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FEMALE SUGARY DRINK CONSUMPTION LINKED TO CVDs

Drinking one or more sugary beverages a day was associated with a nearly 20% greater likelihood of women having a cardiovascular disease compared to women who rarely or never drank sugary beverages, according to new research¹ published in the *Journal of the American Heart Association*, an open access journal of the American Heart Association.

In the large, ongoing California Teachers Study, which began in 1995, drinking one or more of any type of sugary beverage

daily was associated with a 26% higher likelihood of needing a revascularisation procedure, such as angioplasty to open clogged arteries, and a 21% higher likelihood of having a stroke compared to women who rarely or never drank sugary beverages. Sugary beverages in this study were defined as caloric soft drinks, sweetened bottled waters or teas and sugar-added fruit drinks, not 100% fruit juices.

The study included more than 106,000

women, with an average age of 52, who had not been diagnosed with heart disease, stroke or diabetes when they enrolled in the study.

Reference

1. Pacheco L S, Lacey Jr J V, Martinez M E *et al*. Sugar-sweetened beverage intake and cardiovascular disease risk in the California Teachers Study. *J Am Heart Assoc* 2020; **9**: e014883. doi: 10.1161/JAHA.119.014883.

LETTER

Dear Editor

I just wanted to say that the article *Why mouth care matters in end of life care* by Sarah Haslam (published in the March issue of *BDJ Team* and highlighted on the *BDJ Team* Facebook page in May: <https://www.nature.com/articles/s41407-020-0255-7>) really hit home with me as I too had to help my dad, in his final weeks, with his oral care. It was no reflection of poor care, as all the nurses were doing an amazing job providing care and support, more a lack of frequency and knowledge of how to do a seemingly simple job but on another person, which made it a difficult job.

I know that elderly, care home and palliative patients will be foremost in our minds under present conditions. Maintaining dental hygiene really does give some much craved dignity in the final weeks.

Thank you for highlighting this area of end of life care.

Judith Doherty, Dentist and Co-Owner of Inverurie & Kintore Dental Practice, Aberdeenshire

FEATURE

Why mouth care matters in end of life care

Author information
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Guest editor and contributor
 The oral complications that can arise as terminal illness progress are complex and often overlooked. Mouth care is becoming an integral component of palliative and end-of-life care, with the goals of preventing and relieving symptoms, maintaining adequate oral function, and optimising QoL and comfort.

Mouth care requires a person's dignity as well as oral function. While usually considered a patient's concern with facial and oral aesthetics, it can also be a source of stress for the wife, partner and family.

Mouth care is really often neglected at the end of life in most practices, such as checking teeth and oral health. This can impact self-esteem, self-worth, dignity and quality of life. It is important to allow them to support their loved one and to be a valued part of the care team. With this in mind, it is important that healthcare professionals, carers and relatives are aware of some of the common and complex issues that can occur at the end of life.

Common oral complications
 Dry mouth is usually known as xerostomia, derived from the Greek word 'xeros' meaning 'dry' and 'stomia' meaning 'mouth'. Dry mouth can be caused by mouth breathing, reduced salivary production and as a side effect of medication.

Patients who suffer from a dry mouth will experience dry eyes, sore soft tissues, bad breath, an alteration in taste and difficulty speaking, eating and swallowing. From a quality of life perspective, this can impact greatly on the patient and their relatives.

Oral complications are preventable, which makes good oral hygiene so important at the end of life. It is important to allow them to support their loved one and to be a valued part of the care team. With this in mind, it is important that healthcare professionals, carers and relatives are aware of some of the common and complex issues that can occur at the end of life.

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I remember being told by a colleague about a patient who was approaching the end of his life and refused to kiss his wife goodbye because he was so embarrassed about his mouth. That story has always stuck with me, as it highlights how important someone's mouth care is to them.

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