

Selected Abstracts for Papers and Posters Presented during the IXth International Congress of Oro-Dental Health and Management in the Black Sea Countries. May 2011

It is not possible to publish all the abstracts for oral and poster presentations given during last month's IXth International Congress of Oro-dental Health and Management in the Black Sea Countries. The following are a small selection. Apart from formatting into a uniform style, and the correction of spelling mistakes, they are published virtually as they appeared in the conference handbook, without editing.

SMOKING, SALIVARY COTININE AND CLINICAL AND MICROBIOLOGICAL PARAMETERS OF PERIODONTAL DISEASE IN ADULTS AGED 35–44 YEARS

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Aims The aims of this study were to evaluate the smoking prevalence, the salivary cotinine levels and their relationship with the clinical and microbiological periodontal parameters.

Methods This study used cross-sectional surveys, made on 286 subjects (stratified multistadial sampling design; 6% sampling error, 95% C.L.); the unstimulated salivary cotinine levels were measured using NicAlert™ Saliva; the smoking status was evaluated on a questionnaire basis; the periodontal status was assessed by clinical examination and measurement of CPI, PPD and LA (W.H.O. 1997 criteria); the salivary anaerobic bacteria associated with chronic periodontitis (Socransky classification) were identified using the mini API expert system (API® strips). Ethical permission and written consents were obtained for these studies. *Statistics* used SPSS 12.

Results the cotinine levels were: 0 -16.4%, 1—36.0%, 2—6.6%, 3—9.1%, 4—9.8%, 5—14.7% and 6—7.3%. The questionnaire's analysis shared the subjects in: nonsmokers—55.9% and smokers—44.1%. The mean number of sextants (\pm S.D.)

with different values of maximum PPD in non-smokers vs. smokers was: PPD = 3mm-4.18 (\pm 2.25)/3.49(\pm 2.28); PPD = 4-5mm-1.02(\pm 1.67)/1.27(\pm 1.63); PPD = 6 mm - 0.28(\pm 0.91)/0.57 (\pm 1.27). Smokers showed a lower number of sextants with maximum PPD=3 mm and a higher number of sextants with maximum PPD=6 mm than nonsmokers (ANOVA; $p < 0.05$). The mean number of sextants (\pm S.D.) in each LA score in nonsmokers versus smokers was: LA=0- 3.69(\pm 2.39)/2.67 (\pm 2.39); LA=1-1.43(\pm 1.65)/1.78(\pm 1.66); LA=2-0.41(\pm 0.89)/0.65(\pm 1.18); LA=3-0.01(\pm 0.11)/0.16 (\pm 0.52); LA=4-0.00(\pm 0.00)/0.08(\pm 0.48). Smokers showed a lower number of sextants with LA=0 than nonsmokers and a higher number of sextants with LA=3 and 4 than nonsmokers; they also showed a higher pathogenicity of the anaerobic bacteria than nonsmokers (ANOVA; $p < 0.05$). The salivary cotinine was positively correlated with the number of sextants with maximum PPD>3mm and also with the mean number of sextants with LA=1 ($p < 0.05$).

Conclusions the results of these studies showed that smokers had evidence of more severe periodontal disease than nonsmokers; the salivary cotinine levels were correlated with the severity of periodontal disease measured by maximum PPD and LA and also with the pathogenicity of the anaerobic salivary bacteria.

Acknowledgement This work was funded by CNCIS-UEFISCSU, project PNII-IDEAS 1216/2008.

SALIVARY COTININE AND NICOTINE DEPENDENCE IN ADULTS AGED 35-44 YEARS FROM CONSTANTA

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Aim To evaluate the relationship between the salivary cotinine levels and nicotine dependence in 35-

44 year-olds from Constanta. Ethical permission and written consents were obtained.

