Kuwait Association for Dental Research will hold its 15th ANNUAL CONFERENCE in conjunction with the WHO Collaboration Center for primary Oral Health Care January 24-25, 2015

Faculty of Dentistry, Kuwait University Health Sciences Center, Jabriya
Organized by:
Faculty of Dentistry, Kuwait University,
Health Sciences Centre, Jabiya, Kuwait

This international conference is organized under the auspices of the President of Kuwait University, Prof. Abdellatif Al-Bader.

The first international conference “Minimal Intervention Approach for Dental Treatment” was arranged by the Faculty of Dentistry in 1999. In the following year the Kuwait Association for Dental Research (KuADR) was established as a Section of the International Association for Dental Research (IADR). It was upgraded to the Division in 2003, when also the African and Middle-East Region (AMER) was established. Since that Faculty has arranged already 14 annual conferences of KuADR. Faculty of Dentistry was designated as a World Health Organization (WHO) Collaborating Centre for Primary Oral Health Care in 2011. In 2012 Faculty arranged Conference of WHO Collaborating Centre for Primary Health Care and IADR African and Middle-East Region of IADR. In 2014 our 14th KuADR and the 3rd AMER conference were arranged in connection of the 92nd IADR General Session, in Cape Town, South Africa in June 25-28, which was also the first IADR GS in the African continent.

This conference is WHO Collaborating Centre for Primary Oral Health Care and the 15th KuADR conference. We have invited Prof. Hiroshi Ogawa, Chief of Oral Health from WHO headquarters and also Prof. Helen Whelton, the Immedate Past President of IADR and the Dean of Leeds Dental College as the keynote speakers of this conference. We also have invited the directors of the other WHO Collaborating Centres of the AMER region. In addition, the President-Elects of all IADR Divisions/Sections (14) have been invited for the AMER board meeting, where we would get a review of the current IADR activities in the AMER and to plan future cooperation in dental research in AMER and WHO.

We do wish that all of you will have two exciting days of dental research, constructive and fruitful discussions and support for dental research among the other colleagues and friends!

Welcome to This Conference

Dr. Jawad M. Behbehani
Dean, Director of WHO CC President, AMER

Dr. Mona Al-Sane
President, KuADR

Dr. Rashed Al-Azemi
Immediate Past President, KuADR Chairman Organizing Committee

Dr. Eino Honkala
Vice-Dean for Research Secretary, AMER

By: Dr. Athbi Al-Qareer
1. Organizing Committee Members:
   - Dr. Rashed Al-Azemi (Chairperson)
   - Dr. Jawad M. Behbehani
   - Dr. Mona Al-Sane
   - Prof. Eino Honkala
   - Dr. Sabiha Al-Mutawa
   - Dr. Abdulaziz Aljazzaf
   - Mr. Jawad Al-Ghareeb
   - Ms. Maha Al-Jumah
   - Ms. Rania Al-Kulaib
   - Mr. Ahmed Morjan
   - Ms. Maria C. Pinto (Secretary)

2. Scientific Committee Members:
   - Prof. Eino Honkala (Chairperson)
   - Prof. Peter Lucas
   - Dr. Aref Ghayyath
   - Dr. Adel Al-Asfour
   - Dr. Areej Al-Khabbas
   - Dr. Rashed Al-Azemi
   - Dr. Mona Al-Sane (Secretary)

3. Service Committee Members:
   - Ms. Maha Al-Jumah (Chairperson)
   - Ms. Rania Al-Kulaib
   - Mr. Abdul aleel Safar
   - Mr. Majdi Mousa
   - Mr. Ahmad Awadallah
   - Mr. Mohammed Said
   - Mr. Silvester Noronha
   - Ms. Lidwen Fernandes (Secretary)

4. Public Relations Committee Members:
   - Ms. Jehan Ahmad (Chairperson)
   - Ms. Fatma Al-Sayegh
   - Ms. Maali Al-Hamad
   - Ms. Susan Yousif
   - Ms. Fatihya Ghash
   - Ms. Fatma Al-Sayed (Secretary)

5. Financial Committee Members:
   - Ms. Mona Binnakhi (Chairperson)
   - Mr. Ahmed Morjan
   - Ms. Nahla Al-Abyat (Secretary)

6. Student Committee Members:
   1. Zyen Al-Rashed
   2. Ahmad Al-Ali
   3. Nora Al-Munaifi
   4. Ghadeer Mahdi
   5. Taibah Al-Baker
   6. Dhuha Arhamah
   7. Noof Al-Mutawah
   8. Mariam Al-Khedher
   9. Kawther Ali
   10. Bashayer Al-Abad
   11. Farah Al-Saqabi
   12. Fatemah Al-Mousawi
   13. Tahreer Al-Mutairi
   14. Maryam Arab
   15. Huwra’a Al-Awad
WHO Collaborating Centre for Primary Oral Health Care &
The 15th Kuwait Association for Dental Research Conference
Faculty of Dentistry, Kuwait University, in January 24-25, 2015
Health Sciences Centre, Jabriya, Kuwait

PROGRAMME

Saturday 24.01
WHO Collaborating Centre for Primary Oral Health Care
Session Chair: Dr. Rashed Al-Azemi, Immediate Past President of KuADR

09:00 - 09:15
Opening of the Conference
Dr. Jawad M. Behbehani, Dean, Faculty of Dentistry, Director of WHO Collaborating Centre for Primary Oral Health Care

09:15 - 10:00
"WHO Coordinating the Global Efforts to Improve Oral Health through Primary Health Care"
Prof. Hiroshi Ogawa, Chief of Oral Health Programme, Chronic Disease and Health Promotion, WHO, Geneva, Switzerland

10:00 - 10:30
"History and Action Plan of the WHO CCs in African and Middle East Regions"
Prof. Sudeshni Naidoo, Director of WHO CC for Oral Health, Cape Town, South Africa

