‘Oral health has become a *priority for dietitians*’

What do non-dental health professionals advise patients when it comes to the oral cavity? **Laura Pacey**¹ spoke to dietitian Aisling Pigott.

Role: Families First Dietitian

Description: In order to qualify as a dietitian you must undertake a Health Care Professionals

Council (HCPC) approved programme at university. There are two types of programmes approved by the HCPC, which include assessed clinical placement alongside academic work:

- 3 or 4 year full time undergraduate BSc (Hons) Human Nutrition and Dietetics
- 2 year full time postgraduate programme (PgDip) in dietetics or a masters qualification in dietetics.

Most dietitians are employed in the NHS, but may also work in education, research, the food industry or on a freelance basis.

Regulator: All dietitians are obliged to engage in CPD and while there are no minimum hours required for CPD undertaken, it is a well regulated process. The HCPC has no set ‘approved’ CPD activities as it is up to the professional to decide what is relevant to them. CPD activities can include anything from journal clubs to peer supervision, CPD courses or research events.

May work with: Health visitors, speech and language therapists, consultants, general practitioners, school and social services.

Case study

Cork-born Aisling Pigott is a 26-year-old dietitian based in South Wales. With a BSc in human nutrition and dietetics and a PgC in sports and exercise, Ash has been a dietitian for four years. As a newly qualified dietitian Ash worked in rehabilitation, stroke rehabilitation, diabetes and weight management, which was then followed by a paediatric rotation that sparked her interest in working with children. Recently Ash has undertaken a challenge in a new direction and accepted a community role working with children and families under a Welsh Government funded Families First project. Separate to this role, Ash also supports local athletes, sports teams and clubs in Cardiff as a sports dietitian as well as lecturing in Sports Nutrition at the University of South Wales. Based in a community setting with the Flying Start Health Visiting team and some Families First workers, Ash plans her own itinerary, which currently includes weekly home visits and clinics alongside several healthy eating groups for children, and the development of a weight management service for maternal obesity.

Laura: What is involved in being a dietitian?

Ash: Working as a dietitian requires a passion for food, nutrition and excellent communication skills. Food plays a central role within society and the role of the dietitian can vary from acute hospital dietetics to work within the

food industry, community nutrition or public health. The role of a dietitian also requires flexibility in approach and the ability to be able to communicate scientific information about food and nutrition. This needs to be tailored to the specific target audience so that it is easily accessible for other professionals, clients and the general public.

Laura: What is your favourite part of the job?

Ash: The most rewarding part of my current role is overseeing and running MEND 2-4, an obesity prevention programme for children aged between two and four years of age. The programme includes active play and tasting of new foods alongside parent education on healthy eating and behaviour management. I find this a really satisfying and worthwhile group to run. The families are really supportive of one another to make positive healthy changes that will impact their children’s health throughout their lives. Children at this age are completely reliant on their parents

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and it is during this crucial early childhood stage that the majority of eating habits are established. The positive influence the group provides for their eating habits will support the future health of the next generation.

Laura: *Do you see your role as mostly preventive?*

Ash: My role is based around early intervention and prevention of obesity and differs significantly to that of the clinical hospital dietitian. Many of my dietetic colleagues are in roles that focus on treatment or management of diseases. Preventative proactive roles such as my own are a positive emerging trend. Recent figures demonstrate that over 50% of the population are overweight or obese and there is an urgent need for experts in diet and nutrition to be at the forefront of preventative services in the UK. There are ever-growing issues with poor nutrition, poverty, increasing food costs and rising levels and severity of obesity and the type of patients that I have on my caseload varies week to week. Typical patients include babies that need additional support with feeding or weaning, children diagnosed with or at risk of vitamin and mineral deficiencies, fussy eaters, overweight and underweight young people and their families. In general, these patients require a family-based intervention and I use some skilled professionals who can work with these families to reiterate and support positive dietary changes.

Laura: *Medical conditions such as eating disorders and diabetes can have a big impact on oral health. How much does oral health advice feature in your role?*

Ash: I come from a family of dentists, so oral health has always been a priority for me. Specialist dietitians within their field usually give disease-specific oral health advice as part of holistic patient care, eg increasing awareness of vomiting on dental health and providing advice on minimising damage to teeth or encouraging poorly controlled diabetics to have regular check-ups with their dentist.

Laura: *What oral health advice do you give patients?*

Ash: Within my role I am involved in direct patient contact and training/support of other professionals involved with children. As my grandfather and aunt are both dentists oral health advice is something that I consider very important. I encourage all professionals to support parents to establish positive

routines around dental hygiene, avoid bottles if possible and avoid sending children to bed with milk (a pet hate of mine!). I encourage all parents to avoid giving their children sweets and food high in sugar as infants and toddlers, and discuss treats and portion control for older children.

