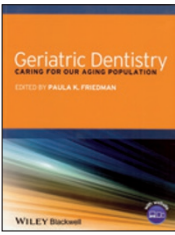


BOOK REVIEW


**GERIATRIC DENTISTRY:
CARING FOR OUR
AGING POPULATION**

P. K. Friedman

Wiley Blackwell

price £50.99; pp 336

ISBN 9781118300169

The intended readership for *Geriatric dentistry: caring for our aging population* is broad – dental students, dentists, hygiene students, hygienists, mid-level providers, non-dental health providers and the lay public. The editor sees a gap in the market for a ‘how-to’ guide to caring for older dental patients in the widest sense and believes that this book addresses that omission.

Written by multiple authors from the USA and Canada, the book is divided into six sections. The first section – ‘The underlying principles of aging’ – discusses population changes and the trends in oral health in older adults from a North American perspective. This section also describes the significance of increasing impairment of the older patient and its relevance to oral health. It does not, despite its title, discuss ageing *per se*. The section concludes with a chapter on palliative care dentistry, which could have been better placed in the care delivery section.

The middle four sections range through through ‘Clinical practice’, ‘Decision making and treatment planning’, ‘Common geriatric oral conditions and their clinical implications’ and ‘Care delivery’, the latter containing important chapters on oral health promotion in long-term care and the inclusion of dental professionals in the wider interdisciplinary team.

These four sections start with an assessment tool for measuring care providers’ attitudes to ageing, and move on to patient assessment, treatment planning, consent and evidence-based decision-making. Oral conditions covered from the geriatric perspective

include root caries, periodontal disease, endodontics, oral mucosal lesions and dental prosthetics. The significance of xerostomia and the medical complexities of ageing are described in separate chapters.

Most chapters include thought provoking case studies and all conclude with questions for discussion and revision. The clinical sections have colour illustrations but some of the reproduced radiographs lack definition. All the chapters are extensively referenced and the book has an associated website, from which the figures and discussion questions and answers can be downloaded.

The final section is entitled ‘Future vision’, and is again written from a trans-Atlantic perspective.

In a multi-author textbook, some repetition is inevitable but this does not detract from this useful addition to the limited numbers of textbooks available on gerodontology. Because of the breadth of the editor’s target readership, the book contains sufficient material for several all-staff training sessions to help improve care and understanding of our ageing patients, in addition to much relevant clinical material. The book is highly recommended for students, DCPs and GDPs.

P. HELLYER

CORRECTION

In the last issue of *BDJ*, we announced that the American College of Dentists awarded a Fellowship to Dr Andrew MacDonald in October 2014 during its annual meeting and convention in San Antonio, Texas.

Dr MacDonald’s name was incorrectly given as Andrew. It is Dr Alastair MacDonald.

We apologise for any inconvenience caused.

**CAMPAIGN TO IMPROVE
ORAL HEALTH RETURNS
WITH A SMILE**

Oral health charity the British Dental Health Foundation (BDHF) is delighted to announce the return of National Smile Month for 2015.

The campaign is set to take place between 18 May and 18 June and aims to make a significant impact improving oral health at grassroots level and educating on the importance of good oral hygiene.

Chief Executive of the BDHF, Dr Nigel Carter OBE, challenged the dental and healthcare profession to go one step further in 2015.

Dr Carter said: ‘Each and every year it amazes me how many people actively get involved in National Smile Month. We can look back on the last 39 years since the very first campaign and see how it has coincided with some of the major oral health improvements in the UK. Take the recent data on children’s oral health for example.

‘Much of the credit for these improvements goes to hard working dental professionals who go out into their local communities during the campaign to educate of the importance of good oral hygiene. By getting involved with the campaign, together, with your help, we can herald even further improvements.’

‘National Smile Month is not just about education, it’s also about having lots of fun. The Smiley has been a roaring success with dental professionals since its arrival and we hope it’s continues to drive interest in oral health.’

**DENTISTS OVERESTIMATE PATIENT WORRIES ABOUT
WHO’S DELIVERING THEIR DENTAL CARE**

That is the view of recently retired Chief Dental Officer (CDO) for England, Barry Cockcroft, who says any reluctance by patients to receive treatment from a dental hygienist or dental therapist instead of a dentist would be ‘unusual’. As well as educating the public on the role of the therapist, the former CDO explained: ‘If you look at the changing health needs of the population now – compared to 20 years ago – and then look ahead another 20 years, it’s clear the pattern of disease has been changing.

‘The majority of the population are going to have much simpler needs and I think this is bound to lead to dental care professionals

(DCPs) having a greater role in the delivery of care – in both the NHS and private sectors.

‘I think dentists tend to overestimate the public concern about the use of DCPs. It would certainly be unusual for a patient to feel reluctant to see a hygienist instead of a dentist for periodontal treatment.’

‘If I was still in practice, I’d be looking to work in a team with a wide range of skills in order to offer as wide a range of services to our patients as possible.’

