Professor Andrew Eder

We all have tooth wear. This is a problem

Working across what he calls the 'triad of clinical care, education and research', Professor Andrew Eder has a hugely varied experience of the profession. He tells *PPD* how they inform each other and about new ventures at UCL, the Eastman and in his specialist referral practice

After spending the last 10 years dividing his time between private specialist referral practice in the West End and his role as Director of Education and CPD at the UCL Eastman Dental Institute, 2013 is set to be a year of great change for Andrew Eder.

He has a brand new role at UCL, as Associate Vice-Provost (Enterprise), UCL and Director of CPD and Short Course Development, with a mandate to facilitate growth of this key area across the university, while also remaining involved in postgraduate dental teaching at the Eastman. Andrew is currently in a transition period between the two roles, embarking on a series of meetings with new colleagues across UCL to help inform his developing vision and strategy.

This new role is a natural extension of Andrew's research interests in innovative teaching methods and the impact of training on patient outcomes in clinical practice, which comes as UCL looks to expand its CPD profile across all disciplines. In 2010 he received a Provost's Teaching Award, the highest accolade for excellence and innovation in teaching and learning at UCL.

After qualifying from King's in 1986, Andrew embarked on postgraduate training at the Eastman, completing a masters in conservative dentistry in 1990. As a specialist in restorative dentistry and prosthodontics, Andrew has been clinical director of his own private specialist referral practice in the west end for 22 years. He described his week as 'action packed' with three days in practice and two at the Eastman, alongside, 'a multitude of other professional and community-based responsibilities.

'Having been qualified for just over 26 years, and following many valuable experiences during this time, I have been lucky to acquire a broad range of translational skills and am always on the lookout for new opportunities. There is no question that the triad of clinical care, education and research and how each informs the other has maintained my overall professional stimulation.'

LONDON TOOTH WEAR CENTRE

As well as a change in his education role, Andrew is also embarking on a new venture in his clinical work, establishing the London Tooth Wear Centre as a new branch of his private specialist referral practice. The issue of tooth wear has long been a clinical interest for Andrew, as he explained, 'In 1995, I was invited to become chairman of the London Chapter of Alpha Omega, an international dental society. One of the chairman's roles is to organise an evening lecture series over their year in office. Having been exposed to many patients with tooth wear both in practice and at the Eastman, I decided to arrange a themed series of lectures around this increasingly problematic clinical area. The presentations were well received and we were encouraged to prepare these for publication in the *BDJ* which happened in 1999. The feedback on the series of articles was similarly positive and these were then compiled into the *BDJ* book *Tooth Surface Loss* (co-edited with Professor Richard Ibbetson), with some additional material, a year later.'

The statistics tell of a growing problem, the latest Adult Dental Health Survey, published in 2009, reports that over 50% of children and 76% of dentate adults show some form of tooth wear and that the prevalence of tooth wear is increasing. In contrast with the other major diseases of teeth that may cause tooth loss, this compares with 31% for primary or secondary coronal or root caries and 45% for some form of historical or current periodontal disease.

'Such surveys have tended to report on the rather more measurable patterns of wear,' Andrew commented. 'However, what are sometimes overlooked are the rather more mundane aspects of wear. For example, when we chew or grind, each of our teeth move to varying degrees. As a result, the contact points between adjacent teeth rub against one another causing interdental attritional wear resulting in broader contact areas. In summary, we all have tooth wear. This is a global problem of growing enormity as longevity increases and people will be retaining their teeth longer.'

So what are the major causes of tooth wear, and how can it be treated, and - more importantly - prevented? 'Tooth wear has been reported throughout the ages and the types and degrees of damage are well documented. In broad terms, abrasion, attrition and erosion are the main culprits with abfraction having been described more recently,' Professor Eder explained. 'Strategies for successful prevention and management rely heavily on identifying the cause. However, more often than not, the aetiology is multifactorial. By way of example, an individual may have both an acidic and abrasive diet and also grind at night.'

Andrew went on to describe the three main reasons to treat tooth wear. 'Firstly, for relief of symptoms, such as sensitivity or pain, as the wear causes loss of enamel and dentine often exposing the pulpal tissues in the worst of cases. Secondly, to maintain satisfactory function and protect the masticatory system, as stability

> of growing enormity as longevity increases

and effectiveness of the occlusal relationship normally decreases as the amount of wear increases. Thirdly - and often most important from the patient's perspective - is to re-establish satisfactory facial and dental aesthetics as teeth can become both short and sharp.

