Discovering state of the art patient education solutions

Ideally, dentists would love to be able to sit down with each and every patient and discuss their oral and dental care routine at length, as well as go through the comprehensive list of treatment options open to them. However, with many dentists barely having enough time to grab a sandwich at lunchtime, this seems impossible.

Of course, technology is always being developed to make the lives of dentists, and their patients, that much easier. There are now systems available to promote patient education in the practice. Until now, the dentist who wanted to reach out to patients and keep them as informed as possible would invest in a stylish new website, rich in informative content, regularly updated and augmented with treatment animations and before & after images.

One step further

Systems like the award winning e-touch (winner of the first ever Product Innovation category at the 2008 Probe Awards) bring High Definition treatment animations and professionally written text into the waiting room, all easy accessible using the latest touch screen technology.

By placing such a touch-screen system in your waiting room, patients will be encouraged to use it while they wait. Also, the dentist or front desk staff can steer the patient to the touch screen system, should the patient require further information. The most obvious benefit is that this saves time for the dental team, but these systems do more than that.

The educational style of a touch screen system is both visual and kinetic, with its blend of images and animations. This means that the information captures the patient's imagination more that the auditory style of the dentist or dental nurse.

Also – and this is a key benefit – the patient is able to progress at his or her own pace, replaying sections of the animation and controlling both the speed of the animation and text, and the depth of technical detail. This means that the patient can develop a complete understanding without being baffled by complex dental terms – but if the patient wants to know the more technical aspects of a procedure, then that option is available too.

