

# Improving nutrition for better oral health:

## the importance of educating patients



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**T**he role and influence of a dental care professional (DCP) is now far more wide-ranging than simply the basic care and maintenance of how patients care for their teeth. It's as much about patients developing a healthier way of life as it is purely about the health of their mouth. The relationship between a patient's oral health and overall body health is well-documented and there's a critical role for the whole of the profession to play in making way for a healthier Britain.

One of the most concerning areas that we need to address as a population is that of our diet, which is quickly becoming all too dependent on added sugars. A patient's diet is a decisive factor not only for their general health, partly responsible for the current obesity epidemic, but also one that has a detrimental effect on their oral health too. The crossover nature that diet plays in both of these disciplines, along with the severity of potential patient outcomes, warrants an extensive and cohesive approach by all DCPs to improve the nation's nutritional habits.



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### The landscape of diet on patient's health

Poor diet and nutrition are recognised as major contributory risk factors for ill health and premature death – it's about as serious as it gets. The relationship between poor dietary habits to obesity and tooth decay are major public health problems due to their associations with serious chronic diseases such as type 2 diabetes, heart disease and strokes.

Latest figures in the UK show that we are actually consuming less added sugar than a decade ago, however, we are still eating far too much of them<sup>1</sup>. Added sugars make up 12.5% of our total calorie intake – much higher than the recommended allowance recently set by the World Health Organisation (WHO) at no more than 10% of calorie intake with a recommendation to move towards 5%<sup>1</sup>.

We only have to take a look at the latest obesity and tooth decay figures to see that more has to be done to bring about a dietary change amongst many of the population. Obesity currently affects around one in every four adults while a third of children are either overweight or obese. Studies have shown that a reduction of 10% in added sugar in fizzy drinks could result in stopping the increase in childhood obesity in its tracks<sup>1</sup>. And tooth decay presents a similar story, with one in three adults suffering from the disease and one in four five-year-olds.

The main issue is here that both obesity and tooth decay are entirely preventable. Diet is a mind-set, a lifestyle choice, a behavioural outlook and attitude that can either increase our quality of life, or reduce it. Sadly for many patients, the messages just don't seem to be sinking in.

The latest data from an NHS report show that the majority of patients believe their own diet to be 'quite' healthy (71 per cent for men and 72 per cent for women)<sup>1</sup>. Interestingly, the review showed that patients are far less likely to concede their diet as being unhealthy. Around 10 per cent acknowledge themselves to have an unhealthy diet – which is far less than obesity and tooth decay figures suggest that it should be. There is no further analysis here but the assumption is either that patients are ashamed to admit to eating unhealthily or remain completely unaware regarding the impact of diet on their wellbeing.

Either of these alternatives presents a significant opportunity for DCPs to encourage a change in a patient's nutritional habits.

### Diet and oral health

From an oral health point of view it is also the frequency of sugar consumption as well as quantity that is the main concern. We have

found that it is this frequency message that seems to cause the most confusion amongst patients. The trend suggests we have moved from having three square meals a day to 7-10 snack attacks many of which will contain sugar.

Having this many sugar hits throughout the day simply does not give a patient's teeth a chance to recover. Sugary foods and drinks are allowed but patients need to try to stick to consuming them at mealtimes only. Gum disease, dental erosion, tooth loss, bad breath can all be linked to a patient's poor diet. If you are concerned about a particular patient, ask them to record a food diary in-between visits. Their nutritional intake may not be the cause of the problems, but it will help you give advice on how they may improve their diet.

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### The role of the dental team

This is certainly a difficult one. Many DCPs find that they are repeating themselves on the same dietary messages time after time to the same patient, many of whom seemingly forget or ignore any advice and guidance the moment they leave the dental practice.

While many of us have recognised that large amounts of hidden sugars such as Sucrose, Maltose, Glucose and Fructose are often added as a cheap bulking agent, relaying that message and similar ones, to the patient is often a cause of difficulty. A good maxim is to get patients to look at the food ingredient list and that anything with an 'ose' at the end is likely to be a sugar and to be a potential problem.

Giving the patient advice and guidance in the form of a physical aid will allow them to recall the information more easily at home. At the British Dental Health Foundation we have worked with dental practices and professionals for more than 40 years to ensure patients are provided with the very best educational resources and materials.

As a charity we recognise the challenge of both the DCP to communicate these messages and that of the patient to recall and understand them to a level where there is a behavioural change. Our resources are specially designed to bridge this gap so I encourage all DCPs to head to [www.educatingsmiles.org](http://www.educatingsmiles.org) and take a look for themselves.

### A patient's choice

It has to be said that this challenge is ultimately one for the patient. Much like the reduction in smokers over the last ten years, those with poor diets must step up and take responsibility for



their own health and make a decision which will positively change their life for the better.

DCPs cannot prevent patients from having poor diets, much like they have no control over whether a patient smokes or not. What we have to do is work harder to motivate that change in mentality. We know people will only change their ways if they want to, but by approaching the topic of lifestyle during each check-up, DCPs can ascertain important information relating to future check-ups in order to make necessary future recommendations.

Teams should be encouraged, not dissuaded to openly discuss lifestyle with a patient. Diet plays such a critical role in both oral and general health that we can no longer afford it to be a side issue in patient education. By engaging patients with food and nutritional information, DCPs can make yet another momentous impact on the landscape of creating a healthier, happier Britain.

1 Health and Social Care Information Centre. *Statistics on Obesity, Physical Activity and Diet - England, 2015 [NS]*. Available at <http://www.hscic.gov.uk/catalogue/PUB16988>. [Accessed 01.06.2015]

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