Methods In a cross-sectional study of 286 participants (6% sampling error, 95% C.L.), the unstimulated salivary cotinine levels were measured using NicAlert™ Saliva; the evaluation of the Heaviness of Smoking Index were made on a questionnaire basis. Statistics used SPSS 12.

Results The salivary cotinine levels were: 0 – for 47 subjects (16.4%), 1 – for 103 subjects (36.0%), 2—for 19 subjects (6.6%), 3—for 26 subjects (9.1%), 4—for 28 subjects (9.8%), 5—for 42 subjects (14.7%) and 6—for 21 subjects (7.3%), higher in males than in females ($p < 0.05$). The mean HSI was higher ($p < 0.05$) in males (4.12 ± 1.44) than in females (2.03 ± 1.41); the nicotine dependence levels were: low for 41 subjects, moderate for 48 subjects and heavy for 27 subjects. There was a significant correlation ($p < 0.05$) between the salivary cotinine levels and HSI.

Conclusions These results showed that measuring the salivary cotinine by NicAlert™ Saliva is a valuable method for studying the tobacco use and dependence in cross-sectional surveys. Given the high values of smoking prevalence and nicotine dependence obtained in this study, efforts have to be made for increasing the public policies for smoking cessation in our country.

Acknowledgement This work was supported by CNCSIS – UEFISCSU, project number PNII – IDEAS 1216/2008.

MODERN EUROPEAN POLICIES IN PUBLIC HEALTH

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According to the Treaty, EU has the mandate to complement national policies on health, in order to achieve a high level of human health protection. The EU policies are directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health, by protecting people from health threats and disease, promoting healthy lifestyles and helping national authorities in the EU cooperate on health issues. In some areas, mentioned by the treaty—blood, tissues, cells, and organs, communicable

diseases etc—the EU can propose laws that contribute to improving people’s health. In other areas, defined as under the subsidiarity principle, EU proposes strategies and recommendations. One of the essential documents on health, The White Paper “Together for Health: A Strategic Approach for the EU 2008-13” aims to deliver concrete health improvements in Europe, based on four principles and three major objectives. It is implemented in tandem with Member States, regions and stakeholders, through some financial and organisational instruments created by the Commission. In line with this document, EU brings together the Members States, to develop and implement strategies for tackling the most detrimental risk factors for health (such as , lack of physical activity, or illicit drugs) and for controlling the modern challenges of our society like ageing, antimicrobial resistance, health technologies. The member states have to participate as actively as possible to these processes in order to be able to develop reliable national actions for protecting the health of their citizens.

PROMOTING SOCIAL INCLUSION THROUGH THE DEVELOPMENT OF HUMAN AND INSTITUTIONAL RESOURCES IN THE AREA OF COMMUNITY CARE IN ROMANIA

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Introduction: The relationship between social determinants and health disadvantage and inequalities is well known in literature. Moreover vulnerable groups tend to have more severe health problems than the average population and rural areas are more affected by poverty. One way of addressing this issue is by developing the institutional and human resources in the area of community care. This paper looks at the training program developed in two regions of Romania, addressed to the strengthening of the community care network and the recognition and development of the community nurse profession.

Discussion: The National School of Public Health,

Management and Professional Training in Health, Bucharest coordinates a EU program on Human Resource Development (AMPOSDRU) called *“Promoting social inclusion through the development of human and institutional resources in the area of community care”*, having as partners the University of Timisoara and local Public health authorities from Timis and Mures districts. The project takes place in two development regions of Romania (West and Centre), with the aim of reducing disparities and inequalities in access to health care and social services, of vulnerable populations, especially from rural areas and the improvement of professional training in the area of community care. The training program included curriculum development, elaboration of a manual and 12 training sessions in different areas including health promotion, medical ethics, community care and social support for nurses, Roma mediators and social workers, working as a team at local level. In total a number of 353 persons were trained. The evaluation of the program was done by means of a questionnaire administered after each module. The results are presented in this paper. The course was considered by all professions as necessary and useful, the most appreciated characteristics being the use of practical applications, the flexibility and readiness to answer questions of the trainers, the presentation style and positive atmosphere, the working in small groups and the encouragement to think for themselves; 90% of participants said they would recommend the course to other colleagues. Some commented that more time needs to be allocated to certain subjects.

