



# Striving For Perfection & Achieving Excellence

Incisal Edge News letter

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## In this issue

### President's Message

Confidence in an uncertain world with its two moons,  
Assurance and Sureness

### Uncertainty during the Pandemic

### Choosing the correct cement

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# President's Message



**Thomas Kitsos, RDT**  
President, Incisal Edge

## Confidence in an uncertain world with its two Moons, Assurance and Sureness

**Y**ou would think that by now, we would be better at dealing with all this uncertainty about the future.

The only constant of the last 15 months seems to be how thoroughly it is confounding our expectations about everything from personal freedoms to the resilience of our businesses and our home lives.

### What does the future have in store for us next?

It is easy to start turning all that frustration inwards. To tell ourselves that we should have been better prepared for the situation we now find ourselves in – the variants and the forecasted third wave and all the restrictions, lockdowns and different tiers that come along with the pandemic.

I am not talking about making our laboratories and practices Covid-secure; I am talking about the mental preparation; that feeling of knowing that what is coming down the road is probably going to be difficult but being able to continue to show resiliency and get on with things anyway.

But there is one thing about uncertainty; it is incredibly destabilizing. It undermines our brains' ability to avoid the things it has worrying about and mitigate their negative impact.

There is a term for it in psychology called "uncertainty stress" and it has

been linked with anxiety and depression. In his book *Stumbling on Happiness*, the Harvard psychologist Daniel Gilbert describes the human brain as an anticipation machine and says "making future" is the most important thing it does. Within this context it is not difficult to understand why we all feel like we hit a brick wall when so much is out of our control that "making future" becomes effectively impossible.

I do not know about you, but the uncertainty of it all is the part that I struggle with the most. I do have faith that Canada and the rest of the world, will make it through this – but we do not know when, and we do not know how.

With this as our baseline, added to the immediate discomfort of the restrictions we all find ourselves under, it is absolutely no surprise to find our mental health may be struggling.

Our jobs are already challenging and intense to begin with. It is also stimulating and rewarding, but it is easy to lose sight of what other factors are acting as barriers.

If the outside world is in no shape to provide the stability (or certainty) we all need, then we need to look in different directions in order to find calm within all this madness.

**Thomas K tsos, RDT**



# UNCERTAINTY DURING THE PANDEMIC

We hear more and more that a large percentage of the population suffers from anxiety and depressive symptoms related to the COVID-19 lockdown. These symptoms can be explained by our intolerance to uncertainty, no matter the age of the people the intolerance to uncertainty can increase the level of psychosocial chronic distress. <sup>(1)</sup>

Reducing uncertainty is necessary to reduce anxiety and depressive symptoms. Uncertainty tends to increase fear. <sup>(2)</sup> Consistent and clear communication could mitigate uncertainty by providing understandable information and sticking to the facts as much as possible <sup>(3)</sup>; and by avoiding fear-based communication and instructions. <sup>(4)</sup> The communication should be empathic and it should acknowledge the impact of the situation on people's emotions and lives. Communicating clear, unambiguous messages about social behaviours, notably, about wearing of masks, face to face and touch contact, the conditions for frequenting bars, will also help reduce uncertainty.



Young people are the most impacted by the COVID-19 lockdown. <sup>(5)</sup> The survey taken by Huang and Zhao found that half of the young participants are consumed by major uncertainties regarding. Half of the present young people included in the survey are consumed by major uncertainties regarding their future and educational perspectives.

Young people are the most psychologically troubled. Contact through digital media is anxiety-provoking for them and cannot replace face-to-face contact. Distance education and examinations could increase their level of uncertainty and stress, either because these involve new teaching and assessment modalities not well known to them, or because distance supervision, communication and monitoring by teachers has not been sufficiently clear and reassuring.

The government and schools should collaborate to provide high-quality, timely crisis-oriented psychological services to college students. <sup>(6)</sup> Also, new studies are needed for help to inform student-centered support programs and mitigate the long-term negative implications, for employed or unemployed youth.

Few studies on the consumption of alcohol in the general population during the lock down have been published. <sup>(7)</sup> Young people have drunk alcohol less often and in smaller quantities, but with an anti depressant effect. The symptoms of older people are not affected by alcohol use. Alcohol is not a common mean of combating anxiety/depression in the whole population in a locked-up situation. Although half the population did not change their alcohol consumption habits during the lockdown, a larger percentage of young have decreased their alcohol consumption. But a larger percentage of middle-aged and older people have seen an increase in their alcohol consumption habits. Alcohol use

among young should mainly take place in social contexts, whereas older people increase their alcohol use to cope with the lack of contact. The potential public health effects of long-term isolation on alcohol use and misuse are unknown <sup>(8)</sup> to be kept in check and under review during the post-confinement period. Government officials should provide public health warnings about the risk of excessive

consumption in social contexts among young adults and the possibility that older adults maintain their currently increased level of alcohol use.

To conclude, we need to consider different age groups when developing strategies for coping with isolation as well as the importance of targeting 18–30-year-olds, who have been especially vulnerable.

Distress due to uncertainty has affected the community, and we need to carefully calibrate communication and freedom policies to better cope with the current situation.

## References

1. (Freeston et al., 1994; Carleton et al., 2012, 2020; Sim and Chua, 2004; Sankar et al., 2017).
2. (Mertens et al., 2020; Hancock and Mattick, 2020).
3. (Van der Bles et al., 2020)
4. Finset et al., 2020
5. Huang and Zhao, 2020
6. Cao et al., 2020
7. Gubric et al., 2020; Van Daele et al., 2020
8. Clay and Parker, 2020



# Choosing the Correct Cement

Clinical situation	Type of cement
Tooth-coloured inlays, onlays, leucite-and lithium disilicate-based, hybrid ceramic crowns	Self-etching resin cement or resin cement with prior application of separate self-etching bonding agent
Ceramic veneers and leucite- and lithium disilicate-based crowns, hybrid ceramic crowns demanding optimal aesthetics	Resin cement used after total etch of enamel and a subsequently applied self-etch of dentine.
Crowns and bridges that have repeatedly come loose during service	Resin cement with a pre-cementation application of self-etching bonding agent, applied after both the fitting surface of the restoration and the tooth preparation have been roughened to increase retention
All-metal, PFM, hybrid ceramic crowns, alumina and zirconium-based crowns and bridges 1. With good or adequate retention 2. With minimal or reduced retention	RMGI (useful because of fluoride release) Resin cement with prior application of separate self etching bonding agent

