

ENDODONTIC ASSOCIATES
DENTAL GROUP



A periodic publication of
Endodontic Associates Dental Group
for general dentists and office staff.

News
you can use

Still Providing Excellence Through Personalized Care

We recognize that our office is an extension of yours when you entrust us with the care of your patients. Our daily mission is to adhere to our foundation of "Excellence Through Personalized Care." When referring your patients you can expect the following:

EXCEPTIONAL PATIENT CARE

Our goal is to treat the whole patient, not just the tooth. We strive to make each patient feel at home in a relaxed environment.

EASE OF PATIENT ACCESS

More of us means more time for you. We recognize that your patients are often in pain and

with five doctors and three office locations we are generally able to accommodate them immediately.

EXPERIENCED CLINICIANS AND STAFF

Our highly trained team uses the most up-to-date technology to provide your patients the best care possible.

EXPERTISE

We understand that two heads are better than one. We believe five heads are even better. We choose to work together and combine our many years of collective expertise in the field of endodontics.

EXTREME CONSISTENCY

We are committed to consistently providing you information on your patients' treatment in a timely manner.

EXTRA ASSISTANCE

We realize you may be doing some Endodontic work on your own. For those cases that require extra help, we welcome your referral.

Endodontic Implications of Bisphosphonate-Associated Osteonecrosis of the Jaws

A number of recently published studies have focused on the adverse effects of drugs classified as bisphosphonates and a resulting condition known as osteonecrosis of the jaw (ONJ). More than 30 million Americans take bisphosphonates, which are used to treat cancer and debilitating bone diseases such as osteoporosis and Paget's disease.

Because there currently are no available randomized controlled trials or higher levels of clinical evidence, the **American Association of Endodontists (AAE)** convened a special committee to retrospectively analyze case reports and expert opinions. On the basis of the committee's work, the AAE released a position statement for endodontists and other dental professionals, which shares diagnosis and treatment considerations for patients presenting with bisphosphonate-associated ONJ. Commonly used bisphosphonates include: Zometa, Aredia, Fosamax, Actonel, Boniva, Skelid, Bonefos, Ostac and Didronel.

RECOMMENDATIONS

The following are recommendations of the AAE when considering the endodontic implications of treating patients taking bisphosphonates.

- Recognize the risk factors of bisphosphonate-associated ONJ.
- Patients at higher risk for bisphosphonate-associated ONJ include those patients taking I.V. bisphosphonates.

Preventive procedures for high risk patients are important to reduce the risk of developing ONJ because treatment of ONJ is not predictable at this

time. Preventive care might include caries control, conservative periodontal and restorative treatments. Similar to the management of the patient with osteoradionecrosis, this might include nonsurgical endodontic treatment of teeth that otherwise would be extracted. Teeth with extensive carious lesions might be treated by nonsurgical endodontic therapy possibly followed by crown resection and

restoration similar to preparing an overdenture abutment. For patients at higher risk of developing bisphosphonate-associated ONJ, surgical procedures such as tooth extractions, endodontic surgical procedures or placement of dental implants should be avoided if possible.

- Patients at low risk for bisphosphonate-associated ONJ include those patients taking oral bisphosphonates.

Appropriate clinical procedures might include caries control, appropriate periodontal and restorative treatments and patient education about the symptoms of bisphosphonate-associated ONJ and their low risk for developing ONJ from surgical or soft tissue procedures.

- As usual, informed consent for procedures should involve a discussion of risks, benefits and alternative treatments with the patient.
- Consider bisphosphonate-associated ONJ when developing a differential diagnosis of nonodontogenic pain.
- Utilize the entire health

care team, including the patient's oncologist and oral surgeon, when developing treatment plans for these patients.

- Cases of bisphosphonate-associated ONJ should be reported to the U.S. FDA MedWatch Online at: <https://www.accessdata.fda.gov/scripts/med-watch/>.

Additional background information on how to report adverse effects of drugs can be found at: www.fda.gov/opacom/backgrounders/problem.html.

- Be aware that the knowledge base for bisphosphonate-associated ONJ is rapidly increasing, and it is likely that these recommendations may change over time. Thus, the practitioner is encouraged to monitor developments in this area.

To review the AAE's Position Statement in its entirety and/or review references, please visit www.aae.org and search for "Endodontic Implications of Bisphosphonate-Associated Osteonecrosis of the Jaws."