10:30 - 11:00
Coffee Break
Session Chair: Prof. Peter Lucas, Vice-President of KuADR

11:00 - 11:30
Dr. Mohammad H. Khoshevisan, Director of WHO Collaborating Centre for Training and Research in Dental Public Health, Shahid Beheshti University of Medical Sciences, Tehran, Iran

11:30 - 12:00
Dr. Emeria Mugonzibwa, Director of WHO CC for Oral Primary Health Care, Planning and Research, Dar es Salaam, Tanzania

12:00 - 12:30
Dr. Jawad M. Behbehani, Director of WHO CC in Primary Oral Health Care, Faculty of Dentistry, Kuwait University

12:30 - 13:00
General Discussion

13:00 - 14:00
Lunch Break

By: Dr. Athbi Al-Qareer
Session Chair: Prof. Eino Honkala, Chairman of the Scientific Committee, KuADR

14:00 - 15:00

Oral Presentations

1. What Is Stickiness in an Oral Context?
   P.W. Lucas*, Bioclinical Sciences, Kuwait University, Kuwait City, Jabriya, KUWAIT;
   K. Wu, A. Gunaratne, L. Collado, H. Corke, School of Biological Sciences, University of Hong Kong, Hong Kong, HONG KONG

2. Providing Smoking Cessation Advice: Difference between Smoker and Non-Smoker Dentists
   F.A. Husain*, F.R. Al-Musaileeh, Q. Al-Omari, Faculty of Dentistry, Kuwait University, KUWAIT

3. The Relationship Between Oral Health Awareness, Type 2 Diabetes Risk and BMI Among Health Sciences Students
   D. Ali*, General Dental Practice, Kuwait University, Safat, KUWAIT

Sunday, 25.01

08:30 - 09:00
Registration & Coffee

Opening Ceremony
Session Chair: Dr. Mona Al-Sane, President of KuADR

09:00 - 09:30
Welcoming Address by the Guest of Honour
Prof. Abdullatif Al-Bader, President of Kuwait University, Kuwait

09:30 - 10:00
“IADR Global Platform of Dental Researchers”
Prof. Helen Whelton, Immediate-Past President of IADR, Dean of the School of Dentistry, University of Leeds, UK

10:00 - 10:30
Regional Cooperation of Dental Researchers in the Africa and Middle-East Region of IADR
Dr. Jawad M. Behbehani, Dean of Faculty of Dentistry & Director of WHO Collaborating Centre for Primary Oral Health Care & President of AMER

10:30 - 11:00
Coffee Break

Session Chair: Dr. Aref Ghayyath, Treasurer of KuADR

11:00 - 12:00
Poster Presentations

4. Infant Feeding Practices among Disabled and Normal Children in Kuwait
   S. A. Al-Mutawa*, M. Shyama, National School Oral Health Program, Ministry of Health, Kuwait, KUWAIT; E. Honkala, S. Honkala, Faculty of Dentistry, Kuwait University, Kuwait, KUWAIT
5. A Retrospective Analysis of Endosseous Dental Implant Survival in HIV Patients  
A.J. Sabbah*, W. Gardner, B. MacNeil, Comprehensive Dentistry, University of Texas Health Science Center San Antonio, San Antonio, Texas, UNITED STATES

6. Stiffness Characteristics of Splints for Fixation of Traumatized Teeth  
M.W. Ben Hassan*, L. Andersson, Surgical Sciences, Kuwait University, Kuwait City, KUWAIT; P.W. Lucas, Bioclinical Sciences, Kuwait University, Kuwait City, KUWAIT

7. Measuring the Intensity of Pain or Discomfort after Initial Placement of Orthodontic Elastomeric Separators  
S.A. Alabdullah*, S. Alfhad, M. Abu Al-Melh, Kuwait University, Kuwait City, KUWAIT

8. Oral Health Habits among Disabled Schoolchildren in Kuwait  
M. Shyama*, S. A. Al-Mutawa, National School Oral Health Program, Ministry of Health, Kuwait, KUWAIT; E. Honkala, S. Honkala, Faculty of Dentistry, Kuwait University, Kuwait, KUWAIT

9. Dental Fear among Dentists in Kuwait  
T. AlMujaweb*, M. Shyama, S. A. Al-Mutawa, A. Al-Sumait, National School Oral Health Program, Ministry of Health, Kuwait, KUWAIT

10. Knowledge of Oral Cancer among Dental Patients attending Kuwait University Dental Clinic  
B K Joseph*, M A Ali, D B Sundaram Dept. of Diagnostic Sciences, Faculty of Dentistry, Kuwait University, KUWAIT

12:00 - 13.00  
Lunch Break  
Session Chair: Dr. Jawad Behbehani, President of AMER

13:00 - 15:30  
AMER Council Meeting

15:30 - 16.00  
Closing Ceremony

16.00 - 16.30  
KuADR General Assembly

AGENDA

1. Opening:  
Dr. Jawad Behbehani  
President of AMER

2. Acceptance of the agenda:

3. Adoption of the minutes of the previous AMER meeting:

4. Matters arising from the minutes:

5. Review of the Action Plans of the IADR Divisions:
   - South Africa Division  
     Prof. Sizakele Ngwenya
   - East and Southern Africa Division  
     Prof. Sudeshni Naidoo
   - Kuwaiti Division  
     Prof. Mona Al-Sane
   - Iranian Division  
     Prof. Adeleke Ogininn
   - Iraqi Division  
     Dr. Faaz Al-Hamdni

6. Review of the Action Plans of the IADR Sections:
   - Tunisian Section  
     Prof. Fethi Maatok
   - Jordanian Section  
     Prof. Ziad Al-Dwairi
   - United Arab Emirates Section  
     Dr. Manal A. Awad

