President’s Report

This has been another busy and successful year for SAAD. The Society has maintained its position as the UK’s largest provider of postgraduate sedation training and has continued to contribute to the advancement of pain and anxiety control in all areas of dentistry. We continue to liaise closely with our colleagues in the Association of Dental Anaesthetists, the Dental Sedation Teachers Group, the International Federation of Dental Anaesthesiology Societies and at the National Examining Board for Dental Nurses.

Several SAAD Trustees have contributed to the work of the Standing Dental Advisory Committee’s Expert Group on Conscious Sedation, which was convened to make recommendations on the use of ‘alternative’ sedation techniques. The Society has also responded to consultation documents from the National Dental Advisory Committee (Scotland), the General Dental Council and the Resuscitation Council (UK).

As President, I am acutely aware that everything the Society achieves is the result of the hard work and enthusiasm of individuals – the Officers, the Trustees and the ordinary members of SAAD. It is appropriate, therefore, that in writing this report I acknowledge the support and industry of those who have worked with me this past year.

Probably the single most important matter so far undertaken by the Board of Trustees (the new name for what used to be SAAD Council) is the new SAAD Trust Deed and Constitution. The old Trust Deed had to be abandoned because it no longer met the legal and practical requirements of a modern charity. President-elect Diana Terry led on this and I am extremely grateful to her for all the time and effort she devoted to this complex and arduous but important task. With the assistance of Jason Leitch and Bill Hamlin, Diana also resolved the long-ignored question of professional indemnity for members who advise practitioners and/or teach on our postgraduate courses.

The SAAD National Course in Conscious Sedation for dentists and dental nurses continues to be highly successful. The November 2005 and March 2006 courses were full and the July course is already heavily oversubscribed. The course faculty continues to teach the most useful and most widely used conscious sedation techniques, while also providing an introduction to some of the so-called ‘alternative’ techniques. The problem of arranging hands-on experience with patients is not yet resolved, although we are pleased to see that other organisations are offering this facility, albeit for only a very small number. Organising and running a course for 140 people three times a year requires a first-class faculty and a dedicated team of administrators and, in my role as Course Director, I’d like to express my thanks to everyone who makes our courses so successful, in particular Derek Debuse, Toni Philpot and Busola Oguntala.

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President of SAAD

David Craig
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St Bartholomew’s Hospital will be delighted to hear that, at long last, the building is to be refurbished. However, this has meant that all courses in 2006 are being held at Queen Mary, University of London in Mile End Road. So far, this alternative accommodation has proved highly satisfactory, with improved dining facilities – and much more palatable food! Whether the course will eventually return to Barts depends upon a number of factors, but at the time of writing it looks unlikely that there will be sufficient satisfactory catering facilities. Although it has often been suggested that the National Course should be run outside London and/or at a variety of venues, the logistics make this unrealistic – sorry!

In response to comments from members of the Faculty and participants, a new National Course Handbook is in preparation and will – with a following wind – be available in time for the November 2006 course. The Trustees have also recently approved a scheme to offer a limited number of course participants the loan of an RA machine for a period of six months. This scheme will be operated by McKesson/Cestradent of Chesterfield.

Leitch JA et al. A partially blinded randomised controlled trial of patient maintained propofol sedation and operator controlled midazolam sedation in third molar extractions.

February 2005 Volume 60 pp. 198–200

Correspondence from J. A. W. Wildsmith, who writes that in both the above trials exploring the use of novel techniques for the sedation of difficult patients a consultant anaesthetist was present, and in Averley’s trial an anaesthetic assistant and recovery nurse were present. He says that a major requirement for a dental sedation technique is that it is suitable for use by the operator-sedationist, and asks the authors to clarify their opinions as to the appropriateness of their techniques in GD.

Averley replies that their technique of using a mixture of midazolam, nitrous oxide and sevoflurane complies with the GDC guidelines on conscious sedation but is not suitable for the operator-sedationist. The presence of a consultant anaesthetist trained in sedation allows constant monitoring of the child and fine-tuning of the sedation, and if inadvertent anaesthesia occurs then it can be managed expertly. This technique requires the same material resources as general anaesthesia and should only be available in specialist accredited primary care centres.

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Correspondence from G. Lahoud, who writes implying that the addition of midazolam in the trial by Averley was unnecessary. He cites his own papers (incidentally written with Averley), where inhalational sedation with a mixture of nitrous oxide 40% and sevoflurane 0.1–0.3% produced success in 92% and 89% of cases. He goes on to say that studies have shown that intravenous midazolam does not necessarily improve amnesia and may well give an adverse result, as well as increasing the possibility of deep sedation. He finishes the letter by asking that the Royal College of Anaesthetists, the GDC and the Association of Anaesthetists ban intravenous sedation in children under 16.