Conclusions: The training program was well received. Even though the participants came from different backgrounds, the topics were easily understood especially due to the practical applications, exercises and role-play. Teamwork was emphasised and that helped the exchange of information and experience among trainees.

THE OCCURRENCE OF ORAL CANCER IN ROMANIA AND ITS IMPACT ON HEALTH STATUS

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Cancer of the oral cavity was the eighth leading

cause of cancer death worldwide in 2000. Cancer of the oral cavity includes malignant tumours arising from a variety of sites in the upper aero-digestive tract (lip, tongue, floor of the mouth, gingivae, palate, buccal mucosa, buccal vestibule and salivary glands). Nearly 90 percent of these oral cancers are carcinomas. The occurrence of oral cancer in Romania was account for 4000 cases in 2005, respectively 4000 cases in 2009, resulting in an cumulative incidence rate of 18.50 per 100000 people in 2005, respectively 22.68 per 100000 people in 2009. The highest incidence rate was reported for males from the 55-64 year age group. The tongue remains the most common site of oral cancer, with 5.84 cases per 100,000 people in 2009. Numerous studies to date have shown that tobacco products and excessive alcohol consumption are the primary risk factors for oral cancer. Other potential risk factors are exposure to certain viruses (*Papillomavirus*). Early diagnosis of oral cancer should reduce morbidity and decrease mortality with implication of clinicians and public.

IMPROVING PATIENT ACCESS TO MEDICAL SERVICES: THE DEVELOPMENT OF THE SINGLE PROGRAMMING PATIENTS CENTRE (SPPC)

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Coordinated service delivery model of SPPC is based on a vision in which the patient is placed in the centre (patient-centred), stable and continuous, based on prevention and promoting continuity of care and socio-health integration.

The objective that SPPC is planning to make a platform for e-health services for integration between the territory and hospital support: the network of community hospitals, hospitals to automate their processes of care; Medical doctors (GMM) and dental practitioners (MMD) network in the relationship between patient and hospitals, pharmacies and other points of contact between citizens and the health system to allow programming of expert services and other services to be available later. This

proposal for achieving e-health platform has the potential to replace the existing systems, but wants to make these systems interoperable.

E-health services platform is based on several pillars: Register of assisted population, the citizen's medical record; Network of Family Physicians (GMM) and Doctor of Dental Medicine Network (MMD) system for access to benefits (SPPC) which becomes the centre prescription weight-cycle supply-reporting, Hospital Information System.

Platform for e-health services needs technological tools to ensure the operation and in particular: portal services, system privacy and identity management, exchange and communication systems to ensure interoperability and integration between heterogeneous systems to have access to reports, medical records, discharge letters etc.

Keywords: single centre programming, e-health platform, health care management

INFECTION TRANSMISSION PREVENTION IN THE DENTAL OFFICES— EVALUATION OF KNOWLEDGE AND ATTITUDES IN THE NORTH-EAST REGION OF ROMANIA

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Introduction The complex and unique nature of the dental procedures, instrumentation and patient-care settings require specific strategies directed to prevent the transmission of pathogens among dental healthcare workers and their patients.

Aim The aim of this study was to evaluate the level of knowledge and the current attitudes regarding infection control in the dental offices in the North-East Region of Romania. **Methods** A questionnaire-based study was conducted including 152 dentists (72.4%-females, 27.6%-males) aged between 25-65 years, from North-East Region of Romania. The questionnaire included 42 questions of which 9 were related to infection control current procedures and attitudes in six counties from the North East region of Romania. Data were statistically analysed using the SPSS 14.0 program and

chi-square test ($p<0.05$).

