contribute in all these developments.

The role of the Asian Pacific Society of Periodontology

At the end of today's presentations I hope each of us will be able to address the reason for our being here today. Where do we go from here? How do we help each other out with developing our specialty not only in our individual countries but in our region as a whole? To each of you a fruitful meeting ahead!

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