Are patients forgetting the basics?

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Introduction

According to a study published in the *European Journal of Social Psychology*, it takes 18 to 254 days for a person to form a new habit.¹ The study concluded that, on average, it takes 66 days for a new behaviour to become automatic.

This got me thinking. At the beginning of March 2020, my alarm clock would go off around 7am, cats would sit on me while I had a cup of tea catching up with news I'd missed overnight, teeth, shower, dressed and out of the door I went. It was a routine, and it was one that worked for me.

And then everything changed. Those automatic habits were gone. I, like many others, could wake up at 8.55am and be on time at their desks for 9am. The lack of commute was a dream – particularly for me coming from Essex – and one that many others revelled in. The routine I'd settled into for almost four years was consigned to history in one televised statement, thrown into a state of flux. The phrase 'smart casual' took on a whole new meaning over virtual meetings with sweatpants becoming the year's must-have accessory – although that news didn't filter down to American journalist Will Reeve, who was caught out live on air wearing a shirt, tie, suit jacket and no trousers.

New habits were formed throughout that lockdown. Some of my friends didn't even bother with routines – who knew how long we'd be living with COVID-19? A valid point – why develop new habits when we could be returning to old ones soon? Patients were in this holding pattern, with some habits remaining, some being replaced by others,

Key points

- Assessing whether pandemic restrictions mean fewer patients are doing the basics
- Lasting impact, or temporary blip
- What do we do well, and is it working?

and some being abandoned altogether.

Having spent a decade working in dentistry, I knew how important it was to keep up basic oral hygiene. The question is, did everyone know the same?

Lower personal standards

If we were all true to ourselves, there's a large probability we'd say (for those who worked from home) our personal hygiene during lockdown – and perhaps beyond – hasn't been as good as it was pre-pandemic. In February, a YouGov survey found 17% of Brits were showering less often than before, while nearly a third said they were less likely to put clean clothes on, and a quarter were washing their hair less frequently.² Sales of deodorant are in decline – according to figures from the retail analysts Mintel,³ 28% of people have been using less. For younger people, this is even more marked – 45% of generation Z and 40% of millennials are dodging deodorant. A survey for GSK Consumer Health found only 9% of people had improved their oral health routine, despite snacking a lot more; 5% said it had declined.⁴

My personal favourite comes not from research or statistics, but from this excerpt of an article in *The Guardian*:⁵

'Working from home, shielding, not socialising or just losing the will to blow-dry appear to have had many of us questioning whether our pre-pandemic personal hygiene and grooming habits were really necessary.'

And, with routines disrupted, it is perfectly possible to get to the end of the day before wondering if you have brushed your teeth. Or putting off your morning shower until you have done some lunchtime exercise, and then not bothering to do that either.

Before the pandemic, [Simon] Clifford would shower every day and wear clean clothes. 'Lockdown and long weeks working from home revealed the necessity for scrupulous personal hygiene was rather less important in practice than we'd previously considered,' he says. A request for stories from Guardian readers revealed similarly more relaxed new standards. Jack, who being in a high-risk group rarely left home, said he hadn't washed his hair since February 2020, 'and I only shower if I need to leave the building'. In full lockdown, with his shopping delivered, that meant going for up to a month without showering. 'I washed my bits,' he adds (a flannel wash). 'My skin feels so much healthier.' He didn't notice body odour, only starting to feel grimy after about three and a half weeks.

Another reader says: 'I started to brush my teeth once a day most days, instead of two. I definitely use less deodorant. I bathe less than three times a week. I do pay attention to my hand hygiene as well as my genital hygiene, but the rest I kind of gave up.' Another, working from home in London, has gone nearly a week without having a shower. 'With no one around except my flatmate, who I rarely see apart from at dinner, I don't see the point in keeping clean.' And for some people, personal hygiene standards have slipped from operating-theatre clean to merely extremely clean. 'I may have just one bath a day instead of two,' says Evie, a PA from Essex.'

So, while the population of the UK prepared to dispense of COVID-19 through their digestive system – why else did we panic buy toilet roll – basic personal hygiene seemed to fall by the wayside.

A closer look at the GSK survey – conducted ahead of World Oral Health Day in 2021 across Europe and South East Asia – revealed some interesting nuggets regarding how those respondents felt about their oral health. While some respondents (22%) claimed to brush their teeth more frequently, the majority had not changed their oral healthcare routines during the pandemic. In South East Asia an increase in brushing was more prevalent (37%).