Results The majority of the dentists (83.6%) consider that the Universities must provide a substantial education regarding infection control through post graduation courses but 7.2% of the subjects are not sure about their utility. The clinical decision referring to patient's treatment is influenced by his infectious status for 67.8% of the dentists. From those 19.1% have over 20 years work experience and 48.0% are females. Almost all dentists (93.4%), regardless gender (96.4% females and 87.8% males) declare to perform periodical testing regarding blood-borne viral infections (hepatitis B, C and HIV). The disinfection of the dental unit between patients is considered useless by 6.6 of the subjects . The complete protection equipment is used for all the patients by 86.2% of the dentists but 12.5% of them apply this protection only for the infectious ones. 76.3% of the dentists use for sterilisation the steam (autoclave) and 23.7% use the dry heat (poupinel). The majority of the dentists (74.3%) consider that the patient must always be informed about infection control adopted measures but 21.7% declare to do so only in) some particular cases.

Conclusions Dentists knowledge and attitudes towards infection control must be improved by educational interventions in order to adhere to the European standards.

Acknowledgement This research was supported by the European Project “ Ergonomics, prevention and performance management in dental medicine by adopting European standards” Contract:POS-DRU/81/3.2/S/55651 , 2010- 2013 –Project funded by European Social Fond “Invest in People”

INTEGRATION OF PREVENTION IN THE PRACTICE OF ORAL AND DENTAL MEDICINE

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Oral health promotion and oral diseases prevention should be addressed especially to children, as the factors influencing the health of a growing organism directly impact on adult health status. The

World Health Organization underlines the importance of dental caries primary prevention methods, including fluoridation, adoption of healthy behaviours concerning diet and oral hygiene, dental sealants and appropriate use of oral healthcare services. Important differences are seen between European countries in what concerns organisation of oral healthcare systems, funds allocated to oral healthcare, oral health promotion and preventive programs. In most industrialised countries the adoption of preventive measures has a long history, while countries in the south-east region of the Europe still confront financial and organisational obstacles. In Romania, caries preventive programs addressed to children consisted mainly in fluoride mouth-rinses and oral health education, but governmental funds are still needed in order to improve oral health status.

Acknowledgement This research was supported by the European project “Ergonomics, prevention and performing management in dental medicine by adopting European standards. Contract:POS-DRU/81/3.2/S/55651, 2010-2013 – Project founded by European Social Fond Invest in People”

DENTIST’S ATTITUDE TOWARDS PREVENTION IN NORTH-EAST OF ROMANIA

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Aim The aim of this study was analysed of attitudes and knowledge of the dentists of N-E region of Romanian country.

Methods A questionnaire-based study was conducted including 152 dentists (72.4%-female, 27.6% males) aged between 25-65 years, from North-East Region, Romania. The questionnaire included 11 questions related to preventive practices in the dental office. Data were statistically analysed using the SPSS14.00 program and chi-square test ($p=0.05$). Results: The evaluation of the results was based on experience level in years: Gr.1=0-5, Gr.2=5-10, Gr.3=10-20, Gr.4=more 20.

Results The results shows that majority of the subject made primary prevention: local fluoridation

73% (111), oral hygiene 83.6% (127), sealants 73.7% (112), scaling 89.5% (136) and only 25% (38) secondary prevention by restoration preventive with resins and most are in the Gr.3 $p=0.05$. Most practitioners know that they can influence both the risk of caries and periodontal disease Gr.3=38.2% (58) and recommend a certain brush technique Gr.3=39.5 (60) being aware that it is effective in removing plaque Gr.3=40.1 (61) $p=0.000$.

Conclusions Lack of interest of dentists from the methods of primary and secondary prevention of major oro-dental diseases is on absence of a dental prevention national programme that to stimulate the attachment of specialists in prevention.

