### **BOOK REVIEW**

# Functional Occlusion in Restorative Dentistry and Prosthodontics

### HANDBOOK OF ORTHODONTICS, SECOND EDITION

Martyn Cobourne and Andrew DiBiase Elsevier price £48.99 pp 571 ISBN 9780723438076

This textbook covers both the theoretical and clinical aspects of orthodontics. Although targeted at undergraduate students, orthodontic postgraduate students and orthodontic therapists, it is also a useful reference book for general practitioners. The authors have done well to make the book comprehensive yet compact, such that it is easily transported and can be at hand as a quick reference guide.

The initial chapters deal with the scientific basis of orthodontics, focusing in particular on embryology, craniofacial development, growth and the biology of tooth movement. Next, the authors comprehensively cover aspects of clinical orthodontics, starting with examination and diagnosis, then treatment planning and the use of contemporary removable and fixed appliances. There is one chapter dedicated to orthodontics and orthognathic surgery, and another dedicated to cleft lip and palate and other syndromes affecting the craniofacial region. The authors end with a very basic introduction to evidence-based orthodontics.

The presentation and layout of this textbook is excellent with hundreds of high quality illustrations and photographs used to visually portray the written descriptions contained within the text.

What sets this book apart from the others in the same field, in my opinion, is the clever use of boxes and tables embedded within the chapters to communicate key points and topics to the reader. There are three main boxes. Firstly, factual green boxes which give the reader succinct key information. The sharpness of the colour draws the eye to these boxes, which supports the statement made earlier about the book being a useful 'quick' reference guide. The second are purple 'discussion' boxes where the authors open discussion with the reader, using references and quoting sources to back up any statements made. Finally, a new addition to the second edition, is the use of blue 'Where is the Evidence?' boxes. These are used to communicate areas where there is relevant evidence available to the content of that chapter.

I feel that due to the clever way in which the authors have written this book they have managed to create a comprehensive and informative textbook, with an interactive element. The book is a pleasure to read and makes learning most interesting.

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## HAVE YOU SEEN BDJ TEAM?

The first issue of *BDJ Team* this year showcased the activities of a selection of BDA Good Practice members who have gone the extra mile to raise awareness of key campaigns.

Charles Landau Dentistry in North London has raised awareness of hidden sugars in foods with posters and a visual display. Osborne Dental Group in the North East has visited local primary schools to host workshops for children.

Read more on this and other *BDJ Team* content at: www.bdjteam.co.uk.



### **BDA UPDATE**

'A culture of utter complacency'

The BDA welcomed comments from Lord Hunt of Kings Heath in a Parliamentary debate on dental regulation on 18 January, which backed up BDA demands for fundamental change at the top of the GDC and the BDA's stance on the PSA's whistleblowing report.

Lord Hunt said: 'What I see here is a culture of utter complacency within the GDC. It would look to me as if the GDC simply has not accepted the core conclusions of the various reports being written about its conduct.

'It is also clear from reading between the lines of the report and the careful way it has been put together that the PSA lacks confidence in the performance of the GDC.

'I would frankly have expected the entire Board of the GDC to have resigned in the light of that report that came out just before Christmas. I understand the Chief Executive has, but no one else on the Board seems to be prepared to take responsibility for clearly a culture that has lasted over a good many years. I don't think that's acceptable and I seriously would ask the Minister whether there can be any confidence that this organisation is fit for purpose.

'I actually do now understand the concerns that the profession has about the GDC. I hadn't realised, my Lords, until I have gone through this information, just why there was so much angst within the profession. I think, my Lords, that it is absolutely justified.'

### Concern over smoking cessation funding

The BDA was dismayed to learn that around 40% of local councils have dropped their free stop-smoking services when incidences of mouth cancer are soaring. Existing smoking-cessation services are in doubt as local councils brace themselves for annual cuts to their public health budget of 3.9% over the next five years. These cuts are in addition to the £200 million announced in last year's budget. As smoking accounts for nearly two thirds of all oral cancers, the BDA believes that funding for smoking cessation programmes should be ring fenced rather than being at the mercy of cuts imposed by central government.

### Evidence should shape response to sugar crisis

The BDA has called for clarity after government sources denied claims government was considering a sugar tax. With research from Mexico indicating that sugar levies have led to a dramatic drop in sugar consumption, the BDA has called on the Prime Minister and Health Secretary to be guided by evidence.

#### Parliamentary debate on decay welcomed

The BDA has welcomed parliamentary debate on how to solve Britain's child tooth decay crisis. On 3 February Sir Paul Beresford MP detailed some shocking statistics on the extent of child caries; Health Minister Alistair Burt MP noted the impact of caries on children's overall health, as well as their ability to sleep, eat, speak, play and socialise; and stressed the key role that dentists have to play in tackling this problem. The Health Minister reiterated the Government's commitment to reforming the current contract for primary care dentistry so that it is focused on prevention and improves access and oral health.