

Editorial

Time for Change

By Rebecca S. Wilder, RDH, BS, MS

The past year has been encompassed by our country seeing changes in our economy, political climate, and relationships abroad. In 2009, change is coming. So it is with the *Journal of Dental Hygiene*. We have seen many changes to the Journal over the years. From a historical perspective, the Journal was created and first published in January of 1927 with Dorothy Bryant of Augusta, Maine as the first editor. According to the ADHA records, the American Dental Laboratory Association first offered space in its journal for ADHA content but the ADHA Board voted unanimously not to affiliate with any magazine. Instead, they decided that ADHA would publish its own journal. The Journal, formally called *Dental Hygiene* is now referred to as the Journal of *Dental Hygiene* and it is the official scientific publication of the American Dental Hygienists' Association. In the summer of 2004, the print option of the JDH was discontinued and the Journal was published in online format only. But, members wanted a change...a change back to a print format. Subsequently, at the 2008 House of Delegates, a vote was cast to bring the *Journal of Dental Hygiene* back into print at a subscription rate for members who wished to have it in hand. Many associations have adopted this option including the American Dental Education Association, The International Association of Dental Research, the International Federation of Dental Hygienists, and others, etc. This issue of the *Journal of Dental Hygiene* represents the first print issue of the Journal (disregard-



ing print supplements) since 2004. You asked for change and ADHA listened. As in any business, the Journal will have to be financially feasible in order to sustain the print version. If you wanted the print version, please subscribe to it.

Another change is occurring with the JDH. It is growing. Submissions to the Journal are up almost 100%. Dental hygienists are writing more than ever before and many see the value of publishing in a peer reviewed scientific publication that can be assessed globally. Since the JDH is one of only three scientific research publications for dental hygienists in the world and only one of two that can be accessed via Medline, it is very attractive to oral care professionals throughout the world.

As we see changes in the oral care needs of our nation and a cry for greater access to care, so we see varying models of practice being proposed. The winter issue of JDH is thought provoking and timely as it includes information about varying models of practice for dental

hygienists. Dr. David Nash proposes a model of care based on the dental therapist to meet the oral care needs of children and adults. Ms. Deborah Lyle and her colleagues, Dr. Delores Malvitz and Ms. Christine Nathe provide another option to meeting the oral care needs of the nation by sharing details about the work of ADHA's Task Force on the Advanced Dental Hygiene Practitioner. Scientific inquiry, debate and discussion are good and productive as we move forward and promote change.

Continual change is needed to keep abreast of the research needs of our profession. When the National Dental Hygiene Research Agenda (NDHRA) was first conceptualized in 1993, it was to serve as a tool for guiding research efforts of the profession and to expand our body of knowledge. The NDHRA should be our compass as we move the profession forward and promote scientific inquiry in focused areas. Every dental hygiene student, practitioner, and faculty member should be aware of the value and need for research in DENTAL HYGIENE to develop our own body of knowledge, to enhance our status as a profession and to promote evidence based practice and care. Drs. Jane Forrest and Ann Spolarich have provided a report on the recently revised NDHRA that should be read by all members of the dental hygiene profession.

Finally, a new section to the JDH is being added with this issue. Critical Issues in Dental Hygiene will be featured each quarter to present a topic that is vitally important to

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related bloodstream infections] among adults.” That said, this text might behoove the reader to explore areas that present differing recommendations.

This is an impressive text that requires a real commitment by the reader. It is, however, one that should be a part of any dental and medical practitioner’s armamentarium. While it may appear daunting to the new student, it provides multiple levels for the reader to access information so that they are not overwhelmed by its comprehensive nature.

Review of Oral Pathology: Clinical Pathologic Correlations

**Regezi JA, Sciubba, JJ, and Jordan RCK,
WB Saunders Elsevier,
St. Louis, 2008, illustrated, indexed,
418 pages (with attached CD-ROM),
ISBN-10: 1416045708
ISBN-13: 978-1416045700
\$115.00**

Reviewed by Margaret J. Fehrenbach, RDH, MS, a dental hygiene educational consultant and dental science technical writer, in Seattle, WA. Her website is www.dhed.net

The opening portion of the book, a clinical overview, is similar to an atlas of oral pathology, dividing orofacial lesion information into tables according to the clinical appearance (white lesions, red lesions, ulcerated lesions, etc.), along with some photographs of common lesions. This part of the book makes it easy to quickly identify and diagnose oral disease presentations that present in the dental setting. The rest of the book has expanded text about each lesion, again divided by clinical appearance. A paragraph about the differential diagnosis of each lesion is also included. A chapter on common skin lesions of the head and neck is a desired addition to most oral pathology texts.

One unique feature is additional index card-like tables in this discussion portion for quick review. With many of the lesions there is a corresponding histological view, which adds to the overall understanding of the lesion. However, the information on each lesion is not as expansive as needed for a basic course in oral pathology for a dental hygienist student.

This latest edition of the book has updated clear color photographs of even the rarest lesions, along with recent information on disease etiology and treatment. The areas of the discussion of pain, xerostomia, and halitosis are significantly expanded, and discussions of the molecular basis of cancers reflect the rapid advances in molecular medicine. However, using this type of

format, squamous cell carcinoma is noted under ulcerations, which is not always the case clinically. Missing is the discussion of the newest methods of early detection of oral cancer in the clinical setting and there is only limited information on HPV and its involvement in oral cancer.

References are somewhat current. A CD-ROM also comes with the text with case studies and practice questions that help with the study of the subject. An Elsevier Evolve site has additional resources for the student and instructor, as well as all the images.

Due to limited information on each lesion, the book would be more useful as a reference book in any dental clinic setting; far superior than any atlas of oral pathology. When confronted with an unknown lesion, the clinician could easily review the presented information to produce a dental hygiene diagnosis.

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our profession. The first piece is written by Drs. Ann Spolarich and Jane Forrest on utilization of the National Dental Hygiene Research Agenda.

Change is here for 2009. Whether you are reading the Journal in print or online, keep reading your professional journal. The staff at ADHA are committed to bringing you the highest quality scientific publication possible. It is YOUR journal.

Have a wonderful 2009!

Sincerely,

Rebecca Wilder, BSDH, MS
Editor in Chief: *Journal of Dental Hygiene*

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cation and can be treated by over-the-counter saliva substitutes. On the other hand, if oral candidiasis is left untreated, it could lead to acute pseudomembranous candidiasis (thrush), erythematous lesions (denture stomatitis), or angular cheilitis.

However, primary care physicians can help patients by assessing risk, recognizing versus abnormal changes of aging, performing a focus oral examination, and referring patients to a dentist, if needed.

Writers also add that patients might benefit from different types of oral health aids. They recommend electric toothbrushes, manual toothbrushes with wide-handle grips, and floss-holding devices. This may also benefit patients with chronic, disabling medical conditions such as arthritis and neurologic impairment.

Upfront was prepared by Eugenia Jefferson