7. Annual Report of AMER 2014:

8. Election of the AMER Officers for 2014-2017:

9. AMER-GOHIRA Supplement for Advances in Dental Research:

10. Cooperation between WHO CCs and AMER:

11. Call for proposals from AMER Divisions/Sections for the venue and dates for the next AMER Conference:

12. Any Other Business:

13. Closing:
The need for a WHO Southern African Collaborating Centre for Oral Health was important for many reasons:
The oral diseases profile for Africa is different when taking cognizance of the differing pathogenesis and
immunogenesis and are influenced by the concomitant social conditions like poverty, protein energy and other
forms of malnutrition, TB, endemic infections (enteric worms, malaria); there was an urgency for training in
identification, diagnostic skills and screening: early diagnosis, intervention & management to improve quality
of life; the need to standardize and implement treatment protocols for oral diseases to delineate those lesions
specific to the region and those consequential to it or to the prescribed medicaments and lastly the paucity
of peer reviewed articles. The WHO Collaborating Centre for Oral Health at the University of the Western Cape
was designated in November 1994. It was strategically poised to form part of an international collaborative
network carrying out activities in support of the WHO's programmes at all levels. For the Southern African
Region it plays an essential role in helping WHO meet its major needs: implementation of the WHO Africa
Region oral health strategy and the development and strengthening capacity in African countries and regions.
In addition, it offers technical expertise and carries out the following functions: collection and dissemination
of information, standardization of terminology and methodology, development and evaluation of appropriate
technology, quality assurance, collaborative oral health research to address global health problems and
education, training and the co-ordination of multi-centre activities. This presentation will provide a brief
history of the UWC WHO Collaborating Centre, provide a background for its most recent terms of reference
and will describe how it strives to improve and advance oral health through the development of research
and teaching that is of a high quality, innovative, ethically warranted, while maintaining the highest possible
standards.

WHO Coordinating the Global Efforts to Improve Oral Health through
Primary Health Care

Oral disease is a serious public health problem and is growing rapidly in developing countries where oral
health services are limited. Significant proportions of people are underserved, insufficient oral health care is
either due to low availability and accessibility of oral health care or because oral health care is costly. Poor and
disadvantaged population groups are largely affected by a high burden of oral disease compared to well-off
people. It is therefore important that promotion of oral health and prevention of oral diseases must be provided
through financially fair primary health care and public health intervention. In order to close the gap in oral
health between rich and poor, integrated approaches would be the most cost-effective and realistic way. The
development or adjustment of oral health systems in particular must consider the needs of the underserved
poor and disadvantaged population groups and reach out to the community. Important activities for primary
oral health care to address would be healthy and safe environments for oral health, food supply and nutrition
water and sanitation, health-promoting schools, age-friendly primary health care for oral health and maternal
and child oral health care. It is encouraging to note that primary health care remains central to WHO policies
and strategies. The WHO Oral Health Programme gives priority to the integration of oral health with general
health programmes and works to facilitate the development of primary health care models applicable to
different community settings around the world.

WHO Collaborating Centre for Oral Health, Cape Town, South Africa

The need for a WHO Southern African Collaborating Centre for Oral Health was important for many reasons:
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and teaching that is of a high quality, innovative, ethically warranted, while maintaining the highest possible
standards.
Oral health can still be considered a neglected area in most countries of the EM Region. Scarce oral health data from member states can be interpreted as no systematic procedure is in place for routine collection of data, or clear objectives and services are not targeted appropriately. The number, composition and distribution of oral health workforce is another problem inhibiting effective oral health promotion in many countries. Some countries still do not have a Chief Dental Officer position at the Ministry of Health or, they do not have enough authority and responsibility to plan, administer and evaluate the kind of national interventions that are necessary for oral health and quality of life improvements. Despite these and many other problems, WHO Collaborating Centers in the region are designated by the WHO Director-General to form part of an international collaborative network, carrying out activities in support of WHO’s mandate for international health work and its program priorities as specified in Center’s terms of reference. This presentation will review the oral health priorities of the EM Region and the role that WHOCCs can play for oral health improvement in the region.
WHO Collaborating Centre for Primary Oral Health Care

Faculty of Dentistry, Kuwait University was designated as a WHO Collaborating Centre from July 2011 for the period of 4 years by the WHO Regional Office for the Eastern Mediterranean. This nomination followed the active dental research cooperation in the African and Middle-East Region, which was established by the Faculty during the first 10 years of its function. The terms of reference were: 1. To assist WHO ORH in identifying countries around the globe having established Primary Oral Health Care (POHC) programmes and analysis of programme components included for provision of oral health care and oral health promotion. 2. To assist WHO ORH in assessment of the practical experiences and relevance of using primary health workers and ancillary oral health personnel in low-resource communities. 3. To assist WHO ORH in development of appropriate models for POHC applicable to low-, middle- and high income countries. 4. To assist WHO ORH in development of guidelines for essential care to countries/communities based on the evidence available and practical experience. 5. To support the development of surveillance systems for assessment of outcomes of primary oral health care and school-based oral health promotion. 6. To assist WHO ORH in orientation of oral health systems towards health promotion, with emphasis on provision of evidence-based interventions and practical community approaches in oral health promotion and disease prevention. 7. To promote the global development of the Health Promoting Schools Initiative through establishment of school-based oral health promotion in the African and Middle-East countries. 8. To assist WHO ORH in translation of scientific knowledge for oral health intervention and bridging the gap in research between the developing and developed countries. The Faculty has arranged International conference of the WHO CC and AMER in 2012. This conference is the 2nd joint conference between WHO CCs of this region of AMER.

