“Heroine before Healthcare for Høie”

What kind of coward, holding no qualifications relevant to his own job, and who clearly has no intention of understanding my job, penalises children, in Clear Need of treatment, (Klart Behov) for health reasons, because he thinks I get paid too much?

Perhaps he has a blind spot on this particular issue, because he has no children of his own. He doesn't know how much they cost to bring up, clothes, shoes, football boots, skis bicycles, holidays. Why burden families with extra costs after tax when the state already helps, only those in Need of treatment, before Tax?

1. **“Cosmetic”**

He has to stop saying this is cosmetic for two reasons. One he isn’t qualified to do so. No child gets state help, or has done for more than twenty years, unless they have a clear Clinical Need. No child has ever been eligible for state help for cosmetic Orthodontics. The bar has already been raised very high to stop that. In Norway it has always been much higher than in the UK, for example.

Høie may have been able to claim ignorance before he was interviewed by Stavanger Aftenblad. That is no longer the case. I have fully informed him of the scientifically proven facts.
(See just some of the references Below on IOTN, researched since 1987)

I don’t know what part of his sole qualification in hotel management, and four years working in a hotel qualifies him to reject Scientific Internationally tested and agreed opinion on Need for treatment. If he says it again, he is now knowingly lying to Norwegian families, in defiance of the twenty years plus of International Scientific research on this subject.

So Høie’s unqualified false argument for this reduction in service “as purely cosmetic” is weak, scientifically wrong, clinically indefensible. But if he states it again, it is also contrary to his Public statement:

“…building health systems in the era of sustainable development”

Speech/statement | Date: 2017-05-23
Which also makes him hypocritical, because he is *destroying* this particular functioning health system.

Why not go the whole way - adopt the American free market/ insurance driven system? In the long term, I will do better financially. If he is so convinced of his principles, remove gender reassignment, dermatology, ENT surgery, STD clinics, asthma, allergies, psychiatry, elderly care. It is a slippery slope for a clinically unqualified individual. Citizens have already been failed by the free market system. It simply doesn't work.

Today he is proposing destroying a rationed, functioning healthcare system for children with a congenital, not psychological problem, of which they have no control and no resources to fund themselves, that adheres to international standards of care and is value for money. Why?

It is wrong socially, scientifically and economically. It is simply a mistake. Why deny faultless children who are internationally agreed to be in clear Need of treatment?

Extracts from his own speeches:-

"The Nordic Region must continue its focused effort.
We need a clear voice.
We will contribute globally by sharing our best practices.
Coordinated actions plans on a national level are crucial for a successful outcome
Another issue is that this is a global fight – we fight and win together.
Norway has taken a leading role internationally and the world is responding."

"Empower the individual citizen
Improve the quality of life and quality of care
And strengthen patient safety
Technology is one of our most powerful tools to achieve this – if we use it correctly.
Technology can provide new ways of providing care.
New opportunities to involve patients in the decision making.
The patient should not need to repeat the same information to different health personnel, or do the same tests twice.
Information should follow the patient.
Our vision is "One patient – one record".
This will move us towards a modern health care sector
Some say that we are moving too slowly.
Yes, things takes time.
But I am proud to say that we, also in an international perspective, have come a long way – a very long way.

Digitalization is not only about technology. It is also about change.
A digital health care is increasingly becoming the natural part of cure, care and prevention."

All of the above has already been implemented, is already working and already applies to the Orthodontic services in Norway. Why has he failed to listen to my plea not to destroy it?

2. The Rationing system

The IOTN is already agreed and tested and has been applied for more than twenty years. Countries as far apart as Israel and Ireland, Britain and the Bahamas. In the USA three different systems were trialed. (Refs) checked against opinions of Orthodontists, Dentists and even lay people around the World.

Grade 1 is almost perfection

Grade 2 is for minor irregularities such as:

● slightly protruding upper front teeth
● slightly irregular teeth
● minor reversals of the normal relationship of upper and lower teeth which do not interfere with normal function.

Grade 3 is for greater irregularities which normally do not need treatment for health reasons.
● upper front teeth that protrude less than 4 mm more than normal
● reversals of the normal relationship of upper teeth which only interfere with normal function to a minor degree; by less that 2 mm.
● irregularity of teeth which are less than 4 mm out of line
● open bites of less that 4 mm
● deep bites with no functional problems

Grade 4 is for more severe degrees of irregularity and these do require treatment for health reasons.
● upper front teeth that protrude more than 6 mm
● reversals of the normal relationship of upper teeth which interfere with normal function greater than 2 mm
● lower front teeth that protrude in front of the upper more than 3.5 mm
● irregularity of teeth which are more than 4 mm out of line
● less than the normal number of teeth (missing teeth) where gaps need to be closed
● open bites of more than 4 mm
● deep bites with functional problems
● more than the normal number of teeth (supernumerary teeth)

Grade 5 is for severe dental health problems
● when teeth cannot come into the mouth normally because of obstruction by crowding, additional teeth or any other cause.
● a large number of missing teeth.
● upper front teeth that protrude more than 9 mm
● lower front teeth that protrude in front of the upper more than 3.5 mm and where there are functional difficulties too
● cranio-facial anomalies such as cleft lip and palate.

Band C corresponds to Grade 4. Grades 1,2 and 3 have never been eligible for state help in Norway in the last 20+ years.

