

OH SUGAR!

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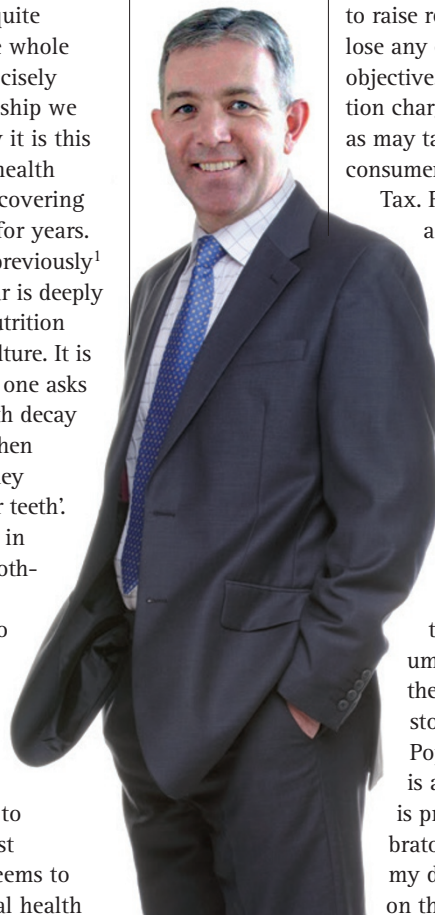
Hands up all those readers who think they should eat less sugar on a daily basis. OK. Hands up all those readers who do something about it personally. Hmm. Somewhat fewer. Hands up all those readers who tell their patients to eat less sugar on a daily basis. Good. Hands up all those readers who think their patients take any notice. As I thought.

Sucrose, one of the main sugars implicated in caries and other disease conditions, is a disaccharide and I think that there is an embedded parallel in that our attitude towards sugar is also formed of two strands. It is tempting to label them love and hate but I suspect that it is love and 'can't quite get around to hating'. The whole problem with sugar is precisely this dichotomous relationship we have with it. Interestingly it is this conundrum which other health professionals are now discovering but that we have known for years.

As I have written here previously¹ our relationship with sugar is deeply rooted not only in diet, nutrition and disease but also in culture. It is also intriguing how when one asks a patient what causes tooth decay they answer 'sugar' but when asked how to prevent it they respond 'by brushing your teeth'. Confusingly there is merit in this, providing fluoride toothpaste is used but the more logical answer would be to reduce or eliminate sugar.

It is also salient, in this most complex of matters, to note that while the recent exposure and media attention to sugar consumption is most welcome, its derivation seems to have been through general health

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considerations such as diabetes and particularly obesity rather than caries. I am not suggesting that we should feel aggrieved only that it does rather feel as if that which we have been preaching for many, many years only suddenly warrants more public attention when other conditions become more prominent.

But would taxation as being openly discussed really work? I am not averse to it but I do find it a hard concept to grasp in terms of how it could possibly be applied and collected let alone whether it would actually fulfil the goal of reducing consumption. There are various examples of different sorts of levies created to change behaviour (or just to raise revenue) which very quickly lose any claim to their original objective. The London traffic congestion charge might be a case in point, as may taxes on air travel and even consumer taxes such as Value Added Tax. People adjust and discount according to their preferred behaviour and lifestyle.

Looking about me in everyday life I just cannot envisage what is going to convince us as a nation, as the human race, to reduce sugar intake and hence calories in order to avoid overweight and obesity. There are very laudable examples of individuals who have seen the light and traded down umpteen sizes of clothes as they have plummeted from 27 stone to a mere 11 and a half. Population-wise while there is applause and admiration it is promptly followed by a celebratory biscuit or a 'well I'll start my diet tomorrow' chocolate bar on the basis that it really can't

hurt can it? As a side issue, but not much of a side issue, I fear the very same insidious effect is happening with alcohol.

By taking the example given above of the mismatch in perception between cause and prevention of caries, I wonder if notwithstanding my expressed doubts, a different financial loading might be a better incentive? What causes obesity? Too many calories and not enough activity. What prevents it? Being charged extra for healthcare if your body mass index exceeds a certain level. What if we began applying a weight-weighting to health costs as paid at the point of delivery? Of course; outcry. Where is the equality? No such uproar over insurance premiums for young drivers or those with a poor accident and claims record, but that of course is different. Or is it? As dentists we have been assessing possible solutions to this for a long time and perhaps we are in the process of refining just such a method. Certain private dental care is funded by patient contributions on a sliding scale according to oral disease, or lack of it; the better the oral health, the lower the monthly payments. If I am not mistaken a nascent NHS contract may be being modelled along a similar philosophy.

So, a tax on sugar might seem like an easy, all consuming magic bullet of a solution to solve the UK and the world's caries, diabetes, obesity and many other health conditions but if you were to ask me to put my hand up if I thought this would work, I am not sure that in all honesty I could.

1. Hancocks S. An ever present adversary. *Br Dent J* 2013; 214: 603.

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