Acknowledgement This research was supported by the European project “Ergonomics, prevention and performing management in dental medicine by adopting European standards. Contract:POS-DRU/81/3.2/S/55651, 2010-2013 – Project founded by European Social Fond Invest in People”

CURRENT WORKING PRACTICES IN PREVENTION IN DENTISTS FROM SOUTH-EASTERN REGION OF ROMANIA

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Introduction This lecture’s objective is to present the activities and the results of the studies made by Ovidius University of Constanta, Faculty of Dental Medicine, as partner within the “Ergonomics, Prevention and Performing Management in Dentistry by alignment to the European standards” Project, POSDRU/81/3.2/55651. In the frame of this project were provided researches on current practices in the field of ergonomics, prevention and management in five development regions of Romania. After developing the methodology and research tools for these studies by the project beneficiary, SRED (Romanian Society of Dental Ergonomics), these instruments (questionnaires) were distributed to the representative samples for the five regions. As responsible for these activities in the South-Eastern Region of the country.

Aim The aim of this study made by Ovidius University was to evaluate the current working

practices in prevention in dentists from six Districts: Constanta, Braila, Galati, Tulcea, Buzau and Vrancea.

Methods the study was made on a representative sample (stratified multistadial sampling) of 292 dentists (95% C.L., 5.16% sampling error); the assessment tool was a questionnaire with 42 questions, 12 of these being analysed in these studies, as they assess the current practices in prevention.

Results 93.5% of subjects (n=273) consider that universities should offer more prevention lectures; 70.9% of subjects (n=207) are practicing local topical fluoridations, 89% (n=260)—professional oral hygiene, 75.3% (n=220)—classical sealing, 28.4% (n=83)—extensive sealing and 95.2% (n=278)—scaling; 87.3% (n=255)/80.8% (n=236) of subjects believe they can influence the patient's caries/periodontal risk; 86.3% (n=252) recommend individualised tooth-brushing techniques; 18.5% (n=54) are not influenced in clinical decision by the concern for infection transmission in a possibly infected patient; 81.8% (n=239) perform periodic testing for the main diseases transmitted by blood; 60% (n=204) use dry heat sterilisation and 66.4% (n=194) use wet heat sterilisation; 88.4% (n=258) consider that the individual protection equipment must be complete in all patients, regardless of labour.

Conclusions the results of these studies clearly demonstrated the need to increase the awareness and skills of dentists from Romania regarding the prevention of oral-dental diseases, but especially in preventing transmission of infection in dentistry, in order to achieve the EU desires and to ensure the health and safety at work in dentistry.

Acknowledgement This research has been funded from the Project "Management, Ergonomics and Dental Prevention in alignment with European Standards", Contract: POSDRU/81/3.2/S/55651, Strategic Project financed by the European Social Fund "Invest in people".

CURRENT WORKING PRACTICES IN DENTAL OFFICE MANAGEMENT IN DENTISTS FROM CONSTANTA, ROMANIA

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Introduction For alignment the Romanian dental practice to European standards, assessment and

improvement of the current practices in management is essential.

Aim The aim of the study is to evaluate, based on a questionnaire provided by Dental Ergonomics Society and accepted by the ethics council, the level of knowledge and application of dental management in the offices from Constanta County. Selective sampling was conducted for those who will be included in the study and their written consent was obtained.

Methods The study was conducted on a representative sample of 57 dentists (95% CL 12% sampling error), the evaluation was done using a questionnaire completed face-to-face, which contains 20 indicators that assessed their management knowledge. The results were compared with nationally ones.