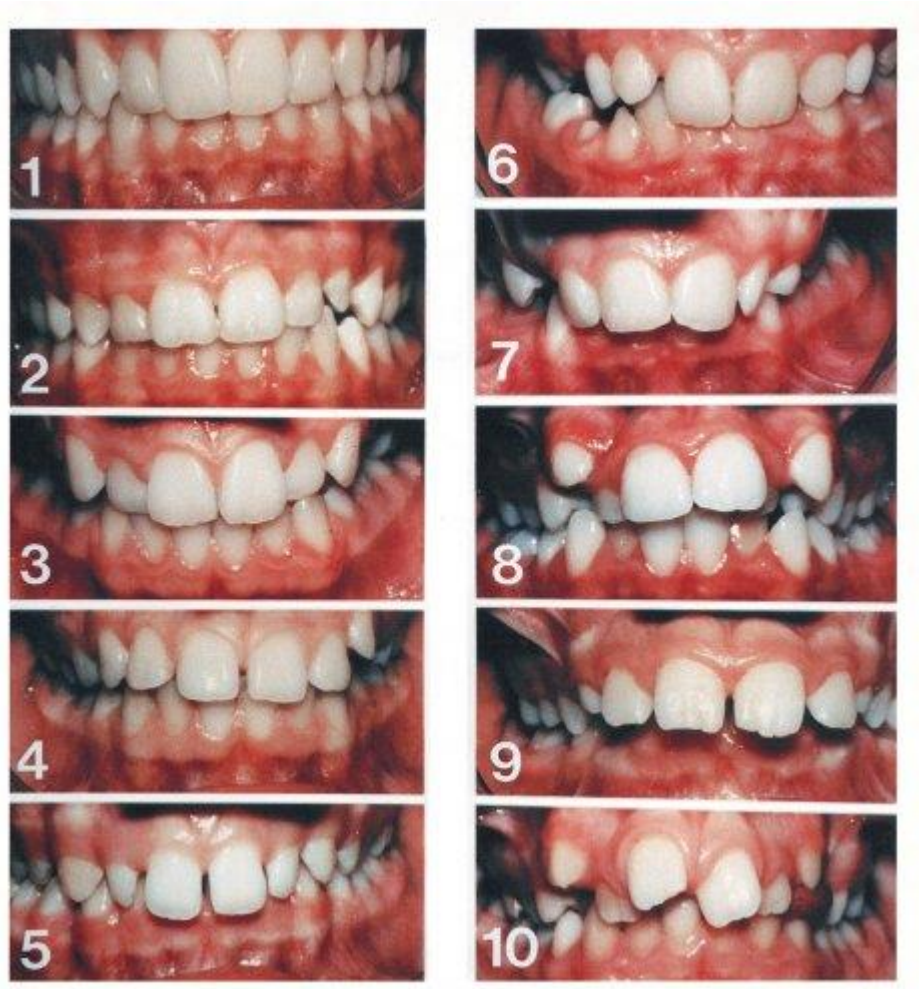
Grades 1 and 2 are internationally considered “cosmetic”

Grade 3 Has a further level of eligibility called the Aesthetic component of Grade 3 ONLY.

If you fail to qualify for Grade 3 e.g. 5mm Overjet as opposed to 6mm Overjet, you can still be eligible for treatment on Aesthetic grounds but only if you pass the test of looking like Images 6,7,8,9,or 10. Up to and including 5 patients are not eligible on aesthetic grounds.

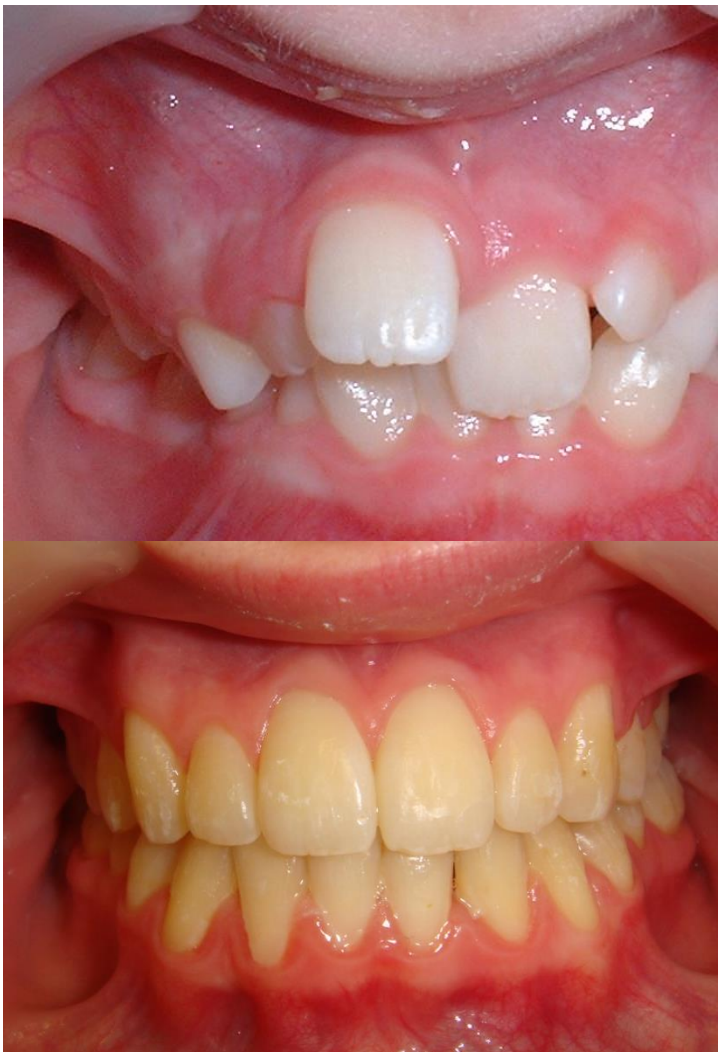
Grade 4 Band C in Norway patients are a whole level above this grade. Again No one in Norway is eligible for Cosmetic Orthodontics and never have been. Band C are internationally agreed to require treatment for health reasons, a “Klart Behov” a clear need for treatment. Not Cosmetic.

Aesthetic Component for Grade 3 only



https://www.bos.org.uk/Public-Patients/Orthodontics-for-children-teens/Fact-File-FAQ/What-Is-The-IOTN

Norway has always had a Greater level of eligibility for state care than the UK. UK rationing began at IOTN 3 (Aesthetic level 5) in the UK. When rationing was introduced in the UK , I had one family with twin girls. One had an Overjet of 6mm, one had an Overjet of 5mm. The mother was a single parent and could not afford private treatment for the second daughter. Can you imagine sitting down at breakfast in that family. Høie is proposing children with 8mm Overjets should be denied State help.



Band C Patient with 8 mm Overjet and Crowding: treated without extractions or headgear, who would not receive state help next year.

Høie wants to adopt the rationing policy in line with Denmark and Sweden. First of all the Orthodontic healthcare systems in Denmark and Sweden are fundamentally different.

Denmark has 190 Orthodontists 70% work in Public salaried healthcare. It's 80% in Sweden for the 269 working there. It is only 5% of the 226 who work in Norway. 95% work in private practice. As the Orthodontists are salaried in Denmark and Sweden I suspect they have a waiting list problem, which is why they are rationing Orthodontics further, in the salaried services. The policy change will also help fuel the Orthodontist's private practices. Private practitioners always work harder than the salaried services, Norway doesn't have that problem.

http://www.orthodont-cz.cz/data/files/European%20Orthodontic%20Guide%202013.pdf

1200 Orthodontists work in the UK and were told last year by the Chairman of the association to stop working for the state.