IADR Global Platform of Dental Researchers

Whelton H*1 Fox C2. University of Leeds School of Dentistry, UK, 1IADR Global HQ, Washington DC, USA

Objectives: The International Association for Dental Research (IADR) occupies a unique position in dental research. Founded in 1920 by the Biochemist William J. Gies, it provides a platform for researchers from the many dental and related disciplines to exchange ideas, share their work and discuss their research. Methods: Diversity in IADR is accommodated in its 30 different Scientific Groups and Networks. Scientific Groups ensure that researchers can interact with others from all over the world within their area of expertise while Networks provide a cross disciplinary platform to bring together diverse Scientific Groups around a common research interest. The organization is underpinned and supported by a team headquartered in Washington DC. Results: The IADR is a truly global organization with 27 Divisions and 15 Sections organized into 5 Regions of the world. The Kuwaiti Division being one of our oldest and more well-established Divisions in the Africa Middle East Region. In addition to demonstrating strong 25% growth in membership in 2014 itself, the Kuwaiti Division is always a strong supporter of the other Divisions and Sections in the AMER and was a key success factor in last year’s IADR General Session in Cape Town. Conferences at the divisional and regional level create accessible opportunities for researchers to meet and exchange ideas as well as to discuss local and regional research opportunities and challenges. Increasingly the regions are becoming platforms for advocacy for dental research, supported by the IADR headquarters. The annual General Session is the largest of the IADR meetings and is held at different venues around the world to bring dental research to the widest possible audience. Typically, an IADR General Session will attract delegates from over 70 countries. The IADR further disseminates the work of its members and other researchers through the Journal of Dental Research. At times when global policy stands to impact on oral health, IADR provides a conduit for researchers to inform decisions, a recent example being the Minimata Convention on Mercury, where IADR provided unbiased scientific data on dental amalgam. This prevented an outright ban on dental amalgam, but importantly led to a provision calling for further dental research on alternatives. Conclusion: Thus the IADR provides a forum for research, a platform for advocacy and a conduit to input to global policy on oral health, it is a truly global organization both in its focus and its geography.
WHO Collaboration Center for Primary Oral Health Care

Dr. Jawad M. Behbehani
Dean of Faculty of Dentistry & Director of WHO Collaborating Centre for Primary Oral Health Care & President of AMER

Regional Cooperation of Dental Researchers in the African and Middle-East Region of IADR

The Faculty of Dentistry was established in 1996 and the first group of students was admitted in 1998. Faculty arranged its first international conference in 1999 with the theme “Minimal Intervention Approach for Dental Treatment”. It was funded by the Kuwait Foundation for Advancement of Sciences (KFAS) and the Academy of Finland. The African and Middle-East Region (AMER) of IADR was established in 2003 by South African, East and Southern African, Kuwaiti, and Nigerian Divisions. The first AMER conference was arranged as a joint 5th KuADR conference in Kuwait in 2005. The 2nd AMER conference was arranged in Mombasa, Kenya in 2009, the 3rd AMER in Abudja, Nigeria in 2011. The 4th AMER was a joint conference with IADR General Session, in Cape Town, South Africa, in 2014. In the WHO Collaborating Centre for Primary Health Care & IADR African and Middle-East Region Conference, in Kuwait in 2012, it was agreed that AMER will submit the letter of intent to the IADR Regional Development Committee (RDP) for Global Oral Health Inequalities Research Agenda – AMER Pre-conference Workshop in the connection of the first IADR General Session in the African continent, in Cape Town, South Africa, in 2014. Altogether 7 different task groups were established to prepare reports in this workshop. The final application for this workshop was approved by the IADR RDP and 6 task groups had their preliminary reports presented in the AMER-GOHIRA workshop. Prof. David Williams and Prof. Aubrey Sheiham were the other keynote speakers linking the reports to the global initiative. There were altogether 267 participants in this workshop. Finally, 6 manuscripts were pre-reviewed by Prof. Williams and Prof. Sheiham. These manuscripts were submitted for the peer review of the Advances in Dental Research in December, 2014, to be published as an electronic supplement of this IADR journal early next year.

The South African Division of IADR

The South African Division of the International Association of Dental Research (IADR) is a small organisation founded in 1966; its membership drawn predominantly from academics employed at the four dental schools in South Africa. The executive committee comprises 9 members including a representative from each of the dental schools thus ensuring collaboration and involvement of all the schools in all the division's activities. Membership has seen a steady increase from 43 founding members to 139 in 2014, 2014 saw a 90% increase, the largest in the history of the organisation, principally due to an innovative membership drive initiative and the general session being hosted in Cape Town, South Africa in June 2014. Challenges faced by the division include capacity building and funding for advancement of research and dissemination of information. Despite these challenges the South African Division of the IADR endeavours to encourage young researchers by providing opportunities to learn and network through organizing competitions among dental schools and awarding research grants annually as well as hosting scientific meetings biennially.

Dr. Sizakele Pride Nowenya
Oral Pathology, University of the Witwatersrand, South Africa
President of IADR South Africa Division
The East and Southern Africa Division of IADR

The East and Southern Africa Division is one of the most active divisions of IADR. The division’s most active countries are: Ethiopia, Kenya, Tanzania, Malawi, Uganda, and Zimbabwe. We are doing our best to include more countries to be active participants and host IADR Divisional meetings. Currently, we are working hard to train young dental professionals in research activities and conduct original scientific research and print the results in recognized journals. Our division was one of the most recognized divisions of IADR and an award of 1000.00 dollars was given to the division as recognition of attendance in good number at the South Africa General Session and Exhibition. The next divisional meeting will be in Kenya. Ethiopia will host the IADR Africa Middle East Regional Meeting of IADR. The country is preparing to host the meeting and welcome dental researchers from all over the world. This was a consensus decision of members at the South Africa AMER meeting. The meeting where higher officials of the Ethiopian Government will attend the opening, is welcomed by the ministry of health. Participants who will come to attend the meeting will have the possibility to visit UNESCO recognized historical and religious places in Ethiopia and know the Ethiopian people and their tradition.

