GUEST EDITORIAL



Dr. George Sándor

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Knowledge Transfer Between Dentistry and Medicine Is Vital

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In today's world, where there are increasing opportunities for efficient and convenient forms of knowledge transfer, such updates may come from continuing education courses and seminars, journal clubs or study groups, by reading key articles, or via web-based learning. Some journals have responded by providing review articles that highlight particular conditions and review recent salient articles that have an impact on the evolving management of these conditions.

This issue features 4 review articles deliberately chosen because they highlight chronic conditions affecting the musculoskeletal system. They were written not only to update the dental practitioner on the dental management of patients with specific chronic conditions, but also to illustrate the need for dental research funding, specifically in the musculoskeletal area. Our national research funding agency, the Canadian Institutes of Health Research (CIHR), is divided into 13 virtual institutes, with dental research represented by the Institute of Musculoskeletal Health and Arthritis (IMHA).

The 4 review articles examine the following conditions: systemic lupus erythematosis, scleroderma, osteopetrosis and Albright's hereditary osteodystrophy. The articles serve to illustrate the oral health–general health link. These conditions may present in the dental office even before they are diagnosed medically. The pertinent oral findings may aid in a diagnosis and are highlighted for the dental practitioner. These are conditions where dentistry has a significant impact on their management and the ultimate quality of life of the patients involved, and where dental research may not only help us understand the nature of the illnesses, but could result in improved treatment outcomes and safer management.

One recent example of the important role dentistry can have in the management of musculoskeletal conditions is with bisphosphonateassociated osteonecrosis of the jaws (BONJ). This condition was highlighted in a JCDA review article in June 2007. BONJ was first noted by astute dental practitioners, and then reported in dental and medical literature. These reports have had a significant impact on the recognition, management and, hopefully, in the prevention of this condition. Dental research is necessary in this area to help provide guidelines for safe and effective dental care. On a national level, dentistry played a key role in a recent Canadian Consensus Conference on BONJ. JCDA will keep its readership informed of the soon-to-be published conference findings.

This issue also features 3 articles that further illustrate the important role of dental research by Drs. Richard Ellen from the University of Toronto (page 789), Paul Allison of McGill University (page 784), and Jeff Dixon of the University of Western Ontario (page 792). In addition, Dr. Christopher McCulloch of the University of Toronto has written an introduction to the upcoming International Association for Dental Research (IADR) meeting in Toronto in July 2008 (page 776). This is not only a meeting for dental researchers; there is compelling clinical content for general dentists and dental specialists as well.

I encourage all dentists to attend so that they can take advantage of the clinical relevance of the IADR and the *Journal of Dental Research*, which publishes excellent and informative review articles. It is my hope that highlighting the links between oral and systemic health and showing the significant benefits dental research can have on many medical conditions will move national and provincial research funding agencies to put a significantly higher priority on funding dental research in Canada.

George K.B. Sándor, MD, DDS, PhD, FRCD(C), FRCSC, FACS george.sandor@utoronto.ca