Secondly, it maybe that Sweden and Denmark are in a poorer economic situation and can't afford Orthodontics or Heroine for their citizens. Perhaps the Orthodontists in Sweden and Denmark are happy that privatization is coming which means more money, to see fewer patients and less stress. This model has been adopted in the UK and now state controlled Dentistry as well as Orthodontics has disappeared. Patients are now reported as taking out their own teeth. The Chairman of the BDA is urging You Tube to take down sites that promote DIY braces.

http://www.dailymail.co.uk/news/article-6065191/Dentists-urge-YouTube-remove-DIY-braces-tutorials.html

Does Høie want headlines in Norway like these:-

Patients having to 'pull out their own teeth' because NHS dentists ...

https://www.independent.co.uk › News › UK › Home News

1.

Sep 6, 2017 - **Patients** are having to **pull out** their **own teeth** because NHS **dental** ... crisis" in **dental**care in **England**, with the **British Dental** Association (BDA) ..

Critically ill woman, 26, is forced to 'sell her smiles' for 11p per minute on the street to raise money for a life-saving transplant

Former art teacher Zhu Ya says on a signboard that she will smile at the pedestrians for one minute as long as they give her one yuan (11p) in Chongqing, China. She suffers from uremia.

3. **Value for money**

Orthodontists are specialists with multiple degrees. The Average cost of treatment for one of my patients is 25,000 NOK. If seen at age 8, the correct age for diagnosis, that covers all Diagnosis, appliances, fixed, including ceramic brackets and removable appliances, photographs, models, X rays, appointments, retention appliances and retention management until age 18. All staffing nursing costs, materials overheads, property rental, equipment lease, telephones, computers etc. That's 10 years of specialist clinical management and treatment, but only for those in need. Most appliances and materials are imported and therefore expensive.

I consider that value for money, especially when compared to worldwide costs.

USA 3-7000 dollars metal brackets, 4-8000 dollars ceramic brackets, lingual 8-10,000 dollars

