

WILL SOMEONE EXPLAIN PLEASE?

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The BDJ Upfront section includes editorials, letters, news, book reviews and interviews.

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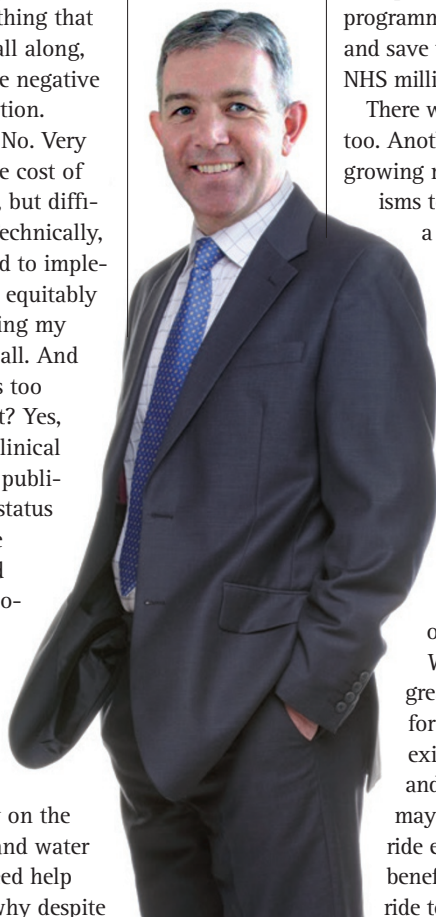
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Suppose there was a disease or condition that was a scourge to society. It plagued people's lives, not perhaps causing death; at least not widely or commonly but undermined their quality of life, cost them time and money and frequently caused significant agony and discomfort. It played on their children's health, causing pain, lost nights of sleep (for the whole family), days missing from school and education, in some circumstances requiring hospitalisation in order to treat it. In short it was a terrible underlying, inconvenient, troublesome and irritating nuisance that 'someone should do something about'. And then someone did. That mysterious someone discovered something that had been there naturally, all along, that could prevent all these negative consequences of the condition.

Wow. Expensive, right? No. Very cheap in comparison to the cost of treating the condition. Ah, but difficult to apply I'll bet. No. Technically, remarkably straightforward to implement, and universally and equitably advantageous. You're pulling my leg aren't you? No, not at all. And it's safe. Now, this really is too good to be true; tested is it? Yes, internationally, umpteen clinical trials and epidemiological publications have given it star status as a public health measure without peer. National and international agencies, associations and institutions, universities and faculties have endorsed it. Safe, cheap, effective, proven. Job done.

Well, dear reader, I know that you are already on the thread of this. It is caries and water fluoridation and what I need help with is in understanding why despite

'Can someone please do something about fluoridation...?'



great strides in improved oral health we still have unnecessarily high levels of the first and almost none of the second.

I understand the excuses as to why only about 10% of the population in the UK have the advantage of drinking fluoridated water, compared to nearly 90% in the USA, for example, but the reasons why this persists just do not stack up. The route to fluoridation is lined with pitfalls which successive governments seem either to have laid deliberately or at least not swept aside. There can be little doubt that should a UK government decide that it is in the public health interest then it could take steps to implement a far wider reaching programme helping to prevent caries and save the financially beleaguered NHS millions of pounds.

There would be other advantages too. Another worrying trend is the growing resistance of micro-organisms to antibiotics. The subject of a separate initiative, perhaps because it is perceived to be of far greater import, it has the support of many medical, health and statutory agencies. Although only a small percentage of antibiotic prescribing is in the dental arena this still forms a significant part of the problem. How much further could this be reduced with a lower rate of caries?

With more of us retaining a greater number of natural teeth for longer the possibility also exists that the 'heavy metal' and subsequent generations may benefit from lifelong fluoride exposure over and above the benefit created by the use of fluoride toothpaste and other fluo-

ride-based preventive agents such as varnish and mouthwash. Reduction in relatively difficult to treat root caries and secondary decay around restorations would be a great advantage.

As with any public health measure there are those who seek to subvert the benefits by promoting obtuse claims of unsubstantiated or anecdotal side-effects or by invoking the restriction of individual rights. Yet a string of such changes in recent decades would, I suggest, if they were revoked find few of us happily undertaking car travel without seatbelts or willingly sharing again aircraft or restaurants or pubs with smokers.

There is a General Election around the corner; in fact perhaps propitiously it lands on the Thursday of the BDA's British Dental Conference and Exhibition. So when the candidates come knocking on your door why not ask them if they think that the rise in children undergoing general anaesthetics to have teeth extracted is a good thing. They will almost certainly say no; who wouldn't? So then follow up and ask them what their stance is on fluoridation. Ask them if they think this would be a good public health measure. What follows may well be a bluster about diet and possibly even a tax on fizzy drinks. All well and good but these should be 'as well as' and not 'instead of'.

Four years ago I wrote an editorial in which I highlighted the pressing need to do something about rising childhood caries.¹ So, can someone please do something about fluoridation? And if not, can someone explain why not to me please? Don't make me write this again. Although be assured that if I have to, I will.

1. Hancocks S. Suffer the little children (Editorial). *Br Dent J* 2011; 210: 341.

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