'Having arrived at a diagnosis and instigated preventive measures, treatment options vary greatly and are directed toward addressing any dental damage or wider health issues, whilst also fulfilling patient expectations as best possible in what are sometimes very challenging circumstances. As a result, the simplest dental treatments might include replacing small amounts of missing enamel and dentine with conservative adhesively-retained, tooth-coloured fillings. Whereas, at the other extreme, are comprehensive reconstructions involving varying amounts of treatment for individual teeth at an increased occlusal vertical dimension.'

Whatever the treatment need, Andrew confirms that monitoring levels of wear is essential, with clinical photographs and study casts being the most useful indicators of ongoing changes. 'Whatever the scenario, supportive hygiene therapy remains an essential aspect of care, whether this be in relation to dietary assessment and advice or appropriate oral hygiene techniques to limit future loss of healthy tooth tissue. Most important is a holistic approach to care taking into account dietary, social and work-related issues as well as any medical problems to ensure successful management of the presenting dental challenges.'

PROFESSOR ANDREW EDER

Qualifications: BDS LDS MSc MFGDP MRD FDS FHEA Specialist in restorative dentistry and prosthodontics

Position: Associate Vice–Provost (Enterprise), UCL; director of CPD and short course development, UCL; professor of restorative dentistry and dental education, honorary consultant in restorative dentistry, UCL Eastman Dental Institute

Editorial Boards: *British Dental Journal, Dental Tribune, European Journal of Prosthodontics and Restorative Dentistry, Private Dentistry, PPD*

Qualified: King's 1986

Family: married to Rosina with three children, David, Daniel and Deborah

REFERRAL PRACTICE

The London Tooth Wear Centre is holding a series of open evenings for current and potential referring GDPs, and its clear that Andrew places a huge emphasis on strong and numerous relationships with professional colleagues. 'There are two types of referral,' he commented. 'Firstly dentists wanting a second opinion (and interested in furthering their own expertise and understanding as a consequence) and secondly, the most challenging cases that may require a significant amount of treatment.'

Andrew also said his work encompasses the following types of treatment: 'Identifying the causes and how to address some of the rarer factors (eg recreational drug habits); designing an appropriate treatment plan (eg where there may be multiple and ongoing problems); and delivering certain aspects of care (eg management of TMJ problems or increasing the occlusal vertical dimension).'

Being in specialist referral practice for so long has enabled Andrew and his team to build a solid reputation for ethical referral practice, and also to have contact with dentists around the country who he can pass patients on to for ongoing care, as required.

CHALLENGES

With such a varied workload, it is no surprise that Andrew has faced numerous challenges over his career. He said, 'From the practice perspective, it was difficult developing and maintaining a specialist practice right in the heart of central London at a time when dental specialists were just being introduced in the late 1990s, and ensuring excellent working relationships with colleagues in primary care. I am thrilled though that these relationships continue to thrive 15 years later. From the Eastman perspective, getting across that what we offer is high-quality postgraduate training for the dental team from qualification to retirement. The highlight, however, has been seeing UCL Eastman CPD become a leading provider of dental education in the UK and Europe.

'And finally, email! Finding the time to respond fully and promptly can be a real challenge!

FUTURE

Looking to the future, Andrew sees changes ahead for both general and specialist dental care. 'The profession is on the precipice of enormous change with major organisational restructuring ahead to include the commissioning of primary and secondary dental care. As a direct result, general practice is likely to look very different in the future with a greater emphasis on a team approach using a wide skill set, and also the potential for an increase in specialist care in the primary setting. Restorative dentistry, currently a hospital-based specialty, will need to be delivered within these new frameworks with monospecialists providing essential specialist care in the high street.'

He also sees a huge challenge ahead for the profession in the shape of failing complex dentistry, particularly veneers and implants, placing a drain on resources in both primary and secondary care.

Andrew also believes the issue of tooth wear will become more important, 'With an ever-ageing population, teeth will be wearing out in increasing numbers as the battle against the ravages of dental caries and even periodontal disease is being addressed. Prevention and training will need to prepare the whole professional team.'

LONDON TOOTH WEAR CENTRE®

For further information on the London Tooth Wear Centre, please visit www.toothwear.co.uk

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