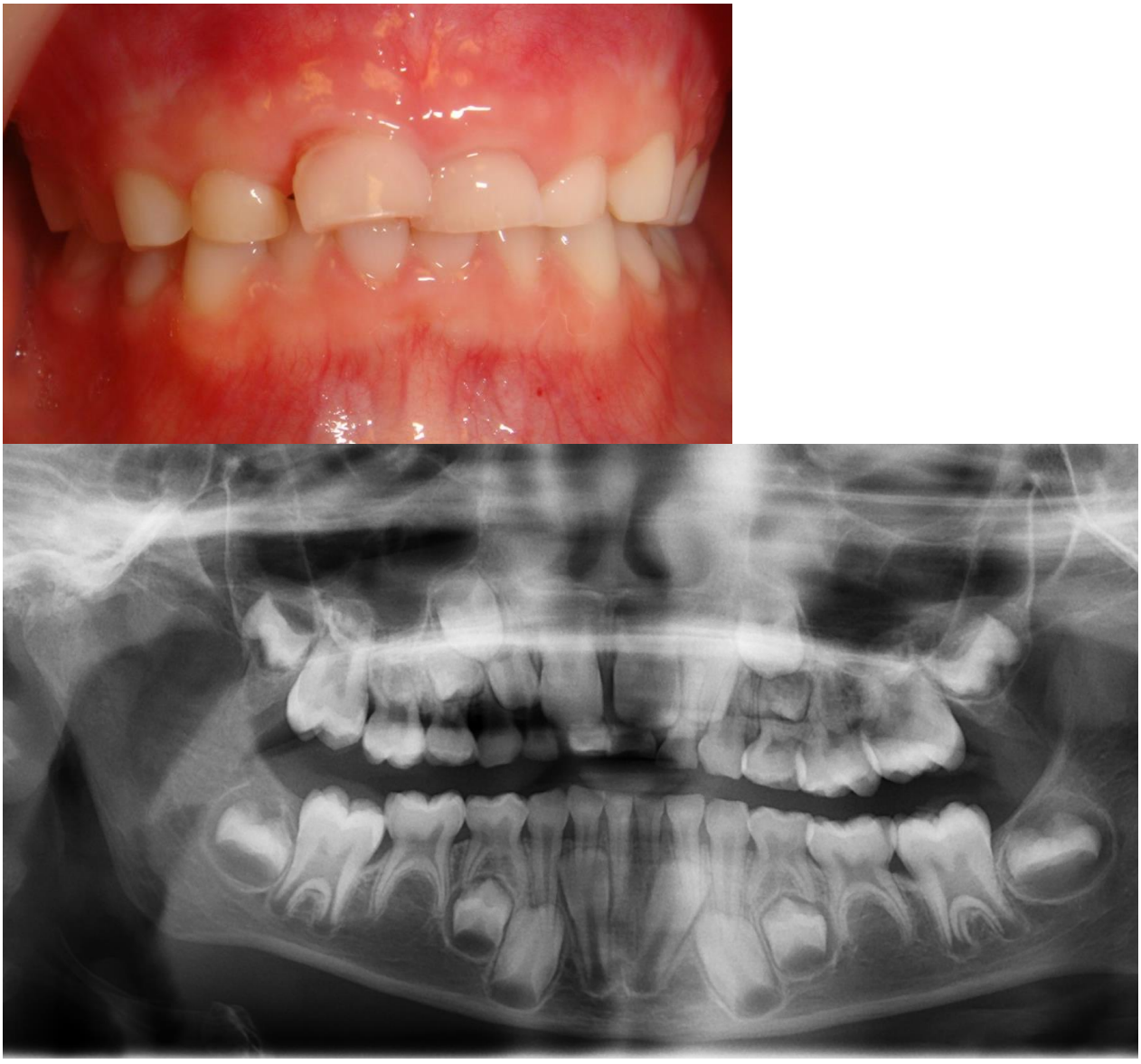
Ireland 3,760 Euros Ceramic 4,360 Euros

Germany 3-10,000 Euros

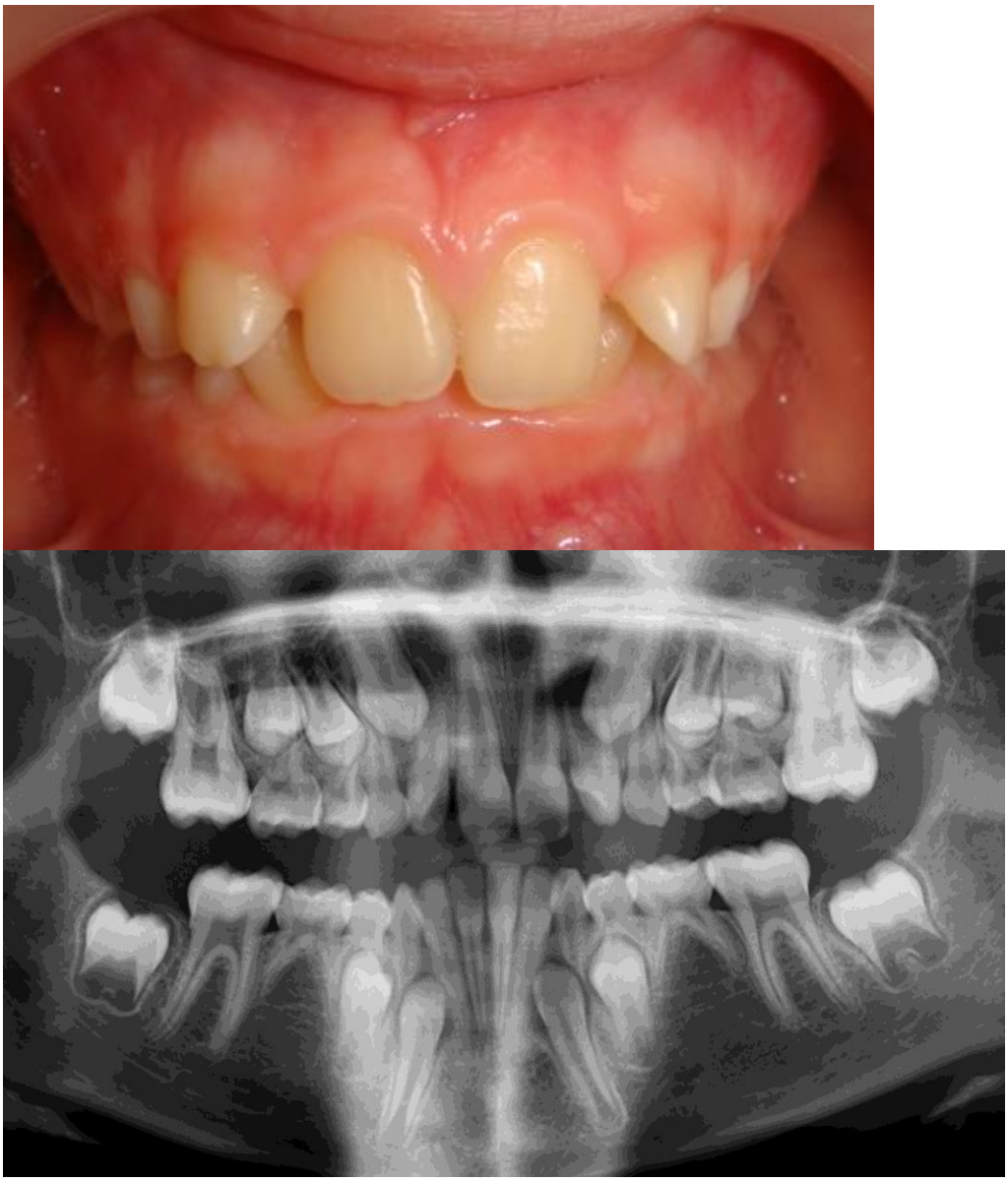
Holland 2,200 Euros

In the UK private fees last year were 4-10,000 Sterling for 2 years of treatment management and 1 year retention.

Stopping Band C patients will discourage referrals.



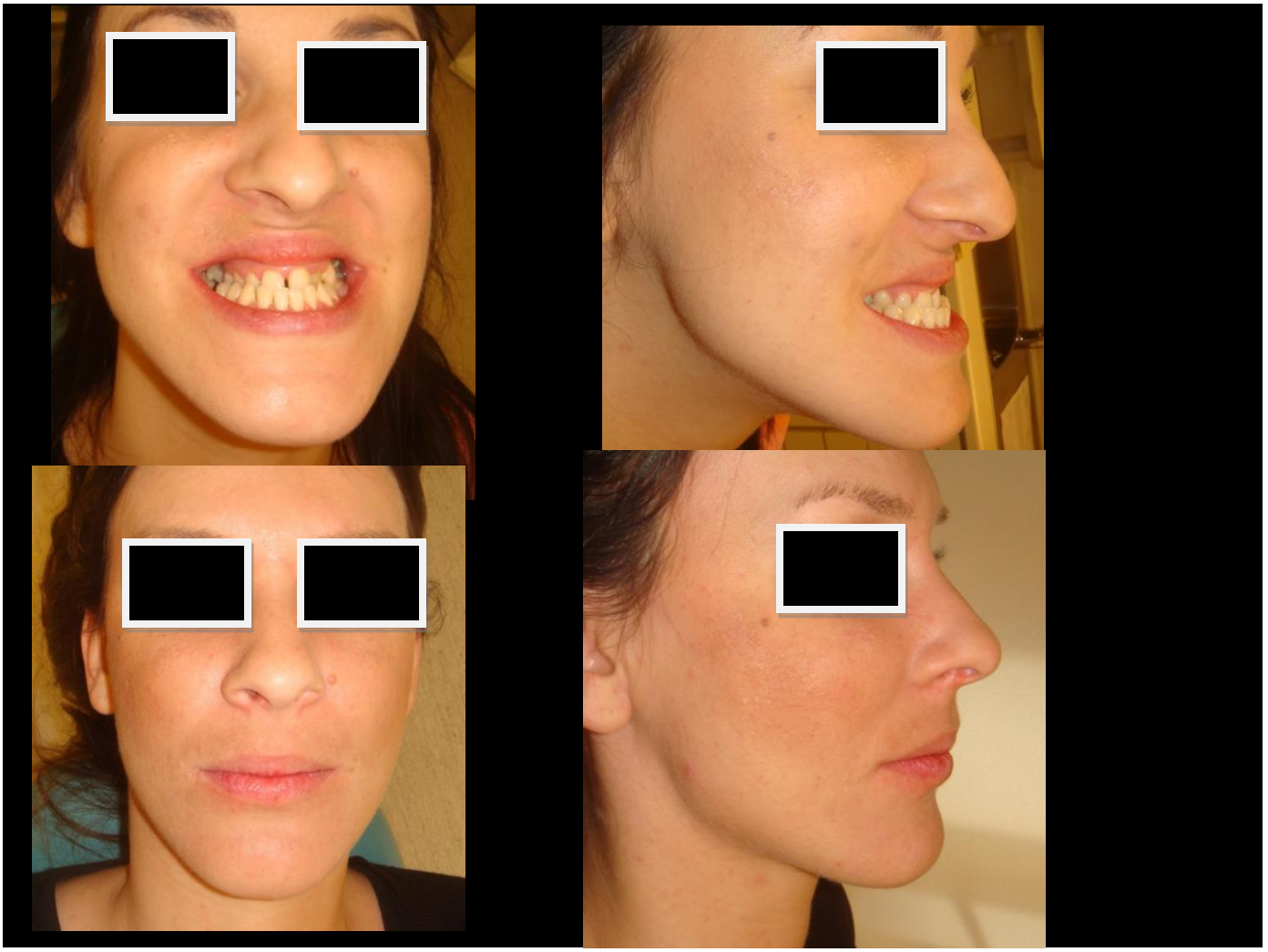
Patient refused referral by Dentist despite family history of missing teeth. The patient has 6 permanent teeth missing.