The Kuwaiti Division of IADR

The Kuwait Association for Dental Research (KuADR) was established as a section of the International Association for Dental Research (IADR) in 2000, with the main goal of supporting, advancing, and disseminating dental research locally and regionally. Through its close affiliation with the Faculty of Dentistry, Kuwait University, KuADR captured the interest of local academics and researchers, became a more established organization with a wider membership base, and was eventually promoted to a division in 2003. Currently, KuADR has the 3rd largest membership pool in the African and Middle Eastern Region (AMER). KuADR organized and held 15 annual conferences. Some of which were held locally, while others were held internationally, jointly with conferences of other international organizations. These joint activities provided great professional networking and research collaboration opportunities for our members. KuADR has published proceedings from 5 of its annual conferences. These proceedings are: “Minimal Intervention Approach for Dental Treatment”, Med Princ Pract 2002; 11(suppl 1): 1-54; “Evidence Based Practice in Dentistry”, Med Princ Pract 2003(suppl 1): 1-65; “International Conference on Oral Health in the Eastern Mediterranean and the African Regions” Int Dent J 2004; 54 (suppl 1): 327-410; “The International Conference on Preventive and Minimal Intervention Dentistry”, J Dent 2011; 39(suppl 2): 1-49 and “International Conference of the WHO Collaborating Centre for Primary Oral Health Care and African and Middle-East region of IADR” Med Princ Pract 2012; 23(suppl 1): 1-78. Through its annual conferences and published proceedings, KuADR continues to be a local advocate to IADR’s main mission of providing dental researchers with an organized platform for discussing, sharing, and exchanging their research ideas and findings.
The Nigerian Division of IADR

The Nigerian Section of the International Association for Dental Research (IADR) is the first and only one in West Africa. It was inaugurated in 2002 and had her first Annual Scientific Conference at the Obafemi Awolowo University Ile-Ife. The IADR Board at the 81st General Session & Exhibition Meeting held in Goteborg, Sweden (June 2003) gave formal recognition and approval to the Nigerian Section. We appreciate the support of the South African, British, East & Southern African Divisions, and the Kuwaiti Section in making this a reality. Following an increase in membership strength, the Nigerian Section had since been upgraded to a Division. The Nigerian Division has been very active in the African & Middle-East Region (AMER). She hosted the 3rd Conference of the African & Middle-East region IADR in Abuja from 27th - 30th of September 2011. The theme of the conference was “Building Capacity for Improved Oral Health Delivery”. The Nigerian Division also featured prominently in the IADR/AMER Pre-conference workshop on “Global Oral Health Inequalities Research Agenda” Cape-Town South Africa on the 24th June 2014. The enormous oral health challenges in Nigeria, and the rest of Africa and the Middle-East Region, place a huge responsibility on oral health care providers to pursue research and its application with great intensity and vigour. Research is a vital tool in promoting oral health, which is becoming increasingly important to the overall wellbeing of individuals and communities. However, it is sad to note that in the African & Middle-East Region, research findings are out of date and there is an absence of reliable, recent data that cover the oral disease severity continuum. To address the aforementioned at the inter-country and regional levels, the WHO in collaboration with international partners, such as the IADR and Federation Dentaire Internationale (FDI) ought to assist the African & Middle-East Region in the areas of capacity building and research promotion.

The Iranian Division of IADR

The IADR mission is to advance research and increase knowledge for the improvement of oral health worldwide. The Iranian Division has been active in conducting different Workshops in collaboration with scientific and professional organizations. Likewise, National and International Scientific Meetings were conducted such as the joint congress of the 2013 with Kuwait held in Tehran and the joint congress of the 2014 in Cape Town, South Africa. A WHO-IADR Symposium with representatives from several countries in the region, was conducted in conjunction with 2013 Joint meeting in Tehran; in order to review the Regional Oral Health Obstacles and provided some guidelines to improve the situation. After using the suggested method of “member get a member”, the number of Iranian membership increased by 50%. Innovative opportunities for young investigators to conduct dental research that will have a direct impact on the oral health at the national and regional level is underway.
Dr. Faaiz Al-Hamdani  
President of IADR Iraqi Division

The Iraqi Division of IADR

The Iraqi Association for Oral Research (IAOR) was founded as the Iraqi Section of the International Association for Dental Research in 2010, with the aim of advancing oral health provision and research in Iraq. Since its establishment the Section gained popular appeal amongst Iraqi dentists and the membership increased significantly. In 2012 the IAOR became a Division of the IADR. The IAOR held two scientific meetings in London in 2012 and 2013. The program for both meetings was a mixture of lectures by invited international speakers and presentations of original research papers from different International and Iraqi universities. The Division is very active in organizing scientific meeting in Iraq including presentations in academic conferences in Mosul (2014) and Erbil (2014), in addition to collaborating with dental training centres in Baghdad for different hands-on workshops and lectures during 2014. The IAOR launched its official scientific journal, Journal of Oral and Dental Research in 2013. This is the first online, open-access international journal established by Iraqi medical and dental organization, publishing peer-reviewed manuscripts.

Prof. Fethi Maatok  
President of IADR Tunisian Section

The Tunisian Section of IADR

The national epidemiological studies and the last World Oral Health Report revealed that in Tunisia, as in most of the African countries, the oral diseases constitute a major public health problem essentially in the young people. Indeed, at 15 years, 56 % and 17 % of them suffered from dental caries and calculus respectively. Authors also reported oral health inequalities between and within regions. Thanks to the encouragement and supporting of Professor Eino Honkala, the Tunisian IADR section was constituted in this context, to achieve the following objectives:

- Promote research in all aspects of oral and related sciences;
- Encourage development of improved methods for prevention and treatment of oral and dental diseases;
- Facilitate training and cooperation among investigators;
- Communicate research findings and their implications especially in the Africa/ Middle East Region (AMER) region.