And yet, it was the survey's report of one in three respondents claiming they had increased their fruit and vegetable intake that interests me the most. Was that really

the case? Is it still the case? Was it seasonal? We've had fresh fruit and vegetable shortages, delivery shortages, reports of alcohol intake increasing, reports of increases in takeaways, and crucially, reports of increased snacking.

Research by the Oral Health Foundation⁶ showed staying at home led to more than one in three (38%) British adults increased the amount of times they snacked throughout the day. The research, carried out in 2020, also showed snacking had risen considerably in younger adults; nearly two in three (61%) under 35s admitted they ate more often in between meals.

Snacking has also risen amongst families with younger children. Seven-in-ten families (70%) with children under five reported more snacking in the household. This was more than double compared with those who are not living with children.

One year later, the same organisation found one in four (26%) British adults claimed they regularly brushed their teeth only once a day, with a similar number (25%) stating they did not brush their teeth in the evening before they went to bed.⁷

A blip or a trend?

What do these data paint a picture of? For me, from the first lockdown to today, they show a lack of understanding of what poor oral health really means to the patient. I asked myself the question *'have we really forgot about the basics – patient and professional – and will it last?'*

From a patient perspective (and for the purposes of this article I see myself as a patient), it's perhaps not surprising we shelved some of the basics. After all, the messages still coming from the government relate to the cessation of routine procedures to prioritise COVID-19 patients critical

health concerns, not to mention the cessation of routine NHS dental services announced last March. It would make for interesting research into whether those things are causation causing correlation or two completely separate entities. NHS Dental Statistics for 2020/21 were clearly skewed with the lockdown and

resulting adjustments, and 2021/22's statistics are likely to be impacted by patient hesitancy and the current omicron wave – amongst other compounding factors – so when will we actually uncover what really happened during these first two years of COVID-19? Will these data ever show the true extent of the pandemic on the oral health of the nation? This publication has covered the looming threat of undiagnosed oral cancers throughout the pandemic, the rise in DIY dentistry throughout lockdown and the challenges faced by various individual sectors. These – to varying degrees – are quantifiable, be it financially, future predictions that will be seen by dental professionals or otherwise.

'Lockdown and long weeks working from home revealed the necessity for scrupulous personal hygiene was rather less important in practice than we'd previously considered'

What can we predict, knowing what we know? Between the March lockdown and September in 2020, in England over 14.5 million fewer treatments were delivered compared to the same period in the previous year, according to the British Dental Association – a figure they estimated had reached 19 million by the end of 2020. This led to warnings about widening oral health inequalities, a warning that came to fruition in Public Health England's Inequalities in oral health in England report in March 2021 which said: *'There are marked inequalities in oral health in England across all stages of the life course and over different clinical indicators such as dental decay and related quality of life measures. The relative inequalities in the prevalence of dental caries in 5-year-old children in England increased from 2008 to 2019. There are also inequalities in the availability and utilisation of dental services across ages, sex, geographies and different social groups.'*⁸

The most recent data from PHE revealed around one in four (23%) 5-year-olds in 2019 had dental decay.⁹ These findings are identical to the results of the previous survey in 2017 – no progress has been made towards tackling levels of childhood tooth decay in England.

The BDA also suggests that since the 2020 lockdown, the Treasury lost nearly £400 million from the patient contributions that are increasingly relied upon to fund NHS services

in England, with around £50m in revenues being lost *per month*. I would suggest that without that income, I find it difficult to see how those inequalities and the stagnation will be improved upon anytime soon.

However, for every negative headline – and there are many, many areas of dentistry in need of urgent attention, the overall trajectory of oral health in the UK has been moving in the right direction for some time. The Adult Dental Health Survey (ADHS) 2009 showed a clear decrease in edentate patients across all age groups – 94% of the combined populations of England, Wales and Northern Ireland were dentate. The percentage of adults reporting dental health problems dropped from 51% in 1998 to 39% in 2009, and during the same period, the prevalence of decay in England fell from 46% to 28%.¹⁰

Pandemic aside, the number of patients seeing their dentist regularly has increased since 2008. Improvements in education of what dental decay and gum disease can mean to patients, better diets, fluoride toothpaste and a greater emphasis on oral hygiene – the basics, dare I say – appear to be bedding into the thought conscious of patients. The ADHS showed how the message of the importance of tooth brushing twice a day appears to have been taken on board by the majority of dentate adults; 75% of adults questioned on the survey said that they brushed their teeth at least twice a day. Dentists and members of the dental team have contributed to this message with 78% of adults recalling receiving advice from them.