Laura: *Nutritional advice and oral health advice can sometimes conflict, eg encouraging fruit juice and smoothie consumption to get 'five a day' when its acidic content can lead to dental erosion. Has the oral health advice you give changed over the years alongside changes in dietetic advice?*

Ash: Traditionally advice provided by dietitians and dentists around snacking on fruit and fruit juices has conflicted. This is very unfair to the general population who are understandably confused by the array of mixed messages out there. Oral health has become a priority for dietitians, particularly for dietitians in preventative roles such as my own. However, with improvements in consistency of advice between health professionals there needs to be ongoing consistency, standardisation of advice and learning between all healthcare professionals.

Laura: *Where do you source your information?*

Dietitians are regulated by the HCPC and we are the only qualified health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public health level. This can be confusing for some people who receive mixed messages in the media from unregulated sources eg nutritionists, nutritional therapists and diet experts.

As dietitians we source our information from evidence-based practice and research. Reliable resources that we guide the public towards include the British Dietetic Association 'Food facts' leaflets, Change4Life resources, NHS choices and the British Heart Foundation.

Laura: *Do you feel diet and nutrition is as central as it should be in disease management?*

Ash: From my experience working within the acute hospital environment, the role of diet and nutrition is not as central as it should be in disease management, particularly for adult patients. Disease places major strains on the body and appropriate nutrition is key to recovery, illness and wellbeing.

Laura: *What are the challenges to the public health message around diet and nutrition?*

Ash:

- The public is bombarded with conflicting information around diet and nutrition. The diet industry is a complex and

unregulated field and the public are continuously exposed to confusing and misleading information

- Public health messages are not exciting or sexy and the simple message of move more, eat less does not resonate well with people looking for a quick solution

■ Kitchen and cooking skills amongst the general public have declined, which limits interest in cooking and preparation of food, increasing exposure to highly processed, easily prepared meals and takeaways.

Laura: *What do you think can be done to improve awareness of the link between diet and oral health?*

'I encourage all parents to avoid giving their children sweets and food high in sugar as infants and toddlers, and discuss treats and portion control for older children.'

Laura: *Recent press has suggested Britain is addicted to sugar. Do you think emerging links between sugar consumption, oral health and systemic health will force the public to take their diet more seriously?*

Ash: Media attention and focus on sugar has grown in recent years, but the links between sugar consumption, oral health and systemic health are very well established. Despite some inconsistencies in media reporting, the media attention has brought this information to the public forefront, which can only be a good thing.

Laura: *What do you think has been the best health campaign in recent years?*

Ash: Despite the admirable success and efforts underway with the current health campaign Change4Life, nothing compares to the consistent hard line anti-smoking campaigns and anti-smoking policies that have been implemented in the UK in the past 40 years. The combination of graphic media campaigns, strict advertising regulations and legislation around smoking has led to a real reduction in smoking statistics and associated co-morbidities. While some of these media campaigns and regulatory changes were very unpopular, they have demonstrated real success in recent years. Health campaigns such as Change4Life can learn a lot from the success of anti-smoking campaigns.

Laura: *How has our diet changed in the last ten years and what do you think it will be like in the next ten years?*

Ash: I have noticed major changes since beginning my training. Food availability has increased, but food quality has declined. Food is available in so many opportunities, fast food outlets, coffee shops, newsagents, vending machines and street food outlets. It is so easy to pick up food now and eat without realising. Ten years ago, it would have been strange to see somebody eating on the street. These days, you can't walk down a high street

without observing somebody munching on a chocolate bar or bag of chips.

As predicted in a recent report, obesity is set to escalate even further, with 90% of us expected to be overweight or obese in 2050. As we approach this date and the obesity epidemic continues, I hope that government policies and legislation will have a positive impact on our diet over the next ten years. Without legislation around food and drink advertising, fast food outlets and the soft drink industry, I envisage the current trends escalating further and the consequences of poor nutrition contributing to pressures on our health service.

Laura: *What five things could everyone do to improve their diet and nutrition?*

Ash:

1. Forget fad diets: don't get sucked into the latest 'new diet' but opt for a maintainable healthy diet to avoid yo-yo-ing weight and depleting your body of essential nutrients
2. Regulate meal patterns: regular meals are essential to maintaining a healthy weight and optimising health
3. Cut down, don't cut out: denying yourself all treats and nice things will leave you feeling deprived, unhappy and reaching for the biscuit tin. Include small amounts of portion-controlled treats and monitor their frequency
4. Cook from scratch: cut down on processed foods and prepare more foods from scratch. Try the Change4Life website or phone app for some easy, quick and healthy recipes
5. Enjoy your food: sit down with your family or friends and take time with your meals.

See also:

Interview with a health visitor: www.nature.com/vital/journal/v10/n3/full/vital1688.html

Interview with a school nurse: <http://www.nature.com/vital/journal/v11/n1/full/vital1764.html>

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Ash:

While dietitians and dentists take a holistic approach to patient care, a more

joined up approach to patient care and development of resources and health campaigns around diet and oral health would help improve awareness of this link. In addition, education of dietitians, doctors, public health workers and dentists should also contain elements of behaviour change, oral health and nutrition.