Next to these aims, it seems essential to propose, after consultation with the experts of each country and in association with the experts of WHO and IADR, a global strategy for improvements in oral health and reducing inequalities between and within countries in AMER region.
The Jordanian Section of IADR

The presentation will focus on issues that negatively affect sections or divisions of AMER to maintain their status and recruit more members and suggest important steps based on feedback from members. The benefits IADR is offering to its members are very important and useful but are not sufficient to guarantee the growth and maintenance of its Divisions and Sections. Consideration must be given to AMER countries in regard to membership fees which is still considered high by most members of the developing world and is the reason for there being such few members. In addition, consideration must be given to developing countries in regard to registration fees at general sessions. Support each year of the membership for at least two new young researchers and sponsoring (all expenses) members of the Section Boards to attend the annual IADR meeting and sponsoring invited IADR member guest speakers to the sections or divisions are important steps that should be considered to maintain the divisional status. The demands of its Divisions and Sections vary and therefore it is important that IADR decides what demands are possible to implement separately.

Dr. Manal A. Awad
President of IADR United Arab Emirates Section

The United Arab Emirates Section of IADR

The IADR, U.A.E. Section, was established in 2011. It includes members from academic institutes, public and private sectors. The section aims to provide leadership in oral health promotion, oral, dental and craniofacial research, diseases prevention and elimination of oral health disparities in U.A.E. population. This will be achieved through research that generates new knowledge to drive effective education, practice, and policy. The section will collaborate with academic institutes and other organizations to develop effective multidisciplinary oral health research programs tailored to the oral health needs of U.A.E. population, and increase the likelihood of having a significant impact on the population’s well-being and quality of life. The U.A.E. section will strive to establish formal collaboration with stakeholders in U.A.E. and the region in order to achieve a broad spectrum of research opportunities maximize use of existing resources and avoid duplication. Through this collaboration, common areas of interest could be identified, and action steps for developing strategic relationships with other healthcare and continuing education centers in the U.A.E. could be pursued. The section also aims to enhance the knowledge and skills of oral health care professionals through continuing education and technical assistance.
1. What Is Stickiness in an Oral Context?

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Objectives: The aims of this study were (a) to estimate the adhesive fracture energy, toughness and frictional characteristics of seven types of cooked carbohydrate sheets and (b) to model the role of these properties in surface texture perception in the mouth. Methods: Cutting tests with a range of steel wires, of diameters 0.30-0.89 mm, were performed with and without lubrication with a coat of mineral oil. Peeling tests were performed by lifting sheets vertically away from a fresh mica surface. Results: Plots of the work done in the cutting tests, normalized to the area cut by the wire, showed that work was linearly related to wire diameter irrespective of lubrication. The oil had little impact on the intercept of these plots, giving toughness (G_t) ranges for these foods between 6.8 - 32.3 J m^-2. Lubrication had a strong influence on the slope of the plots. From a comparison of the slopes for lubricated vs. unlubricated tests, the kinetic coefficient of friction (μ_k) could be calculated. Values between 0.007 - 0.521 for different foods were obtained. From peeling tests, the adhesive fracture energy (G_a) varied from 2.5 – 4.8 J m^-2. Conclusions: Texture maps that plot the ratio of [toughness/adhesive fracture energy] against the coefficient of friction may be useful in modeling 'stickiness' and related terms such as 'roughness', 'smoothness' and 'slipperiness'.

2. Providing Smoking Cessation Advice: Difference between Smoker and Non-Smoker Dentists

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Objectives: The aim of this study was to assess the difference between smoker and non-smoker dentists in their attitude towards smoking cessation promotion in the dental setting. Methods: One hundred eighty four dentists practicing in Kuwait participated in the study. A structured self-administered questionnaire was used to collect information about socio-demographic characteristics of participants, and their attitude towards smoking cessation advice. Data were collected over a four months period and analyzed. Descriptive statistics and Pearson's chi-squared tests were used to analyze the data. Results: Non-smoker dentists were found to provide smoking cessation advice to their patients twice as much as smoker dentists. Patients' attitude and behavior were found to be important factors affecting dentists' willingness in providing smoking cessation advice. About 60% reported that they would be more committed to provide advice regarding smoking cessation if the patient was a family member or friend. Many of the study subjects (78.7%) were not aware of smoking cessation programs and institutes that are available in Kuwait. Of those who had smoking cessation promotion courses in their dental curriculum, 84.8%, believed in their role as dentists in helping patients quit smoking. The majority of the participants, 94.7%, thought they had sufficient knowledge about the negative effects of smoking on oral health. Conclusions: Besides being a smoker, dentists' perception of having sufficient knowledge about the negative effect of smoking on oral health, being exposed to a smoking cessation course, and awareness about the smoking cessation programs and institutes available are factors that need to be considered. In addition, the patient being a family member or friend, and patients' behavior and attitude were also found to affect the dentist's decision to either provide advice or not.