Bearing in mind these data are both the most up-to-date (as far as the Adult Dental Health Survey goes) and a little outdated, the changes we have seen in the way patients view their oral health since the survey's release may point to further improvements. *Instagram* has boomed, and patients are more conscious than ever before about their complexion. The global market for cosmetic dentistry is predicted to grow at an annual rate of 5%, increasing its value to an estimated £21 billion by 2026,¹¹ with millennials reportedly spending three times national average on dental treatment, including cosmetic work. Unsurprisingly, tooth whitening takes the top spot as the most popular cosmetic treatment in the UK, with more than 42% opting for it, with a similar number suggesting they plan to get their teeth whitened at some point in the next 12 months.

It isn't the ever-growing surge in the popularity of cosmetic dentistry that will define whether the pandemic has been a blip on the fundamentals of dentistry or not – it

is the generation's growing belief that a smile is associated with beauty as much as health. And this is why the upward trajectory could well continue, because no dentist worth their salt will whiten or straighten teeth unless that patient knows, understands and does the basics. If these increase, if knowledge increases, cosmetic work increases, the trickle-down effect could potentially have a lasting positive effect on the oral health of generations. Just maybe.

Laying the groundwork

One of my good friends has always said there isn't enough positive news about dentistry – in the UK we do dentistry well, and that should never be taken for granted. It's tempting to think that dentists and dentistry rarely get good press coverage – that the profession is seen as a begrudged and malignant necessity and a very easy scapegoat, with patients all-too willing to complain and reticent to praise. That may not be the case, according to a study of recent dental coverage in six national newspapers.¹²

The authors looked at the cycle of dentistry themes covered in *The Guardian*, *The Times*, *The Daily Mail*/Mail online, *The Sun*, *The Mirror* and *Metro* in the early stages of lockdown, including the reopening of dental practices and the introduction of the tiered system. Personal protective equipment was identified as a hot topic at the start of the pandemic due to rising costs and a lack of availability. Appointment restrictions were also discussed, when practices were told to start re-opening as the BDA, and individual dentists, issued the stark warning across media platforms, that patients could not reasonably expect a full service and routine appointments for some time.

The authors found that the quality of information being reported was generally helpful and positive towards the dental profession. They also noted that organisations, especially the British Dental Association, were very actively involved in discussions with journalists: oral health advice was discussed frequently, as well as the difficulties the profession was facing.

Commenting on the research, BDA chair, Eddie Crouch, said: 'We agree with the authors that it's important to work with the media and challenge them if they publish inaccurate or misleading stories.'

The BDA's press team, together with a host of our spokespeople across the UK and myself, have worked flat out at every stage of the pandemic to explain the devastating impact it has had on dentistry,

from the dentists' perspective, as well as the repercussions for our patients. It's amazing to realise that there have been more than 30 million dental appointments lost in England alone, since the start of the first lockdown and it's encouraging to see the press understanding how important this is as a health issue.

'We explained how infection prevention measures restricted access to dentistry and said, repeatedly, that it was safe to see the dentist: it wasn't going to be business as usual, but the dentist was still going to have, as a primary concern, the well-being of the patient. We highlighted that access problems pre-dated the pandemic, because of the long and troubled history of underfunding of NHS dentistry and we showed the press how this has accelerated oral health inequalities. We also publicised that dentists relying on private work had been worst hit by the pandemic when practices were compelled to close, and pressed the Chancellor to remove the £50,000 profit cap on eligibility for self-employed income support scheme and argued vociferously that dental practices should not be excluded from business rates retail discount.'

'One of the benefits of securing such coverage is that it helped in the process of agreeing a consensus with *HealthWatch* that investment is needed to improve access, together with the promised reform of NHS dentistry to reverse a decade of cuts. This also helped our engagement with politicians and to shape well publicised dental debates in parliament.'

There is no doubt these are all negative aspects of dentistry and, as Crouch concludes, investment is needed to improve access. And yet, with all the issues dentistry faces, both politically, structurally and on the coal-face, oral health has never been better. It's testament to the hygienists, therapists and nurses who take time out to discuss a patient's lifestyle to ascertain whether they could do with making changes here and there. It's the team running late but still taking the time out to show a patient how to floss properly or use an interdental brush. I have often been critical of dentistry's reliance upon upstream measures to bring about sustained behaviour change – perhaps an over-reliance – and I still believe that to be the case; you can only help people who want to be helped. What I cannot deny is the landscape is changing – there are positive signs more patients want to be helped, and those already on the path to better oral health are kicking up a gear. Only time will tell whether the pandemic diverted

the positive trajectory for good or it's just a blip in the long-term picture. One thing is un-deniable: we *do* do dentistry well, and that should *never* be taken for granted. ♦

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