Patient referred by tannpleier NOT the dentist, for Deep Bite Group C. Patient is missing 2 lower premolars and has 2 ectopic canines and is at high risk of resorbing the upper front teeth if not diagnosed early. Patient is in fact Group B. Patient August 2018

This Policy change will increase late referrals already a major problem in Orthodontics. Every week we see late referrals. Last week a patient referred by the tannpleier for a deep bite was found to have two ectopic canines and two missing premolars. Thank God the tannpleier had noticed the deep bite. The patient had been seen a number of times by the dentist for trauma and some X rays had been taken, not Orthodontic X rays. The ectopic and missing teeth had not been diagnosed. This happens every week.(*Fig above)*

I was sure Høie did not even knew what I do for my salary. He does now.



40 completed surgical patient's per year, life changing life enhancing treatment. This saves the State thousands of Kroner for flights and hotel bills, because patients aren't going to Oslo or Bergen.

The start PAR (Peer Assessment Rating) scores is the scientifically proven measure of a treatment success. Pioneered at the same time as IOTN. A Finished PAR score should be in low single figures. A Start Par score of "rarely beyond 50" is recognition of how severe a case is.

The Average Start PAR scores for the Orthognathic cases we have treated was 45. Some individuals were 59, 65,74. These are shockingly high. The average Final PAR scores after we have treated these cases was 4.

The percentage reduction was a 93% PAR score reduction. A reduction of 22 points is considered "great improvement" and a mean reduction of 70% a great reduction of severe cases well treated to a high standard. 17% of these cases had a100% success story.

We have diagnosed, cancer previously missed by doctors who have not had such extensive head and neck training, Rhabdomyosarcoma, Pituitary gland Adenoma. Life saving, life enhancing, scientifically proven and measured benefits for patients.

We have developed a unique new method of non surgical treatment for Paediatric Condylar jaw fracture cases. Syndromic Moebius, Treacher Collins cases diagnosed which had been previously missed. As well as Cleft lip and palate treatments and management of children with a variety of challenges from ADHD, cerebral palsy, Down's syndrome, deafness and a whole host of other health issues.

Salaries

Does Høie want non specialists managing these patients, many of whom are in Band C, who have had 8 hours training instead of 8 years? For many of those years I was only paid 2,000 Sterling per annum and had a small family, where was Høie then?

I bought some potatoes and salmon last week end, maybe Erne Solberg should offer me the Ministerial job for Food fishing and agriculture. I understand ministers of health receive a salary of 1,000,000 NOK even though Høie is unqualified. They also have all of their post, telephone, computer, office, staff, health insurance, holiday pay and other expenses paid for by the State. The Storting pays 4,761,208 as a basic amount to the party secretariat plus 785,611 per MP. A flexible pension can be taken out from 62-75, the basic level is 605,240 -1,022,940 NOK. Not bad for someone unqualified for their job.

If the debate is about my salary at least I am qualified to do my job. I could argue Høie gets paid too much to do his job, for someone unqualified and who studied something completely unrelated to it. Patients have a right to have a qualified Orthodontist to help them. Abandoning them to the free market, where the wolves are waiting, is wrong.

When the State either abdicates responsibility or decides not to control any aspect of health care the free market takes over. It matters not if it is dental, medical, care for the elderly or Heroine addiction. Once the free market takes over the citizen, the state is supposed to protect always suffers. This can be proven in every country where this takes place.

In terms of Caring for the elderly, Healthcare, Medicine, Dentistry, Education, Transport, Public services, Political governance Norway beats the UK in every single department. The UK systems are failing and the politicians are criminal, debauched alley cats in comparison. Don't follow their example it doesn't work.

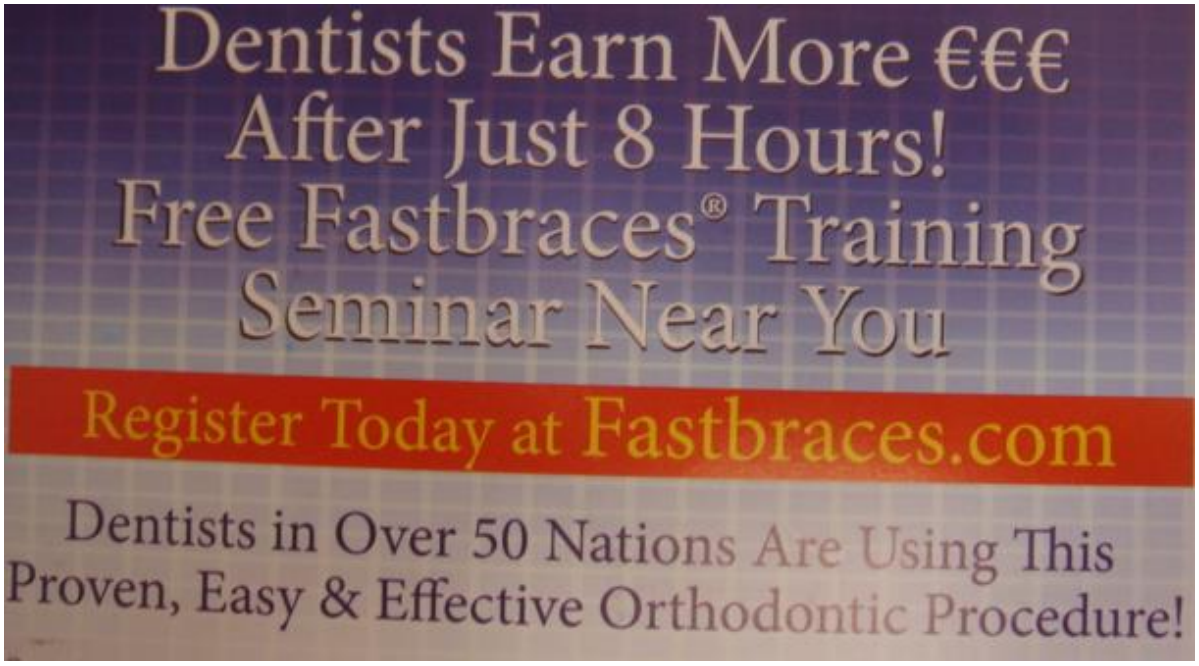
(I will send you an extract from a paper I wrote concerning UK politicians, just for information)