3. The Relationship Between Oral Health Awareness, Type 2 Diabetes Risk and BMI Among Health Sciences Students.

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Objectives: (A) to explore type-2 diabetes risk scores among students at the Health Science Center (HSC) faculties at Kuwait University, (B) to find an association between diabetes risk and oral health awareness of diabetes oral complications and (C) to explore an association between oral health awareness levels and the BMI. Methods: This was a cross-sectional questionnaire study to evaluate a sample of students officially enrolled at Kuwait University HSC in four faculties (Medicine, Dentistry, Pharmacy, and Allied Health). A random sample of 498 students (via power calculation) was selected, in proportion to faculty size, from 1799 students enrolled overall (September 2013). Results: The average risk score of developing diabetes for the sampled population was 20.77 (SD ± 4.63) FINDRISC points, falling into the high risk category. Most students (54.82%) were at very high-risk, 36.35% were high-risk, while 8.83% were at moderate risk (Chi square test: p = 0.0001) Oral health awareness questions of the questionnaire were mainly related to the effects of diabetes complications on oral health. 69.68% of responses scored between 0 – 60, indicating limited knowledge about diabetes effects on oral health. 21.08 % of responses had reasonable oral health knowledge (score between 60-80), while 9.23% were in the knowledgeable group, scoring > 80. Conclusions: It is evident that the risk of developing diabetes among young students is noticeably high; more than 50% were in the high risk group and might develop diabetes within the next 10 years. The participants from the Faculty of Dentistry seem to have higher knowledge of oral complications related to diabetes, which coincides with a hypothesis that the dental students have higher oral awareness than the students from other Faculties. There was also an association between oral health knowledge of diabetes complications and the BMI.
4. Infant Feeding Practices among Disabled and Normal Children in Kuwait

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Objectives: Infant feeding practice is an important predictor of the future caries risk of children. The aim of this study was to describe infant feeding practices among disabled and normal children in Kuwait. Methods: This study involved 211 children with a physical disability, 97 with Down syndrome and 112 normal children. The parents completed a structured anonymous questionnaire about the feeding practices of their children. Chi-square and t-tests were used in the analysis. Results: A significantly higher proportion of physically disabled children (31%) was weaned from the bottle beyond the age of one year and had taken a bottle at bed time at night, left with the child, compared to both Down syndrome and normal children (20%) (p=0.023). Physically disabled children were also older when permanently relinquishing the nursing bottle, while this happened after the age of two years in 24%, compared with 19% of Down syndrome and 11% of normal children (p=0.023). A higher proportion of normal (34%) and physically disabled children (30%) had a bottle at bed time compared to those with Down syndrome (21%) (p=0.001). Down syndrome children (17%) had a bottle left with the child at bed time more often compared to the physically disabled (14%) and the normal children (10%) (p<0.01). A higher proportion of parents of disabled children with no education or with primary school education (26%) had left the bottle at bed time with the child compared to the parents with university education (7%) (p=0.031). Shorter times for breast and bottle feeding was common among the normal children as the majority were weaned from bottle feeding by 18 months. Conclusions: The disabled children had poor infant feeding practices. The parents of the disabled children should be given health education on the healthy feeding practices of their children.

5. A Retrospective Analysis of Endosseous Dental Implant Survival in HIV Patients

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Objectives: Human-Immunodeficiency Virus (HIV) is a retrovirus that compromises the immune system. Patients typically exhibit several complications such as higher risk of infections and delayed wound healing. Endosseous implants are routinely placed in HIV-positive patients as a prosthetic option for missing teeth. Limited published data exist in terms of implant survival in HIV-positive patients and guidelines for implant treatment. The objective of the study was to compare implant survival in HIV-positive patients compared to HIV-negative patients. Methods: A retrospective analysis of 1529 implants placed since June 2007 to Jan 2014 was conducted. Of the 1529, 544 implants were placed in HIV-positive patients. Several parameters were taken into consideration, such as different operators, tobacco use, diabetes, timing of implant placement, CD4 count, viral load, grafting material used and antiretroviral therapy administered. Statistical analysis was conducted. Results: Only 14 from 544 implants failed in HIV-positive patients (97% survival). Many (9 of 13) patients were active smokers, but none had diabetes. CD4 count, viral load graft material and operator skill had no statistical significant difference on implant survival. Most (13 of 14) implants failed before loading. Furthermore, only 19 from 985 implants failed (97% survival) in the control group. Of the 19 failures, 10 patients had a history of tobacco use, but one had diabetes. Almost all (18 of 19 failures) were loaded prior to failures. Conclusions: No significant difference was noted in implant survival between HIV and the control patients. HIV-positive patients exhibited early implant failure compared to control. Furthermore, tobacco had a more profound effect on implant survival in HIV patients.

6. Stiffness Characteristics of Splints for Fixation of Traumatized Teeth

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Objectives: Traumatic dental injuries (TDI) are treated by repositioning and splinting. Ideally, injured teeth should possess some mobility for optimal periodontal and pulpal healing. Ideal splints should be easy to apply in emergencies, affordable and esthetically acceptable. The aims were to compare some commonly-used splints with regard to stiffness (measured in Nm-1), esthetics, cost, and ease of application. Methods: Six splints were applied to dental models using acid etch bonding technique. One central incisor was adjusted to give 1 mm of horizontal movement at the incisal edge. The mobilized tooth was connected to adjacent teeth with one of the following: twistflex wire (TF), titanium trauma splint (TTS), single (SFG) and double fiberglass (DFG), nylon (fishing) line (FL), and power chain (PC). A horizontal force of 50N was then applied to the incisor in a standardized manner with a spherical probe (1.65 mm radius). Force was monitored with a 50N load cell, displacement with an LVDT. Signals were amplified, converted digitally (14-bit ADC), and displayed in real-time. Splints were ranked with regards to esthetics, application time measured, ease of application assessed, and costs registered. Results: FL and PC were the least stiff, averaging 5.7 Nm-1 and 6.3 Nm-1 respectively, TTS averaged 6.9 Nm-1, with SFG and TF averaging 18.5 Nm-1 and 18.4 Nm-1 respectively. DFG was the stiffest, averaging 24.3 Nm-1. PC and SFG were easiest to apply. FL showed the best esthetic score, followed by TTS and PC. TTS was the most expensive splint, while FL, PC, SFG, DFG and TF showed similar costs. Conclusions: Of these TDI splints, we conclude that DFG should be avoided for flexible splinting because it is too stiff. PC may be an interesting novel alternative, affording sufficient mobility due to its low stiffness.

