Lipodontology

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EDITORIAL

As far as I can ascertain the history books are silent on the oral health of Daniel Lambert of Leicester. At the time of his death in the summer of 1809, he was hailed as the heaviest man in Britain at a staggering 52 stones and 11 pounds and one who the public queued up to pay money to see. How does this weight compare to some of our fellow citizens today, and would we part with cash to ogle them? Perhaps we do by proxy as we watch television programmes on 'fat camps' and the horrors of breaking down the walls of homes to get obese people out and off to hospital or burial.

But how far does our curiosity extend and how close to home is the problem of overweight? There are a cartload of euphemisms to help us out; carrying a few extra pounds, big bones, middle-aged spread, cuddly, bear-like, and a variety of less pleasing and possibly politically incorrect terms too, fat, gross and obese being among them.

Perhaps we could continue to smile these rotundities away were it not for the fact that there is a looming health crisis, admittedly not only in the UK but it is the home crowd with whom we have to deal as health practitioners. Since oral health is now establishing itself very much as part of general health we are, whether we like it or not, in the centre of the matter and will need to consider the stance we are to take as the problem gets worse.

UNCOMFORTABLE DISCUSSING A PATIENT'S WEIGHT

The attitude that we as professionals take to obesity will be guided by that of society in general. If being overweight is socially acceptable then there will be little to be done and no notice will be taken by our patients if we advise lower calorie intake and more exercise. I am not sure that this will change in the near future, as for the meanwhile it is still viewed as marginally humorous and not really life threatening. Additionally, currently, I am not sure that as dentists we feel comfortable discussing a patient's weight with them as we consider this is perhaps too personal and that the patient will feel that this is none of our business and not relevant to oral health. Yet think back only a few years to how the same barriers were applied to smoking and how, frankly, revolutionary anti-tobacco has become; and with demonstrable individual and public health benefits.

In the *BDJ* we have been tracking the implications of obesity for dentistry for the last few years.[1,2] However, recent data show that the acceleration of the problem means that we have less time to assemble our approach than we perhaps thought. The latest Health Survey for England data reveal that in England in 2010, 62.8% of adults (aged 16 or over), 30.3% of children (aged 2-15) and 26.1% of all adults and 16% of all children were obese and England is not the worst country in the UK.[3]

There are practical considerations as well as matters pathological. Reilly *et al.*[1] elucidated the potential difficulties of sedation in obese patients, while Levine[2] touched on the need for new bariatric dental chairs manufactured to be especially robust to enable support, reclining and raising of heavy individuals. Indeed a supplier of these chairs has reported rapidly increasing sales in the UK. Perhaps surprisingly since the condition is very closely related to diet there is equivocal evidence to date of an association between caries and obesity.[4] This is the more striking since we automatically connect sugar and caries, and sugary foods and drinks with obesity especially in lower socio-economic groups in whom obesity is more prevalent. But ironically it does return us around discussing diet as familiar territory. There may be hope.

Periodontal disease is a different matter since there are documented connections between it and type 2 diabetes mellitus, which is also a feature of obesity. Much research is currently in progress in the role of cytokines as mediators of inflammation and adipokines, secreted by adipose tissues, which affect body metabolism possibly contributing to low grade systemic and vascular inflammation due to accumulation of gram negative bacteria and inflammatory mediators.[5]

It may be that in the future we will see the emergence of a new dental specialty, that of lipodontology; the study of obesity and oral health. And who knows perhaps the University of Leicester will institute a (bariatric) chair in the subject entitled the Lambert Professor. I risk undermining my own argument by making a jest of this but in truth it is a subject that should be treated as light in only one respect.

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4. Hayden C, Bowler J O *et al.* Obesity and dental caries in children: a systematic review and meta-analysis *Community Dent Oral Epidemiol* 2012; doi: 10.1111/cdoe.12014
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