4. **Policing.**

Orthodontists currently Police the system for free. Making sure that no one gets cosmetic Orthodontic treatment, only those children in Clear Need. Is Høie seriously asking Orthodontics to prevent children from receiving clinical care we know they need? Why should we? That is clinical negligence. Who should the parents sue for this negligence, the Orthodontist or Bent Høie?

No one else is trained to decide the Need for treatment, other than Orthodontists. Is he going to employ untrained people to Police this, and at what cost? Is he going to spend a fortune to train unqualified people to Police this? Aren't they likely to make mistakes?

Once fed to the wolves this policy change exposes children to being treated by people who have done an 8 hour course. (See attached advert, I received last week).



Advert for Dentists to earn 300,000 Euros after only 8 hours training in Orthodontics. These advertisements have been banned in the UK.

Why did I bother getting 8 qualifications and spend 8 years full time post graduate study to do a job I could learn in 8 hours. The emphasis in the advert is not clinical care, it's about making money. Is that what Høie wants?

5. **The Smart Move**

Britain's diabetes time-bomb: Rise of Type 2 will cause heart attacks and strokes to soar over the coming years with 30% increase in serious illnesses linked to the condition

If Høie's argument is that Orthodontics for Band C patients, is too expensive for the Norwegian state, to continue. OK then raise the money to pay for it another way.

In the same week Høie was in the news cutting Orthodontics for children in need, and giving away Heroine, the World Health Organisation recommended taxing the companies who are pedaling these damaging products.

http://apps.who.int/iris/bitstream/handle/10665/260253/WHO-NMH-PND-16.5Rev.1-eng.pdf;jsessionid=BCFE6CF1B7966AC7CF0B19D697CFD070?sequence=1

Big companies are exploiting our children's natural desire and addictive tendencies for acid, sugar, fat and salt. I have been campaigning to reduce acid and sugar content since 2002. And it's not just coke; yoghurts, smoothies, fruit juice, chocolate milk, milk shakes are all dissolving our children's teeth as well as fuelling childhood obesity, diabetes and heart disease.

My suggestion to Høie was a "**Sugar,Acid,Fat,Salt Tax**" on products which are not only targeted at our children and young adults but are increasing dental disease, dental erosion, obesity, heart disease and diabetes. These additional products; sports drinks, health bars, cereals, McDonalds, Burger King. (You already have Powerpoint and additional references) The list is long.

I don't know what 2-3 NOK per fizzy drink or smoothie would generate in income for the State but I bet it would pay for more healthcare than just Orthodontics, in a year.

Also all of these products have been purchased with money already Taxed. So the State would simply be giving the citizen a Tax rebate in the form of Healthcare. The companies profiteering from selling these products are making their profits from citizens money that has already been Taxed. So the public purse is being spared twice and the Nations health benefits overall. I doubt Burger King, McDonalds and Coca Cola would all leave Norway and the Nations health and healthcare system would benefit. I think that's called a win, win situation, maybe even a win, win win situation. It also maintains State control of healthcare and protects the citizen, without increasing costs.

Høie has refused to respond to my suggestion that he adopts this smart solution to Fund health care, including Orthodontics, in Norway. Maybe he will respond to you?

6. **Heroine**

It is unusual for Norwegian Minister to make the UK Press, but on the same day Høie was in the Norwegian press for cutting Orthodontics, he was in the UK Press, but not for cutting Orthodontics – For providing **Free Heroine for addicts**.

I researched the costs in Norway. Last year I understand Norwegian tax payers paid for 4 million free needles for addicts, and the rest. I have asked Høie why he thinks that Heroine addicts deserve State support more than Norwegian children? I have not had a reply. Maybe he will answer you?

The approved Action plan for 2016-20, has a budget of EUR 266.7 million (**NOK 2.4 billion**)

Stavanger Aftenblad quoted the cost of Orthodontics to Tax payers as NOK 600M. So for 4 years that is also **NOK 2,4 billion**, the same as that allocated for Heroine addicts.

Privatisation, means Orthodontic costs are likely to double from NOK 25,000 to NOK 50,000 per patient, that becomes **NOK 4.8 billion**, paid out from already taxed income, or treat half the number of children, who are not necessarily in need of treatment. I don't believe that's a good deal for Norwegian families.

It will be a good deal for Orthodontists because they won't have to work as hard for their money. Once they have learned this you won't get them working for the State. Which, is exactly what has happened in the UK, not only in Orthodontics but general Dentistry as well. Costs for patients have doubled, caseloads have fallen and State controlled Dentistry has vanished. Dentistry can only be accessed by the wealthy.

Høie might be surprised to know that I don't consider his Heroine policy as obscene, as others might, because I understand the underlying principle. The State should control the market for Heroine addicts. Once the state abdicates responsibility for healthcare the citizen always loses out. Availability reduces and the cost goes up.

I would, however, like to see him explain on NRK next year, to a ten year old girl with an 8mm Overjet and crowding – that the scientific community is in Need of treatment for Dental Health reasons- Why, Høie believes she should not get state help but a Heroine addict should? Why he supports Heroine addicts with a budget twice the size of Orthodontics, when she can't have braces? Personally I would have thought that would be Political suicide.

I presume the reason Høie is changing policy, towards Heroine addicts, is to try and get back State control of a group currently in the hands of a criminal market. So why abdicate State control and responsibility to Children's dental care and needs and on the same day?

7. **It is a divisive Policy**.