Averley replies that in his trial he went to some lengths to stress the need for properly trained staff to ensure that oversedation did not occur. He supports the anxioalytic and amnesic properties of midazolam and suggests that banning the use of intravenous drugs even when used by experienced anaesthetic consultants would be a retrograde step.

April 2005 Volume 60 pp. 373–383

Pandit JJ, Yentis SM. All that glisters ...

How to assess the ‘value’ of a scientific paper.

This is quite a long paper but is certainly well worth reading whatever your speciality. It covers all aspects of how to assess whether a paper is worth the paper it is printed on, what may be influencing the decision of the author(s) to do the research, use of statistics, power of the results, grants etc. It is also quite readable!

Bill Hamlin
June 2006

Inside

President’s Report

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Dr Andrew Morley

Dr Andrew Morley was appointed Consultant in Anesthesia at Guy’s and St Thomas’ NHS Foundation Trust, London in 1999. His anaesthesia training was in London and at the Chinese University of Hong Kong, where he was a lecturer in anaesthesia and intensive care from 1995–98. Andrew’s research interests include assessment of the depth of anaesthesia using EEG and the bispectral index. He is the author of the GST Trust sedation policy and the co-author of the Trust’s intravenous sedation site, which offers interactive learning and accreditation.

Dr Jamie Barbour

Dr Jamie Barbour, Gastroenterologist from North Tees, examined the individual and medical costs of alcohol-related liver disease and gave us a review of alcohol misuse in the UK and an update on manifestations of organ damage from drug abuse.

Dr Anita Nolan from Newcastle described the impact that Primary Care Trusts are having on the provision of conscious sedation in primary care. I am sure that those of you who were at this very well attended meeting will be interested.

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Carole Boyle

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Every year one prize is awarded for the best essay written by a dental student and one for the best essay by a dental nurse. Entries are accepted from any dental student or dental nurse from anywhere in the world and the prize for each is £300, presented at the annual study day. The essays are published in the SAAD Journals for the general dental public. Entries must be received by 1 March for the relevant year. All entries must be in English, double-spaced on A4 size paper and also formatted on disk as a Microsoft Word document. Dental student essays should not exceed 3,000 words and dental nurse essays should not exceed 2,500 words.

Every three years the Drummond-Jackson essay prize is awarded in memory of the founder of SAAD, Dr Stanley Drummond-Jackson, for an essay on any of the above subjects. This essay prize is open to graduates and undergraduates of both dentistry and medicine from anywhere in the world, and any essay submitted should be previously unpublished. Entries are invited by 31 October 2006, and the winner will be announced by March 2007. SAAD reserves the right to publish the winning paper, and the winner may be asked to present the paper at a SAAD scientific meeting. Entries are being accepted at present for this essay prize. The essay should be in English, double-spaced on A4 size paper and also formatted on disk as a Microsoft Word document. The essay should not exceed 5,000 words. Entries, accompanied by full details of name, address, email contact and qualifications, and specifying which essay prize they are entered for, should be sent to: SAAD Essay Prize, 21 Portland Place, London W1B 1PY, United Kingdom, or by email to saad@aagbi.org.

Barry Devonald

June 2006

ADA Winter Meeting

The ADA Winter Meeting, entitled ‘Substance misuse – meeting the challenges’, was held at the Association of Anaesthetists in London. The presenting editor Dr Andrew Whittaker, from the ASA’s Research and Education Department, was expertly put together by Dr Christine Arnold, Senior Dental Officer, Halton, and featured experts from several disciplines throughout the UK.

Mr Adrian Brown, Clinical Nurse Specialist at St Mary’s Hospital, London, described a simple screening tool used in the A&E department, and the outreach service developed to support people identified as potentially at risk. He demonstrated how those professionals dealing with people presenting with a minor medical or dental emergency may have the opportunity to refer those with alcohol or substance abuse to other specialists. The Paddington Alcohol Test (PAT) 2005 is a simple tool that enables staff to address sensitive issues and refer clients to an Alcohol Liaison Nurse, who has specialist skills in this area and is able to give advice after presentation when there is more likelihood of a positive response to advice about drinking in this emergency setting. Further details can be obtained from ade.brown@nhs.net.

Dr Jamie Barbour, Gastroenterologist from North Tees, examined the individual and medical costs of alcohol-related liver disease and gave us a review of alcohol misuse in the UK and an update on manifestations of organ damage from drug abuse.