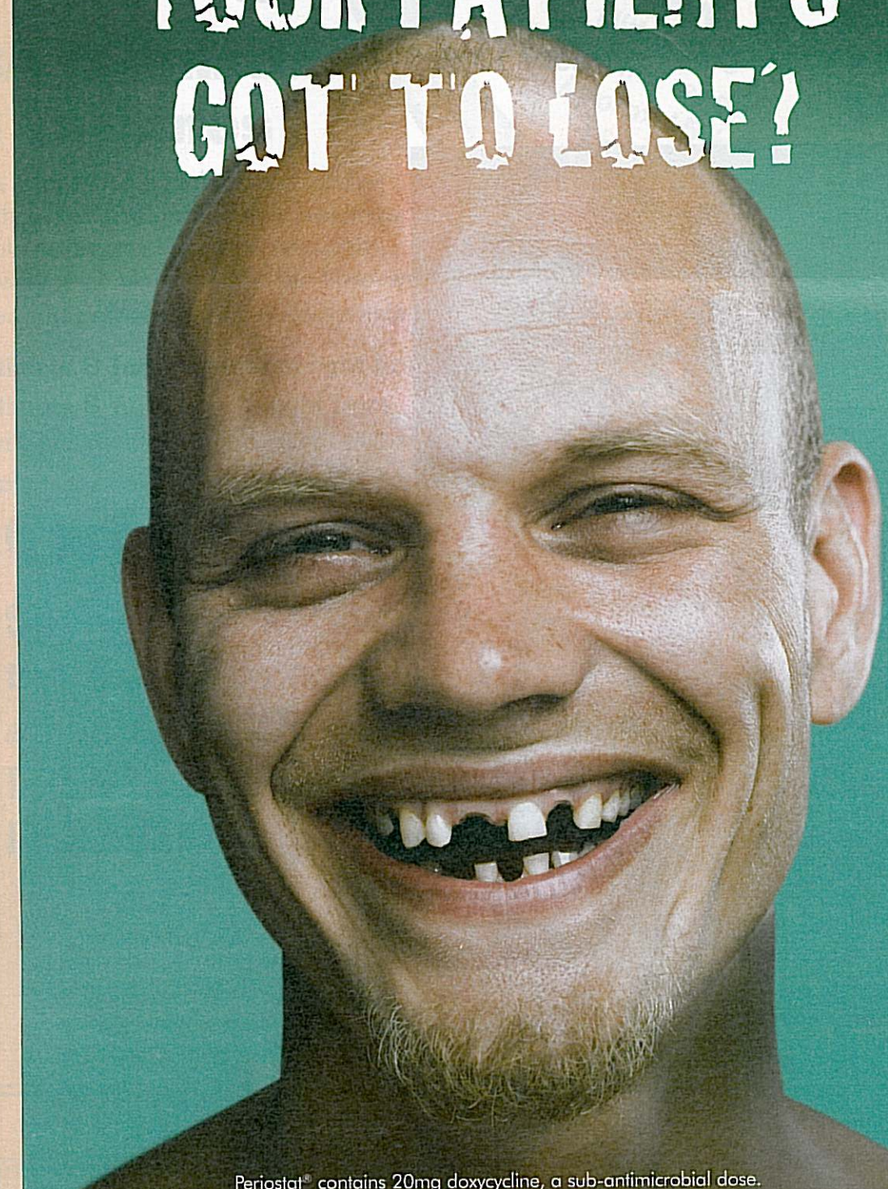
Sit back, relax

Educated patients are more likely to be relaxed when they enter the surgery, as they know exactly what the procedure involves. Also, they will be able to make informed choices as to what treatment options they wish to take. Once your patients have achieved a nice, healthy smile, you can direct them to the touch screen system so they can find out how best to maintain their smile.

With a bespoke information resource of this calibre, you will feel the weight slip from your shoulders as patients requiring more information seek out the sleek new kiosks, desktop or wall-mounted systems. In fact, you might feel a little bit like a third wheel. You can almost hear the busy dentist say 'chance would be a fine thing!' DT

CHRONIC PERIODONTAL DISEASE?

WHAT HAVE YOUR PATIENT'S GOT TO LOSE?



