

IN BRIEF

- An investigation of where the Israeli public seek advice on mouth ulcers.
- Nearly one third of those surveyed had a history of mouth ulceration.
- Lay people could not distinguish an ulcer with features that would strongly suggest a malignant neoplasm from other types of mouth ulcer.
- The vast majority would first seek advice from their general medical practitioner.
- Less than 20% would first approach a general dental practitioner.

Where do the public seek advice about mouth ulcers?

Mouth ulcers: a study of where members of the general public might seek advice **Y. Gill¹ and C. Scully²**

ABSTRACT

Objective

To investigate where the public seek advice about mouth ulcers and to what extent the public approach the community pharmacy for advice.

Subjects and methods

One thousand members of the general public were randomly chosen and surveyed throughout the day in the main shopping streets of two towns in Israel, Haifa and Tel Aviv. All participants were presented with four standard verbal questions designed to identify reactions to and past experience of mouth ulcers. All responses were recorded immediately on to data sheets and transferred to a computer for analysis of frequencies and percentages and Chi-square analysis.

Results Nearly one third of those surveyed admitted to a history of mouth ulceration. The vast majority (66–69%) would first approach their general medical practitioner for advice, 13–17% would first approach a general dental practitioner, and only a small minority of the public (4–10%) would first approach the community pharmacy. Lay persons could not distinguish an ulcer with features that would strongly suggest a malignant neoplasm from other types of mouth ulcer.

Conclusions The dental profession needs to collaborate more closely with the medical and pharmaceutical professions in order to offer patients better access to information and care.

EDITOR'S SUMMARY

Mouth ulcers are a common complaint and one which the general public may often be tempted to ignore or treat themselves with over-the-counter preparations. Dentists are ideally placed to provide advice to the public about mouth ulcers, but little research has been done into where patients suffering from persistent or recurrent ulcers actually go to seek advice. The paper by Gill and Scully aims to investigate this question.

The paper's findings show that most members of the public would seek advice about mouth ulcers from their general medical practitioner in the first instance, with only 13–17% of those questioned indicating that they would first see a dentist. This is despite the fact the dental practitioners have considerably more knowledge of oral ulceration than many doctors do. It seems that this may not be well known to the general public and maybe we should see this as a wake-up call. Also interesting is the fact that an even lower number of those questioned stated that they would seek advice from a pharmacist.

Although the research was carried out in Israel, it is likely that the results are more widely applicable and that a similar situation exists in the UK. The authors suggest that the dental profession should collaborate more closely with doctors and pharmacists in order to provide them with educational material about oral health and diseases. While it is vital that all health professionals are adequately educated about oral disease, it is also important that the public know where best to turn if they are concerned. Perhaps this is an area where the dental profession should take another look.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 202 issue 6.

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FULL PAPER DETAILS

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AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

It was the impression that the public sometimes first sought advice from physicians and pharmacists. Studies from a number of countries had shown that persons suffering from mouth ulcers may seek advice from dental or medical practitioners; may be encouraged by press advertising to self-medicate using proprietary preparations that are actually rarely of scientifically proven value; may approach the community pharmacy for advice; or may investigate the effects of complementary medicine and, at least in some countries, the evidence suggested that the latter delays diagnosis.

2. What would you like to do next in this area to follow on from this work?

The evidence indicates that few medical students or doctors receive any training in oral disease and few medical texts contain much data about the mouth, though some journals now offer continuing professional education in this area. Pharmacists likewise have limited understanding regarding the potential importance of mouth ulcers and the possibility of neoplasia. Unsurprisingly, if patients seek advice in a pharmacy, the quality of advice given is dependent on whether the respondent is a pharmacist or a community pharmacy assistant. Patients with symptoms which necessitate medical or dental attention are best not advised to seek such opinions unless they can be certain they will receive professional advice, and therefore it would be useful to offer education to physicians and pharmacists as to the causes, diagnosis and management of oral mucosal diseases.

COMMENT

Gill and Scully have highlighted issues around oral ulceration that will make uncomfortable reading for dentists and DCPs, as well as others in healthcare, many of whom may not feel at ease dealing with mouth ulcers. It is unclear why so few Israeli patients would seek advice about mouth ulcers from a dentist. This could reflect a perception that dentists 'fix teeth' rather than provide care for the whole of the mouth. The dental profession may be partially guilty for promoting this view in the past and perhaps even now in some instances.

The authors comment about the limited insight that many medical practitioners have with respect to oral health issues. The current healthcare communication revolution is addressing this issue to some degree, irrespective of any formal changes to medical education. New government funded resources (eg 'Prodigy'¹ in the UK) provide additional information. Such initiatives help support changes in healthcare provision in primary care, including development of nurse practitioners with a wide range of prescribing privileges. The Prodigy website, which is freely available, incorporates a wealth of information about many conditions including some oral conditions such as aphthous ulceration. Inevitably, there are concerns around delays in recognition of serious underlying diagnoses and healthcare cannot be undertaken 'by numbers'. However, resources such as Prodigy are not going to disappear and are founded on better sources of information than the many independent websites that offer views on oral health.

The increase in information is continuing to change the dynamic between patients and healthcare professionals. Healthcare is evolving rapidly and expectations of patients and professionals are changing. This raises the question of whether dentistry is keeping up with the pace of change. Should we be really surprised that less than one in five patients would seek advice from a dentist about mouth ulcers? Over-emphasis must not be placed on a single study. Nevertheless, the findings should prompt the profession to take stock and question what needs to be done.

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1. www.prodigy.nhs.uk.