Dr Vanita Brooks, Director of Special Care Dentistry, Lancashire Teaching Hospitals NHS Trust, described a community-based project developed for clients of a community drug and alcohol team who exhibited high levels of dental care.

Dr Mike Clarke

Dr Mike Clarke qualified from Cardiff in 1979 and, following a long career as a GDP, began working for Dental Protection in 1993. He has been active in dental policies for many years and is a regular contributor to the dental press. He is a former member of the Department of Health’s Standing Dental Advisory Committee and is a past vice chairman of the BDA’s Private Practice Committee. Mike has lectured extensively for over fifteen years, both within his role with Dental Protection and in the wider general dental practice. Recently Mike successfully completed his Master in Philosophy in Medical Law at Glasgow University.

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Professor Isaac Marks trained in psychiatry at the Bethlem-Maudsley Hospital from 1960–63. He became Head of the Institute of Psychiatry at St Mary’s Hospital, London. He is the author of four books, including Treating Fearful Dental Patients: A Patient Management Handbook, of which he is senior author, and over 200 scientific papers. He trained at the University of California, San Francisco and joined the University of Washington in 1974.

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Every year one prize is awarded for the best essay on any subject related to conscious sedation, general anaesthesia or analgesia. SAAD awards several essay prizes for essays the day will end with Andrew Morley, Diana Terry

The Trustees next meet on Friday 22 September 2006. The AGM takes place after the annual conference on Saturday 23 September. I look forward to seeing you there.

David Craig
May 2006

This promises to be an informative and interesting day with a variety of topics and speakers.

Peter Milgrom

This year Professor Milgrom became the SAAD Visiting Professor in Pain and Anxiety Control for Dentistry at King’s College London Dental Institute (KCLDI). Peter Milgrom in the morning he will give an overview of sedation techniques used in the United States. His particular interest is in behavioural management, and we will learn how these non-pharmacological approaches can be used. In the afternoon Peter will present results of research into new sedation techniques.

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The ADA Winter Meeting, entitled ‘Substance misuse – meeting the challenges’, was held at the Association of Anaesthetists in London. The meeting was well received by the delegates, although there is a requirement for continuing professional development for all medical practitioners (and we await the conditions for the new dental contract), the shortage of funds for study leave, and conflicting demands for professional updates in core and specialist skill areas, presents a challenge to all the specialist societies such as the ADA.

The meeting was well received by the delegates, although ADA Council noted the difficulty in obtaining speakers willing to give their time on a Saturday for no fee. There are also concerns regarding the role of specialist societies in providing scientific meetings that are attractive and affordable for the membership. Although there is a requirement for continuing professional development for all medical practitioners (and we await the conditions for the new dental contract), the shortage of funds for study leave, and conflicting demands for professional updates in core and specialist skill areas, presents a challenge to all the specialist societies such as the ADA.

Diana Terry

Honorary Secretary of ADA

Carole Boyle

I am also pleased to be able to tell you that the SAAD website (www.saaduk.org) has now been completely redesigned. The website is the Society’s gateway – the first port of call for anyone interested in SAAD courses or our wider involvement in pain and anxiety control. I am extremely grateful to Chris Holden for seeing this project through to a most satisfactory conclusion.

In some ways last year’s AGM marked the end of an era. Both our Honorary Secretary Douglas Pike and our Honorary Treasurer Hugh Lyons retired after many years of service. What the Society owes these individuals simply cannot be estimated.

Dr Jamie Barbour, Gastroenterologist from North Tees, examined the individual and medical costs of alcohol-related liver disease and gave us a review of alcohol misuse in the UK and an update on manifestations of organ damage from drug abuse.

Dr Vanita Brookes, Director of Special Care Dentistry, Lancashire Teaching Hospitals NHS Trust, described a community-based project developed for clients of a community drug and alcohol team who exhibited high levels of dental disease. Basic dental care was provided at a mobile dental unit set up in a local community centre, and further dental care was provided at a local hospital.

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The day will end with Andrew Morley, Consultant Anaesthetist at Guy’s and St Thomas’ Hospitals, London. He will outline how and when sedation is used in medicine.

Fortunately, we have managed to find superb replacements – Derek Debuse has taken on the role of Honorary Secretary and Steve Jones the position of Honorary Treasurer.

Finally, my report would be incomplete without a mention of some of the sayings expressed by our Executive Secretary. Fiona is enthusiastic, super-efficient, endlessly cheerful and, most important of all, full of common sense. I can’t imagine how the Society would function without her.

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