You may also contact our office at 916-485-6900 and we will be happy to provide you with a copy of the article.

DID YOU KNOW: More than 30 million Americans take bisphosphonates to treat cancer and debilitating bone diseases such as osteoporosis and Paget's disease. One of the adverse effects of bisphosphonates is a condition known as osteonecrosis of the jaw (ONJ).

Source: American Association of Endodontists Web site

Staff Spotlight

We are proud to feature Jenneen Schafer in our Staff Spotlight! Jenneen has been with Endodontic Associates for over 10 years. Presently she is both our Clinical Coordinator and Front Office Patient Coordinator. She wears many hats, and her duties include supervision of the clinical staff, supply ordering for three office locations, and HIPAA coordinator just to name a few. Recently she has expanded her duties to join the administrative staff as Patient Coordinator, which involves dealing directly with both the patients and our referring offices.

While we are extremely proud of Jenneen's professional accomplishments, her most recent weight loss of 135 pounds calls for a big round of applause, so we wanted to share her 15-month journey with all of you!



Q. What inspired you to begin your weight loss journey?

"I was in a bit of denial mode. Neither my family nor I realized how heavy I had gotten. The main inspiration from the beginning was to set a good example for my children. I also wanted to keep up with my good looking husband (who has also lost 50 pounds), and last, but certainly not least, the health issues associated with obesity are daunting."

Q. What are the greatest challenges you faced along the way?

"I had to stay 110% focused at all times. It was difficult finding the time to workout while juggling personal and professional responsibilities. I was com-

mitted to maintaining a healthy nutritional diet along with regular exercise. I didn't even eat a cookie for 1½ years! I wanted to do it the right way."

Q. Describe your support system during this two year journey.

"I had tremendous support from my husband, family and co-workers, aka 'friends'. I was given the privilege of leaving work early 2 days per week to meet with a trainer. When I thought I couldn't continue, my office surprised me with 10 additional training sessions. At a staff meeting they all stood and held up signs of encouragement. I didn't know whether to laugh or cry – I thought, 'are they trying to kill me?!' It was so cool to feel the support."

Q. How has your weight loss impacted your life both personally and professionally?

"I feel so alive – like I have my life back! Professionally, I can move around the operatories comfortably, and fit into chairs!"

Q. What has been the greatest reward associated with this major accomplishment?

"I feel and look great. I used to have to make such an effort to try to look good."

Q. Would you change anything if you had to do it all over again?

"No – not a thing!"

A SPECIAL INVITATION FROM THE SACRAMENTO STUDY GROUP

Enhancing Personal and Professional Effectiveness by Leveraging the Power of the Triangle

In the ever evolving field of dentistry, most of us recognize the importance of optimal communication with regards to staff, management and patient relationships. You are invited to the Sacramento Study Group's September club meeting where you will learn a simple and highly effective communication skill to increase the impact of your communications, optimize your influence with staff and patients, and reduce your interpersonal stress.

The discussion will be facilitated by **Brian DesRoches, MSC, MHA, MBA, Ph.D.** from Seattle, WA. Dr. DesRoches is a consultant, psychotherapist, nationally known workshop facilitator

and internationally published author. He has worked with dental professionals for over 14 years. A long-term client recently referred to him as "the Dr. Phil of dentistry!"

In addition to the lecture, dinner will be served. There is no charge for the meeting. Dental professionals and staff are invited.

■ **Thursday, September 25, 2008 — 6:30 p.m.**

For more details or to attend, contact Julie Handy, Professional Relations Coordinator, Endodontic Associates, at jhandy@endofiles.com or by phone, (916) 485-6900.

The discussion is sponsored by The Sacramento Study Group, a multi-disciplinary study club whose members are Aneet Bal, DDS; Kevin Chen, DMD, MS; Herlin Dyal, DDS; Jagdev Heir, MD, DMD; Yan Kalika, DMD, MS; and Jeffery Saladin, DDS.

Rise & Shine



At Endodontic Associates we understand that for many of your patients, there just aren't enough hours in the day! Based on feedback from numerous patients, as well as recommendations from referring offices, we do our best to offer early morning appointments whenever possible.

Our regular office hours are **Monday through Friday, 8 a.m. – 5 p.m.**, however we are pleased to offer appointments **as early as 7 a.m.**

Please feel free to talk with our Patient Coordinators about these slots if you are interested.



*Committed To Excellence
Through Personalized Care*

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