

Montana Dental Association
PO Box 1154
Helena MT 59624-1154
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THE
Montana Dental
Association

PRESENTS

WHAT'S
NEW IN
DENTAL
PHARMACOTHERAPY



KAREN A. BAKER, MS

September 17, 2010
Butte, Montana

ADAC·E·R·P
CONTINUING EDUCATION RECOGNITION PROGRAM

PRSR STD
U.S. Postage
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Helena, MT
Permit No. 195

For Your Information

Audience:
dentists, dental hygienists, dental assistants

Friday - September 17, 2010
7 CE Hours

8:00 am - Registration
8:30 am to 5 pm - Class

Butte War Bonnet Hotel

2100 Cornell Ave.
Butte MT 59701
800/443-1806
406/494-7800



For More Information Contact...

Montana Dental Association
PO Box 1154
Helena MT 59624
800/257-4988 (in state only)
406/443-2061



About the Clinician

Professor Karen A. Baker has been on the Dental College faculty at the University of Iowa for 28 years and occupies a unique role in dental practice and education. She is a clinical pharmacist with a Master's degree in clinical pharmacology and therapeutics and is focused on patient-specific dental drug therapy. She has given over 800 programs nationally and internationally and holds memberships in many dental and clinical pharmacology and therapeutics organizations. Ms. Baker is on the editorial board of the Journal of the Academy of General Dentistry. Her dental education-based pharmacy and drug therapy consultation center is the only one in the United States. She has authored more than 50 articles and abstracts and lectures extensively in pre-doctoral and graduate-level courses at the University of Iowa.

About the Course

The range of drug therapy options available to dental practitioners has greatly expanded over the past ten years. This expansion has opened the door to unprecedented therapeutic successes as well as disastrous drug misadventures. This course will update the dental team on recent developments in dental pharmacotherapy while providing strategies for prescribing to ensure therapeutic success. Drug therapy and alternative medicine reference sources will be listed and critiqued as to usefulness in daily practice. Clinically relevant information about effectiveness, adverse effects, patient specific drug selection criteria, dosing, and cost will be presented for therapeutic agents commonly used in dentistry. Systemic antibiotics, analgesics, and mucosal disease agents will be evaluated and discussed. Special attention will be given to certain controversial areas including antibiotic premedication of patient conditions not specified in the current AHA guidelines. Potentially dangerous drug interactions important in clinical dentistry will be listed and reviewed with emphasis on avoidance and patient management strategies. Extensive and very current handouts will be provided to maximize the chairside value of this fast-paced and entertaining course.

Objectives

Upon completion of the course and reviewing the handouts, the participants should be able to:

1. buy and easily use the best drug and alternative medicine references for dental practice,
2. choose the most cost effective antibiotic for a specific patient,
3. prescribe antibiotic premedication for certain patients with a variety of implants and conditions based on screening criteria and current evidence,
4. prescribe innovative topical and systemic therapies for both inflammatory and infectious mucositis patients,
5. choose an analgesic NSAID or COX-2 inhibitor based on relative adverse effects, drug interactions, efficacy for pain vs inflammation, and cost, and
6. enhance the analgesic effects of opiod analgesics while minimizing their adverse effects.

**Thank you for pre-registering...
Lunch and breaks are included in the
cost of tuition. No refunds will be
issued after the course date.**

<input type="checkbox"/> MDA Member Dentist	\$ 205
<input type="checkbox"/> With CE Sticker	\$ 180
<input type="checkbox"/> ADA Member/other than Montana	\$ 255
<input type="checkbox"/> MDA Retired Volunteer Dentist	\$ 35
<input type="checkbox"/> Non-Member Dentist	\$ 355
<input type="checkbox"/> Hygienist/Staff Attend with Dentist	\$ 85
<input type="checkbox"/> Hygienist/Staff Attend w/o Dentist	\$ 95

Total _____

Registered Dentist/Hygienist/Staff Member _____

Address _____

City, State, Zip _____

Phone _____

Additional Staff _____

Please detach and return.

Method of Payment

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Or Fax 406/443-1546 with credit card.
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