Results 21.1% of the respondents hold LLC and 68% are self-employed, 45.6% of respondents said they participated in a dental management course, 95% believe that universities should offer more management courses, but only 75.4% believe that management increases the activity efficiency of dental office, only 45.6% believe that good management ensure office development (63% nationally) 71.7% believes that office management must be made by trained person, 24.6% think that dentists should have to deal with office management (52% national); management tools and standards are used by 57.9% compared to 88% nationally and 15.8% use it for business plan, 39.6% of the subjects performed monthly budget chapters based on objective, 20.8% performed monthly budgets on a cash basis and 36.8% think that this unpredictable, 26.3% of subjects have in offices written procedures for positions and management procedures (11% nationally), 73.7% done pricing policy based on prices prevailing on the market, 21.1% set the prices based on calculated costs beside 33.77% national and 5.3% change the price depending on the patient, 86% of subjects made their marketing policies based on patient satisfaction degree, 54.4% on internal marketing, 15.8% on external marketing, 43.9% of the respondents have dental assistant as associate, 36.8% have employed a dental assistant but its role is limited to answering the phone, 52.6% to prepare the materials, only 38.6% helped with the medico-dental work.

Conclusions Study results further demonstrate the

need to increase the level of knowledge of dental management on Constanta's dentists. Because we are not hiring receptionist, the assistant is doing their work, diminishing the quality of medico-dental care.

Acknowledgement This work was funded by POS-DRU/81/3.2/S/55651 project.

UTILISATION OF MANAGEMENT, PREVENTION AND ERGONOMICS IN DENTISTRY IN ROMANIA

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Aim The main aim of the study was to find out the training level in ergonomics, prevention and management of staff in modern dentistry. This objective will provide courses that will increase adaptability of workers, promoting flexible forms of work organisation and professional training.

Methods The total volume of the sample was 300 subjects allotted to the five national development centres that participate at the study: Bucharest, Ilfov Bucharest, Iasi, Constanta, and Timisoara. Maximum error is +/- 4.0% at a confidence level of 95%. Data collection is done by a questionnaire survey. Questionnaires will be filled by the "face to face", method in the dental office. Interpretation of results is achieved by medical biostatistics.

Results Included: 79% of respondents believe that dental office management increase efficiency in the office activities and ensure a continuous development of business (63%). A significant proportion (27%) believe that management can ensure the flow of patients in the office that represents an important element for a healthy long term business. 86.80% respondents believe that universities should offer more postgraduate courses in Dental Ergonomics. 73.0% of the subjects declare that the preoccupation for infection risk influences their clinical decision. The concern for infection transmission prevention was found to be higher in female than in male subjects and in the 35–45-years age group ($p < 0.05$).

Conclusions Management is not a notion or a charming or seductive approach: It is at least an

additional workload when we are in the process of implementing a change management or organisation need a quality approach. Management is a set of universal rules that every dentist should know them, but the most important thing is to teach him to adapt to specific human medical and dental practice. This is the point where it should be defined the role of the management consulting which teach the practitioner to adapt to the theories and practices in the infrastructure management and human resources from a dental office.

The most difficult task for the manager in charge of direct management and control of a dental office is to harmonise the following parameters: the technical level, major ethics, medical degree and professional expertise in team management, human resources skills profile (leverage technical, behavioural and relational motivation), its development objectives, and above all, its decisions proactive and articulate vision of his dental office.

Acknowledgment This research was supported by the European Project "Ergonomics, Prevention and performance management in dental medicine by adopting European Standards" Contract: POS-DRU/81/3.2/S/55651, 2010-2013

RESEARCH CONCERNING THE SALIVARY FLOW CHANGES IN HYPERTENSIVE PATIENTS UNDER BETA-BLOCKERS DRUG THERAPY

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Introduction Xerostomia or dry mouth consists in abnormal reduction of salivary secretion. Although there are many causes for xerostomia, medication is the first in producing the sensation of dry mouth. A group of drugs commonly used in hypertensive disease treatment is represented by the beta-blockers.

Aim The goal of the current study is to remark salivary flow changes in hypertensive patients that received specific drug therapy with beta-blockers.