It divides "the haves" and "the have nots", it divides families, it is racially divisive "Why should an immigrant, who has never paid into the system, get completely free Orthodontics but a 30th generation Norwegian child cannot get it." It divides streets and school playgrounds. "Why did their child get it, my child's teeth look worse than theirs?"

8. **Is Høie a bad Politician?**

I don't believe so, having read what I have about him. But in this policy change he is making a bad mistake, which will leave a poisoned legacy for years to come. In a recent published interview in the British Dental Journal about working abroad I made the following comments:-

"What do you like about living there?

I love the quality of life. Norway is a very big oil-rich country of 5million people. Norwegians like an outdoor lifestyle - skiing, sailing, running marathons, walking in the mountains. It regularly hits the top three countries to live.

There's a Norwegian term called "Dugnad", which is a philosophy of life whereby everybody looks out for each other. Also, everything functions - transport roads, airports. On St Patrick's Day this year it was -20 but the airport and roads were fine and the shops had plenty of bread. In the UK 400 flights were cancelled.

Norwegian laws are sensible (but penalties are severe if you disobey them), politicians are generally capable and not too extreme, and oil revenue has been invested, not squandered, unlike the UK. "

https://www.bdjjobs.com/article/overseas-recruitment-home-thoughts-from-abroad/

Why does Høie have a blind spot on this issue with respect to children in Need? He adopted a different approach for Trans gender children.

27 June 2014

13:49 CEST+02:00

Norway's health minister has pledged to push through laws to allow transgender people to change their gender in the country's population register without being castrated or otherwise sterilized.
"I am clear that the present system is not acceptable," Bent Høie told the country's national broadcaster NRK. "The system we have in Norway today in this area is very poorly conceived."

John Jeanette Solstad Remø, a 65-year-old transgender woman who has been campaigning to be allowed to change her legal gender, told The Local that it was "extremely important" to her that Høie keeps his word and drives a change in the law through.

"I'm very humiliated by this and it hurts my integrity," she said. "Because on my passport it says M, so everywhere I go, they recognize me as a women until they see my papers. It would be very cheap for the government. Just give me a new passport. I'll pay for it myself."

She said that many transgender women, preferred, like her, not to undergo a sex-change operation.

"It's not good for my body, I'm quite sure, because I've seen many people who've had problems," she said. "And I'd like to keep my sexuality the way it is."

"You have to be mentally ill to have that operation, and I would also have to be castrated, because otherwise the government would not give me this possibility."

Patricia Kaatee, a political advisor to Amnesty Norway met Høie on Wednesday to deliver a petition for the law to be changed to allow Remø to take the legal gender she chose.

"The only requirement that should be needed to change gender is one's own experience of gender identity, not a diagnosis or sterilization. It is a basic human right for people to express their own identity, even in official documents," she said.

Høie said that any new policy would follow the recommendations of the expert committee established by the right-wing coalition to look into the laws on changing gender.

I am supportive of his position on gender reassignment. We have helped a number of children in our practice and put them in direct contact with the Charity Stonewall, to help them through a very difficult time. They have thanked us for helping, not just in this way but also with their

Orthodontics, they were in Group C. The patients told us that it was a joy to have a clinician supporting them. That wasn't their overall experience in Norway.

Høie doesn't want to talk to me about all of this, maybe he will answer you the questions I have asked? Or maybe we will have to wait until next year for him to answer these questions to a little girl with an 8mm OJ, deep bite and crowding or a misdiagnosed ectopic canine and resorbed front teeth. I hope not.

To be honest I am just disappointed that my faith in Norwegian politicians compared to U.K. Politicians has been so let down. When they privatized their practices in the UK Dentists were asked in by patients

"Why did you leave the health service, after so many years?" Their reply "I didn't leave the health service; the health service left me"

If this policy is allowed to pass there will still be Orthodontists in Norway but there will be a two tier system, the rich will get Orthodontic care, the poor will not.

I have provided Høie with the science, I have provided him with a smarter better healthier solution, I have explained what has happened in the UK, where the whole system has failed and why. Has he just woken up one morning and decided drug addicts are more important than children and he will not be persuaded by science, evidence or professional clinical expertise?

"I have just decided and that's it." - Why?

He has no clinical qualifications. It could question why he controls the health budget at all. He is publicly making false statements. Ignoring clinical and scientific evidence on the Index of Treatment Need.

He seems to be genuine and thoughtful in other aspects of healthcare, why does he have a blind spot for Orthodontics and very importantly, Who is providing this deeply flawed advice to him? Why is he believing them and not the Professionals?

Høie's decision is deceitful and disappointing, because he doesn't even want to discuss a smarter, fairer solution that benefits all children. If he thinks I get paid too much let that be the debate, don't penalize children,

If the free market is left to decide the next ten years will be a waste of my skills. The free market will drive Orthodontists to charging twice as much, seeing fewer patients, treating easier cases for the wealthier members of society, just as it has in the UK.

I have sent Høie cases and scientific evidence. I have offered to meet him in either Oslo or Stavanger. He has refused to discuss these issues directly with me and has so far not answered

my questions. Perhaps he will answer you and the people of Stavanger as to why he thinks Heroine is more important than Healthcare for children? Is this the kind of healthcare system he wants to encourage in Norway, let the market decide? My personal political advice for Mr Høie is publicly disassociate yourself from this mistake in healthcare policy as quickly as possible. I think it will haunt you and hurt your career.

Conclusion

Regardless of what Høie thinks over the next ten years children will still need my skills. The choice is will I still be working for the State, or will Orthodontics be privatized. So in tens year time shall I call Bent, wherever he is working. Will I be thanking him for privatizing my practice; reducing my stress by enabling me to see 20-30 patients a day instead of 60 and charging them NOK 50-100,000 a case like in the UK and elsewhere; or will I be thanking him for seeing sense, maintaining the highly restricted, rationed state controlled care, and allowing me to help only the neediest children, and not just the wealthiest, in Stavanger? I know which one I would prefer. Or maybe I should just keep quiet and collect the profit.? I wonder what will be Heroine Høie's legacy.

