

Do you still see older patients who seem unlikely to quit smoking? Yes, informed dissent remains common. The patients are not always older but are generally aware of the health risks.

Do you regularly dispense stop smoking advice? I will ask patients about their smoking habits, and discuss relevant oral health matters. If they show an interest in giving up I can advise and offer a referral either to the GP or the local stop smoking service. I try and keep the discussion brief, not to pressurise and to keep future options open.

Have you personally been affected by the smoking ban? No, but there are areas where smokers now congregate: bus stops, beer gardens, hospital entrances!

Do you think plain packaging and large picture health warnings on packaging is a good idea? Personally yes, but from talking to current and previous smokers it doesn't appear to have much of an effect. From talking to people about the ban, an increase in cost has made the difference.

Do you think 'plain' packs discourage young people from taking up smoking? No,

I don't believe 'branding' has that much of an impact. Cigarettes are cigarettes no matter the colour of the packaging.

If patients ask your advice on e-cigarettes, what advice do you give them? Whilst we are seeing fewer 'smokers' in practice, we are most certainly seeing more 'vapers'. Users

in a range of flavours. I feel these have a much bigger risk of attracting younger people.

For previous smokers who are using them as a way of giving up, I encourage them with reference to recent headlines, BUT as an aid to help them quit NOT an alternative. I would also make it quite clear that whilst

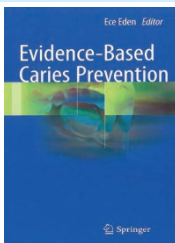
'Whilst we are seeing fewer "smokers" in practice, we are most certainly seeing more "vapers". Users of e-cigarettes will often not tell us that they smoke.'

of e-cigarettes will often not tell us that they smoke. They believe it is different and less harmful. I have also had a few patients 'begin' smoking e-cigarettes, who had not smoked conventional cigarettes previously. It would appear that society sees e-cigarettes more favourably: shops are opening up around the country and vaping devices are produced in a variety of colours and designs, and the liquid

e-cigarettes don't contain as many harmful substances as conventional cigarettes, they do contain nicotine which is harmful in itself. There is also the lack of long-term evidence to prove their safe/unsafe use. ■

If you would like to contribute to our next Perspectives feature, please send your details to k.quinlan@nature.com.

BOOK REVIEW



EVIDENCE-BASED CARIES PREVENTION

Ece Eden
Springer, 2016
price £100.50 pp 189
ISBN: 9783319400327

Caries prevention and management is the foundation of bettering oral health and provides the fundamental diagnosis and risk assessment for the provision of any further treatment. As healthcare professionals it is vital that we understand the evidence that justifies the advice and treatment we deliver to our patients on a daily basis.

This book aims to deliver the evidence behind the appropriate detection, management and prevention of caries in a number of situations worldwide. It is an easy-to-follow read with helpful diagrams, pictures and tables to aid understanding of key factors that are associated with providing adequate preventative advice and treatment, useful for both clinicians and undergraduates alike. It not only discusses key aspects of minimally invasive dentistry, but importantly the evidence-based literature to validate the advice and treatment we should be providing as healthcare professionals.

The first few chapters discuss the epidemiology, assessment and diagnosis of carious lesions and the importance of using standardised methods of evaluation to aid communication between dental professionals. Comparisons are made between indices used not

only to assess and diagnose the extent of carious lesions, but to gain understanding of the prognosis of the tooth, which ultimately determines treatment aims.

Following this the book proceeds to provide evidence on the use of re-mineralising agents and antimicrobials in clinical situations, which can aim to prevent or reduce the progression of carious lesions. Various methods of fluoridated adjuncts and their appropriate use, as well as evidence to deny any previous claims of untoward health interactions of fluoride are discussed.

Evidence-based advice is given on the information we should be providing to adolescents, parents and to the elderly in regards to healthy eating and reducing the amount of extrinsic sugars in our diet.

Preventative and minimally invasive treatment is also mentioned in the form of fissure sealants and the various materials used for this as well as treatment of approximal lesions with infiltration of resin. Behavioural modification and patient factors to consider at different stages in a patient's life from pregnancy to adulthood is also discussed in a systematic approach.

To summarise, this book would primarily benefit clinicians who interact particularly with children and young adolescents daily. However, it is important to acknowledge that we all have a duty to provide appropriate oral health advice and care to all our patients and therefore this book is a good basis for the evidence behind that.

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