



# A young dentist's perspective on water fluoridation

**David Westgarth**

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Last month's issue of *BDJ in Practice* took a very deep dive into the current debate and apparent progress made in the quest for water fluoridation. Much was made about the need to change the approach, particularly to social media, and it got me thinking about how dental students and those newly-qualified approach the topic. After all, they have grown up in the social media age – they're not adopters of the technology and platforms available. Would they be more vocal? Would they be more

cautious for fear of offending someone? I spoke to **Aiman Tahir** to see what a young dentist thought.

*What did you know about water fluoridation as a student?*

**AT** Fluoride is naturally occurring in water supplies however it is not always at the optimal concentration to reduce caries. That is why in some areas the levels of fluoride have been adjusted to reach the optimum concentration of 1 part per million. It is worth emphasising that some areas already have naturally occurring fluoride concentrations at or above this optimal level.

As part of our Dental Public Health curriculum, we learnt about the evidence base behind water fluoridation and the impact it can have on reducing oral health inequalities

in children and young people. It can reduce the number of decayed, missing and filled teeth and therefore can act as an effective public health intervention. It can mean that less children have to undergo dental extractions.

*Do you think it's just a given that as burgeoning dentists you're in support of water fluoridation?*

**AT** There is the expectation that we should be in favour of water fluoridation however we are always taught to look at the evidence base, critically assess it and independently reach a conclusion regarding the matter. Also taking on board expert opinions regarding water fluoridation. Hence, the case for water fluoridation is strong. Of course, everyone is entitled to their own opinions but not their own facts.

*Overall, what was the level of decay like in children you saw?*

**AT** Like some of the experts in your article last month, I have been fortunate enough to be a dental student in Birmingham, which has had fluoridated water since the 1960s. Having also worked as a dentist in a fluoridated area I have been able to see first-hand the benefits of water fluoridation.

I have noted that most of the carious lesions in children have been restorable. Restorations seem to be more common than extractions in fluoridated areas. This means we must work relentlessly as dentists to restore and aim to stop caries progression in these children – allowing them to retain their deciduous teeth till natural exfoliation. Unfortunately, there is a higher prevalence of caries amongst children from deprived backgrounds and fluoride is only one of the pillars against caries, others being a low sugar diet and good oral hygiene.

Fortunately, I have not seen many cases of children that have undergone general anaesthetic and extractions of multiple deciduous teeth. That has always been something that unsettles me, the prospect of a child having to undergo a general anaesthetic procedure because of a preventable disease such as caries.

*What measures do you believe are necessary to close the gap on oral health inequalities?*

**AT** The COVID-19 pandemic has had a disproportionate impact on those in vulnerable groups and with high dental needs. This has only worsened the existing oral health inequalities and preventive measures such as water fluoridation are more important than ever. Water fluoridation reduces oral health inequalities yet only 10% of the population are able to benefit from this.

Additionally, there is a need to improve access to dental care for these groups, this has unfortunately been a long-standing problem. It is positive that we are moving away from the ‘victim blaming’ opinion that a patient has dental disease because of their choices and starting to tackle the underlying determinants of health.

*Could young dentists be better positioned to discuss and debunk*

*things patients have read on the internet/social media having grown up with the platforms now available?*

**AT** More recently, many dentists have been using social media, I think this is a great tool to engage with the public and deliver oral health messages. Using these tools to bring dentistry into popular media would also encourage more people to attend the dentist or at least take preventive advice on board.

*‘Fluoride is naturally occurring in water supplies however it is not always at the optimal concentration to reduce caries. That is why in some areas the levels of fluoride have been adjusted to reach the optimum concentration of 1 parts per million’*

Myth-busting is important, especially when these same platforms may have content that is inaccurate or portrayed inaccurately for example regarding fluoride. We cannot tell patients what to do, ultimately it is their decision but as dentists we like to be satisfied that patients have informed consent (even if that is for refusal of fluoridated water) and the main principle for informed consent is that patients are presented with all the information necessary for them to reach that decision, this means sign posting them to the evidence base and appropriate resources.

*In your view does the profession shout loud enough about things (like fluoridation) that can really make a difference to the population’s oral health?*

**AT** The profession does raise awareness on these matters but there is definitely scope for us to be more active. I remember reading an interview from Dr Sandra White in which she highlighted the need for dentists to ‘become more political’ and it just makes sense. If not on a national level, we can always get involved locally for example on the local council or even the local school board.

*What one piece of advice would you give to dental students about actively engaging in discussions about water fluoridation?*

**AT** Fundamentally, make sure you *are* engaging in these discussions! As dental students we often do not realise the importance of our voices. You are part of the profession and your opinions matter. I was fortunate enough to be able to shadow dental public health consultants during dental school. I would strongly recommend students to get involved with dental public health, you realise that it is so much more than what we cover in our lectures, and seeing the principles being implemented really brings the subject to life.

As young dentists I would encourage you to continue to find out more about the local and national public health measures, going beyond your dental school curriculum. It can also be useful to speak to experts in the field for example Dr Barry Cockcroft has provided me with great insight into prevention and water fluoridation. ♦



### Author bio

Aiman qualified from the University of Birmingham in 2020. She is currently working as a Foundation dentist in Wednesbury, West Midlands. She will soon be starting a Dental Core Trainee role

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