7. Measuring the Intensity of Pain or Discomfort after Initial Placement of Orthodontic Elasticomer Separators

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Objectives: The aims of this study were to measure the intensity of pain and discomfort following the initial placement of orthodontic elasticomer separators and to recognize whether a topical anesthetic agent or systemic analgesic drugs are needed before the placement of the elasticomer separators. Methods: Forty subjects (ages 21–40 years) took part in this study. Orthodontic elasticomer separators were placed randomly in right or left interproximal contact area between the second maxillary premolar and the first maxillary molar of each subject. The subjects were asked to record the intensity of pain or discomfort experienced every two minutes for a total period of ten minutes using a Visual Analogue Scale (VAS) scale. After the procedure, the subjects were asked to complete a questionnaire consisting of 5 questions. Results: Most of the subjects reported having pain and discomfort with an intensity ranging from 10% to 70%. The most type of pain experienced by the subjects was pressure discomfort. Almost half of the subjects preferred having a topical anesthetic agent applied before the placement of elasticomer separators. Conclusions: The initial placement of orthodontic elasticomer separators can lead to pain and discomfort. Use of topical anesthetic agents could relieve the pain and discomfort associated with the initial placement of orthodontic elasticomer separators.
8. Oral Health Habits among Disabled Schoolchildren in Kuwait
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Objectives: This study aimed to describe oral health habits among disabled schoolchildren in Kuwait. Methods: 308 parents of children either with physical disability (n=211) or Down syndrome (n=97), and parents of 112 normal children, participated, completing a questionnaire about their children's oral health habits. Chi-square and z-tests were used in analysis. Results: About one-third of parents of Down syndrome children, 18% of normal children and 15% of physically disabled reported their children consuming both soft drinks and sweets at least once a day (p = 0.016). The proportions of children drinking soft drinks daily was higher among Down syndrome children (65%) than among physically disabled (52%) or normal children (48%) (p = 0.003). However, more normal children consumed sweets daily (79%) than disabled children (58%) (p = 0.012). Less than half brushed their teeth twice a day as recommended (48% of Down syndrome, 43% of normal and 38% of physically disabled); Of disabled children who brushed their teeth, 33% had no help with toothbrushing, 37% received some help from parents and 29% were extensively helped by parents or caregivers. About a fifth of disabled children and 37% of the normal children had never visited a dentist (p = 0.003). Disabled children had visited a dentist more frequently during the previous two years than normal children (65% vs. 57%). A larger proportion of disabled children (42%) visited the dentist due to toothache than normal ones (25%) (p < 0.01). Conclusions: Daily consumption of soft drinks and sweets was common. Less than half of the disabled children were reported to brush their teeth as recommended. Toothache was the main reason for dental visits. Disabled children had poor oral health habits and should be targeted for increased preventive dental care by the National School Oral Health Program for the disabled in Kuwait.

9. Dental Fear among Dentists in Kuwait
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Objectives: Dental fear is a universal problem and has been identified as a significant barrier to accessing dental care. Dental fear is a major problem encountered in the general population as well as among health care professionals. The aim of this study was to assess dental fear among the dentists in Kuwait. Methods: The study included 106 dentists; 53% dental specialists and 47% general dentists working in Kuwait. About 45% were Kuwaiti dentists and 55% were non-Kuwaitis. The majority of dentists were male (62%). These dentists completed the Dental Fear Survey (DFS) questionnaire relating to their fear and anxiety. The chisquare test was used in the analyses. Results: About 43% of the dentists replied that they do not visit the dentist regularly for their own dental care. Significantly more general dentists (28%) indicated that they were afraid of visiting the dentist due to fear as compared to only 4% of specialists (p=0.001). Also, more general dentists (44%) recalled bad dental experience during their childhood than the specialists (20%) (p=0.006). Almost half (46%) of Kuwaiti dentists expressed nervousness or apprehension during their dental visit as compared to 24% among non-Kuwaiti dentists (p=0.016). A quarter of the female dentists (25%) were afraid of visiting a dentist for dental care compared to about one-tenth of the male dentists (9%) (p=0.028). The anaesthetic needle was the most fear-provoking stimuli among the dentists and nearly two-thirds recounted fear from the sight and sensation of the needle. Fear and anxiety were more frequently encountered during the treatment procedures among the dentists. Conclusions: Dental fear was a common problem encountered among the dentists in Kuwait. This may lead to the avoidance or delay in seeking the needed dental care by the dentists.

10. Knowledge of Oral Cancer among Dental Patients attending Kuwait University Dental Clinic
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Objectives: The aim of the present study was to assess the knowledge of risk factors, signs and symptoms of oral cancer among the dental patients visiting Kuwait University Dental Center. Methods: A self-administered questionnaire was used to collect information from randomly selected outpatients attending the dental clinic. The questionnaire included questions to ascertain information on socio-demographic characteristics, knowledge of risk factors and signs of oral cancer as well as sources of information regarding the same. The completed questionnaires were obtained and analyzed. Descriptive statistics were generated and chi-square tests, t-tests, one-way analysis of variance (ANOVA) were used to examine differences between groups. Results: A total of 136 patients completed questionnaires of this study. The mean knowledge score for oral cancer risk factors was found to be 5.2 ± 2.7 (mean ± SD) out of 10 while the mean knowledge score for oral cancer signs was 3.4 ± 2.7 out of 8. Family, friends and colleagues were mentioned as the main source of information regarding oral cancer. Conclusion: The knowledge regarding oral cancer risk factors, signs and symptoms was found to be lacking among the public. Efforts are needed to improve the awareness of oral cancer among the general public.