Methods The research was carried on 45 patients, aged between 45- 62 years divided in two groups: a study group (24 cardiovascular patients under specific drug therapy with beta-blockers) and a control group (21 clinically healthy patients). Salivary tests

were done for measuring the salivary flow rate at rest and in stimulation conditions. The results were expressed in ml/min.

Results In this study, the value of the salivary rate flow was 0.50 ± 0.07 ml/min in the control group vs. 0.20 ± 0.05 ml/min in the study group ($p < 0.01$). After stimulation, the value of the salivary rate flow was 1.0 ± 0.12 ml/min in the control group vs. 0.7 ± 0.14 ml/min in the study group.

Conclusions Xerostomia induced by different drugs (e.g. beta-blockers) represent a reality encountered in dental practice. Unrecognised and/or untreated, the dry mouth can significantly affect the life quality.

A PILOT STUDY OF A FURTHER ASSESSMENT OF ORAL HEALTH OF OVER 55-YEAR-OLDS WHO ATTENDED THE SOCIAL CENTRE FOR DENTISTRY IN CONSTANTA, ROMANIA, BETWEEN OCTOBER 1, 2010 AND MARCH 31, 2011

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Aims The aim of this study was to continue to pilot the assessment of the oral health of over 55-year-olds in Constanta, Romania, as a second part of a pilot study developed between January 2009 and January 2010.

Methods A self-reporting questionnaire with 22 questions (pre-formulated and ethically approved) was developed and given to a convenience sample of 278 patients aged over 55 years who attended the Social Centre for Dentistry in Constanta for routine care and treatment between October 1, 2010 and March 31, 2011.

Results All questionnaires were completed. The majority (172; 62%) were female. One hundred and eighty one patients (65%) had either fixed or removable prostheses. However only 69 (25%) of them are still happy with their current oral prosthesis, although the majority (173; 62%) admit that they have serious oral problems. Two hundred and fifty-nine (93%) reported that they would rely on their dentist to choose the type of prosthesis for

them. However, a large majority (201; 72%) consider prosthesis being too expensive.

Conclusions The sampling technique goes again in this pilot study towards the use of a convenience sample from one urban centre. The main findings from both pilot studies may be used and applied to the Nursing Home in Constanta where additional information can be obtained.

MICRO-INVASIVE APPROACH OF NON-CAVITATED CARIOUS LESIONS ON THE SMOOTH SURFACES OF TEETH

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Introduction White-spot lesions represent the first visible aspect of enamel caries. Remineralisation of these lesions of smooth surfaces of teeth frequently occurs only in the superficial layer of the enamel, the underlying body of the lesion remaining porous. This behaviour explains the persistence of white or brown aspect due to enamel penetration by certain pigments, food stains, tobacco and chromogenic bacteria. Icon technique proves to be an invaluable and efficient therapeutic method with such clinical cases.

Methods Icon represents an innovative product designed for the treatment of non-cavitated lesions of smooth surfaces of the teeth. The clinical protocol consists in conditioning the surface of the lesion with 15% hydrochloric acid for two minutes, followed by the infiltration of the lesion by a low-viscosity composite for three minutes, which is subsequently light-cured. The final aspect of the treated lesion is highly aesthetic, resembling sound enamel.

Results. A number of ten non-cavitated lesions – seven on the labial surfaces and three approximal lesions – have been restored by Icon method between November 2010 and April 2011 in the Restorative and Aesthetic Dentistry Departments of Constanta Faculty of Dental Medicine. Following Icon therapy, the treated lesions showed highly aesthetic appearance, with shiny and smooth surface, resembling sound enamel.

Conclusions. Icon technique proves to be an efficient, micro-invasive treatment method with non-

cavitated smooth surface lesions of teeth. It provides both the infiltration of the body lesion, thus halting demineralisation and also the restoration of aesthetics, a mandatory request with lesions on labial surfaces. In consequence of treating a large number of such lesions, with clinical and radiological monitoring and by comparing them with results of other surveys, more in-depth conclusions can be reached.