PRESCRIBING INFORMATION. Please refer to full Summary of Product Characteristics before prescribing Periostat® 20mg Film-coated Tablets. **Presentation:** Film-coated tablets, each containing doxycycline hyclate equivalent to 20mg doxycycline in blister packs of 56 tablets. **Indications:** For patients with adult periodontitis. Periostat is indicated as an adjunct to supra-gingival and sub-gingival scaling and root planing, with oral hygiene instruction, carried out by a dental practitioner or hygienist as appropriate. **Dosage and Administration:** Adults and elderly – administered twice daily, at least one hour before meals or before bedtime. Swallow whole with at least 100ml of fluid, in an upright position. Take for periods of 3 months. Do not administer for more than 3 consecutive three month periods. **Contra-Indications:** Infancy and childhood up to 12 years of age; hypersensitivity to any of the product excipients or to any of the tetracyclines; achlorhydria; pregnancy and lactation. **Warnings & Precautions:** To avoid oesophageal irritation and ulceration, adequate fluids should be taken with this medication in an upright sitting or standing position. Periostat therapy may result in overgrowth of non-susceptible microorganisms including fungi. Periodic observation of the patient is essential and treatment stopped if overgrowth of resistant organisms appears. Use with caution in patients with a history of or predisposition to oral candidosis, hepatic impairment or to those receiving potentially hepatotoxic drugs and patients with myasthenia gravis who may be at risk of worsening of the condition. Avoid excessive sunlight or artificial UV light and discontinue therapy if phototoxicity occurs. Sunscreen should be considered. Treatment should cease at the first sign of skin erythema. In the event of the development of diarrhoea during treatment, the possibility of pseudomembranous colitis should be considered and appropriate therapy instituted. In the event of a severe acute hypersensitivity reaction (eg anaphylaxis) treatment with Periostat must be stopped at once and the usual emergency measures taken. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. **Interactions:** Absorption of doxycycline from the gastro-intestinal tract may be inhibited by bi- or tri- valent ions such as aluminium, zinc, calcium, by magnesium or iron preparations, activated charcoal, cholestyramine, bismuth chelates and sucralfate. Such medicines or foodstuffs should be taken 2 to 3 hours following ingestion of Periostat. Didanosine and quinapril tablets may decrease the absorption of doxycycline and should therefore be taken at least 2 hours after doxycycline. Doxycycline may potentiate the hypoglycaemic effect of sulphonylurea oral antidiabetic agents. May depress plasma prothrombin activity thereby potentiating the effect of anticoagulants of the dicoumarol type. Avoid concomitant administration of doxycycline and isotretinoin, as there is the possibility of potentiation between the drugs to cause reversible pressure increase in the intracranial cavity (pseudotumour cerebri). As bacteriostatic drugs may interfere with the bactericidal action of penicillin and betalactam antibiotics, it is advisable that Periostat and betalactam antibiotics should not be used in combination. Rifampicin, barbiturates, carbamazepine, diphenylhydantoin, primidone, phenytoin, and chronic alcohol abuse, may accelerate the decomposition of doxycycline due to enzyme induction in the liver thereby decreasing its half-life. Sub-therapeutic doxycycline concentrations may result. Doxycycline used concurrently with cyclosporine has been reported to decrease the half-life of doxycycline. Tetracyclines and methoxyflurane used in combination have been reported to result in fatal renal toxicity. Tetracyclines used concurrently with oral contraceptives have in a few cases resulted in either breakthrough bleeding or pregnancy. **Side-effects:** Refer to SPC for full list. The most commonly reported adverse events in Phase III clinical trials were headache and common cold. The following adverse reactions have been observed in patients receiving tetracyclines: **Gastro-intestinal:** anorexia, nausea, vomiting, diarrhoea, glossitis, dysphagia, enterocolitis and inflammatory lesions with mucosal overgrowth in the ano-genital region, oesophagitis and oesophageal ulceration. Hepatotoxicity has been reported rarely. **Skin:** maculopapular and erythematous rashes, Stevens-Johnson syndrome, skin photosensitivity. Exfoliative dermatitis has been reported but is uncommon. **Renal:** an apparently dose related increase in blood urea. **Blood:** thrombocytopenia, neutropenia, haemolytic anaemia, eosinophilia and porphyria. **Hypersensitivity reactions:** exacerbation of systemic lupus erythematosus, anaphylaxis, anaphylactoid purpura, pericarditis, urticaria and angioneurotic oedema. **Musculoskeletal:** Arthralgia. **Other:** bulging fontanelles in infants and benign intracranial hypertension in adults. Treatment should cease if evidence of raised intracranial pressure develops. Brown-black microscopic discolouration of thyroid tissue has been reported with long term use of tetracyclines. Adverse reactions typical of the tetracycline class of drugs are less likely to occur during medication with Periostat, due to the reduced dosage and the relatively low serum levels involved. **Legal Category:** POM. **Packs:** PVC Aclar/aluminium foil blisters containing 14 tablets. Carton pack size 56 tablets. **Basic NHS price:** 56 tablets – £16.50. **Marketing Authorisation number:** PL 16853/0078. PA 943/12/1. **Full prescribing information is available from:** Alliance Pharmaceuticals Ltd, Avonbridge House, Bath Road, Chippenham, Wiltshire, SN15 2BB UK. Alliance Pharmaceuticals Ireland, United Drug House, Magna Drive, Magna Business Park, City west Road, Dublin 24 Ireland. **Date of preparation/last revised:** November 2006.

References: 1. Preshaw P.M. *et al.*, J Clin. Periodontol, 2004; **31**: 697-707. 2. Data on file – Alliance Pharmaceuticals Ltd.

Adverse Event Reporting.
Adverse events should be reported. Reporting forms and information can be found at **www.yellowcard.gov.uk.** Adverse events should also be reported to Pharmacovigilance at Alliance Pharmaceuticals, tel: 01249 466966, email: **pharmacovigilance@alliancepharma.co.uk.**

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Periostat® contains 20mg doxycycline, a sub-antimicrobial dose. Periostat®, taken twice daily as support to SRP, inhibits the collagenases that attack and weaken tooth attachment structures and thus halts and can even reverse the disease process.[1,2] What is more, being systemic, Periostat® treats the whole mouth in one go.

Periostat® PS 20
doxycycline film-coated tablets

Helping win the battle against gum disease

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AI/PS1/07/08/0001 Sept 2008

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Amy Rose
Amy has over six years experience in the dental profession, working predominantly in a marketing capacity. Amy currently heads up the design and marketing team at Dental Design Ltd. Visit www.touch-ed.co.uk to find out what the leading system offers, call 01202 677277 or email contact@touch-ed.co.uk