His email addresses and telephone numbers are below if your readers wish to express their opinion on this matter directly to him:-

Adresse: Teatergata 9, Postboks 8011 Dep, 0030 Oslo

postmottak@hod.dep.no

Lien Hilde Langørgen [Hilde-Langorgen.Lien@hod.dep.no]

Telefon: 22 24 90 90

Quotes:

"But if you see what I see, if you feel as I feel, and if you would seek as I seek, then I ask you to stand beside me." V for vendetta

Sam Wilson US Army veteran regarding the Vietnam war.
" …we are prisoners of our own experience. Simply thought we'd go in with a sledge hammer and knock things down … an oversimplification of the problem. Combined with our overconfidence, that caused us to be arrogant, and It's very difficult to dispel ignorance if you retain arrogance"

Just a few of the multitude of References on Treatment Need:

Diagnostic agreement in the assessment of orthodontic treatment need using the Dental Aesthetic Index and the Index of Orthodontic Treatment Need

David Manzanera José María Montiel-Company José Manuel Almerich-SillaJosé Luis Gandía

European Journal of Orthodontics, Volume 32, Issue 2, 1 April 2010, Pages 193–198,https://doi.org/10.1093/ejo/cjp084

Published:

Abstract

The aim of this study was to estimate the diagnostic agreement between assessments of orthodontic treatment need of a child population using the Dental Aesthetic Index (DAI) and the Index of Orthodontic Treatment Need (IOTN). A cross-sectional study of a representative random sample of children aged 12 (*n* = 475) and 15–16 (*n* = 398) years was carried out in the Valencia region of Spain. A Student's *t*-test was used to compare the DAI means by gender and age and a chi-square test to compare the proportions of the population in need of orthodontic treatment. To calculate the agreement between the two indices, intra-class correlation coefficient and Kappa statistics were employed.

Of the 12-year-olds, 23.5 per cent (*n* = 121) and of the 15- to 16-year-olds, 26.6 per cent (*n* = 108) were receiving or had previously received orthodontic treatment. The observed agreement between the two indices on the need for treatment among the 12-year-olds (*n* = 363) was 83.4 per cent and Kappa for diagnostic agreement was 0.52 [95 per cent confidence interval (CI): 0.42–0.63]. For the 15- to 16-year-olds (*n* = 292), the figures were 82.5 per cent and 0.38 (95 per cent CI: 0.24–0.52), respectively. For the total sample (*n* = 655), the observed agreement was 83 per cent and the diagnostic agreement was 0.47 (95 per cent CI: 0.39–0.55).

For this population, there was only moderate agreement between the two indices. This means that, when one of these indices is used to measure or prioritize orthodontic treatment in a determined population, the individuals selected with an obvious treatment need are going to be different in 17 per cent of the cases depending on which index is used, DAI or IOTN. This

difference has to be taken in consideration when measuring, recording, or quantifying orthodontic treatment need.

08 October 2009

Indian J Dent. 2015 Oct-Dec;6(4):181-4. doi: 10.4103/0975-962X.170368.

Evaluation of esthetic component of the index of orthodontic treatment need: The orthodontists' perspective.

Kapoor P[1], Singh H[2].
Author information

Abstract
AIM OF THE STUDY:
The purpose was to assess orthodontic treatment need in a subpopulation as assessed by the orthodontists.
MATERIALS AND METHODS:
The study was conducted on a sample population of 753 patients aged 20-25 years to assess the need for orthodontic treatment using the esthetic component (AC) of the index of orthodontic treatment need (IOTN).
RESULTS:
The AC revealed that 78.1% of the sample exhibited no or slight need for treatment, 13.2% demonstrated moderate to borderline need, and 8.7% proved to have a definite need for orthodontic treatment.
CONCLUSIONS:
The AC-IOTN can definitely be considered to be used as a powerful tool for prioritizing orthodontic triage, patient counseling, and planning desired orthodontic mechanotherapy.
KEYWORDS:
Esthetic component; index of orthodontic treatment need; treatment needs

Am J Orthod Dentofacial Orthop. 2001 Sep;120(3):240-6.

Necesidad de tratamiento ortodóntico de los niños en Trinidad y Tobago

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ABSTRACT

OBJECTIVE: This prospective cross-sectional study was undertaken to determine the normative and perceived orthodontic treatment needs of children aged 11-12 years in a Caribbean country, Trinidad and Tobago.
METHODS: One author, an experienced orthodontist, examined 367 children using the Dental Health Component (DHC) of the Index of Orthodontic Treatment Need (IOTN) to assess the normative need. The same orthodontist administered the questionnaire to assess the patient's perceived needs using the Aesthetic Component (AC) of the IOTN and the Oral Aesthetic Subjective Impact Scale (OASIS).
RESULTS: The DHC and the AC of the IOTN and the OASIS showed respectively that 61.4%, 2.5% and 0.6% of the children had definite need for orthodontic treatment. The female proportion of the sample was more than the target population but the perceived need and normative need for orthodontic treatment did not depend significantly ($p < 0.05$) on the gender or ethnicity of the subjects of this study. The perception of need for orthodontic treatment differed inversely from the normative need and this is seen to be significant ($p < 0.05$) when OASIS was used.
CONCLUSIONS: Approximately three out of five children in Trinidad and Tobago have a great (or very great) need for orthodontic treatment for dental health reasons.

Keywords: Index of Orthodontic Treatment Need (IOTN), normative need, Oral Aesthetic Subjective Impact Scale (OASIS), perceived need

A comparison of the reliability and validity of 3 occlusal indexes of orthodontic treatment need.

Beglin FM[1], Firestone AR, Vig KW, Beck FM, Kuthy RA, Wade D.

Author information

Abstract

Several occlusal indexes are currently used to ascertain eligibility for orthodontic treatment. A comparison of 3 indexes of orthodontic treatment need was made with the consensus opinion of a panel of 15 experienced orthodontists. Sets of study casts (170) representing the full spectrum of malocclusions were selected. An examiner, calibrated in the Dental Aesthetic Index, the Handicapping Labiolingual Deviation with the California Modification, and the Index of Orthodontic Treatment Need, scored the casts. The panel of orthodontists individually rated the same casts for their degree of orthodontic treatment need. The mean rating of the panel on the need for treatment was used as the gold standard for evaluating the validity of the indexes. Intrarater and interrater reliability was high (kappa > 0.8). Overall accuracy of the indexes, as reflected in area under

receiver-operating characteristic curves, was also high: Dental Aesthetic Index, 95%; Handicapping Labiolingual Deviation with the California Modification, 94%; and Index of Orthodontic Treatment Need, 98%. Cutoff points for the indexes that resulted in the closest agreement with the gold standard differed from the published cutoff points for the indexes. The indexes appear to be valid measures of treatment need as perceived by orthodontists. The published cutoff points for the indexes were more conservative in assigning patients for treatment than a panel of orthodontists. However, adjusting the cutoff points moved all 3 indexes into close agreement with the experts.

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