CARAVAN OF THE HEALTH AND EDUCATION

Agripina Zaharia, Corneliu Amariei, Cristina Nuca, Aureliana Caraiane, Corina Stefanescu, Carolina Davidescu, Mircea Grigorian—Faculty of Dental Medicine, “Ovidius” University, Constanta, Romania

This poster describes Romanian–Bulgarian cross-border collaboration in oral health that has been run as a project to improve cross-border cooperation within the European Union.

Aim: The aim of the collaboration was to improve the quality of life and health of the population of this essentially rural area and to reduce the differences in oral health between the populations of the two border regions.

Methods: The paper details the selection of the geographic areas involved in the project, the selection of partners and beneficiaries, the selection of the participating pilot clinics, and agreements between local authorities, regional authorities and the Faculty of Dental Medicine, Ovidius University, Constanta, Romania. It then explains how the oral health problems of the population of the cross-border area were identified, the joint planning that was necessary, organising the interactive training sessions and media conferences, the collection of clinical oral health data, the acquisition and distribution of IT equipment for the pilot clinics, the extent of a network to the new partners and the acquisition of a mobile dental clinic for ensuring the free dental examinations and treatments, and also actions for promotion of the Faculty of Dental Medicine in the cross-border area.

Results: The results so far have included better access to oral health care and oral health education for the populations of the border areas, the develop-

ment of Oral Health Cross-Border Research Centre and of the Romanian–Bulgarian Network for Cooperation in the Field of Oral-Dental Health, increasing the availability of continuing professional education for local dentists, and computerisation of the oral health clinics in the cross-border area.

Conclusions: The Romanian–Bulgarian cross-border cooperation has led to the development of professional networks in the field of oral health and the creation of a strong partnership between the local authorities, dentists from the pilot oral health clinics who take part in the cooperation, and the Faculty of Dental Medicine, Ovidius University, Constanta.

Acknowledgement This work has been funded from the European Union, Romania-Bulgaria Cross Border Cooperation Programme 2007-2013, 2-3, 3-4 MIS - ETC Code 652.

ORAL HEALTH KNOWLEDGE, ATTITUDES AND BEHAVIOUR AMONG SCHOOLCHILDREN IN BUCHAREST – PRELIMINARY RESULTS

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Aim To assess the level of oral health knowledge, attitudes and behaviour among schoolchildren of 10-12 years old in Bucharest, Romania.

Methods From May 2009 to July 2010, a cross-sectional study was conducted in 5 randomly selected schools in Bucharest. A total of 508 schoolchildren, 241 boys and 267 girls, answered a self-administered questionnaire regarding oral hygiene and dietary habits, knowledge about oral health related issues and purpose and frequency of visiting the dental office. The ethical committee’s approval and parent’s informed consent were obtained prior to the study. The SPSS 17.0 statistical program (SPSS, Inc., Chicago, IL, USA) was used to process and analyse the data.

Results The study group consisted of 47.4% boys and 52.6% girls, with a mean age of 11.36 (SD=0.79) and a response rate of 100%. The results showed that most of the schoolchildren (51.8%,

n=263) were satisfied about their teeth and periodontal health, and only 0.8% (n=4) were less than satisfied about this issue. A higher percentage of schoolchildren (10.8%, n=55) identify their teeth appearance as unsatisfactory, but it's not an element that negatively influences social relationships with colleagues (rarely – 5.7%, n=29). However, 62.6% (n=318) of schoolchildren identify dental caries as elements that negatively affect their teeth appearance. Regarding oral health attitudes, most school-

children (62%, n=315) had correct hygiene habits, based on knowledge from their parents (81.5%), dentist (60.6%), relatives (31.3%) and teachers (7.9%), but only 23.4% visited a dentist for prophylactic treatment.

Conclusions Oral health programmes are needed in Romanian schools in order to improve schoolchildren attitudes and behaviour toward prevention and personal oral care.