BDJ Team CPD

CPD: ONE HOUR

CPD questions March 2021

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Article: *A general dental practitioner's role in treating patients with cleft lip and/or palate*

1. What percentage of parents of CL/P children report difficulty finding an NHS dentist and what percent of such children have untreated caries?

A. 48% and 39%

B. 24% and 56%

C. 39% and 48%

D. 0% (they are all treated in hospitals) and 27%

2. Under the RIOTN categorisation, which category (ies) of patients are assumed to be suitable for treatment within primary dental care?

A. Category 1

B. Category 2

C. all categories should be seen in tertiary care

D. mainly Category 3 but some Category 1

3. At what stage should involvement with an orthodontist be considered for a patient with CL/P?

A. at about age 5-6 when the primary dentition is complete

B. entering the mixed dentition phase

C. from birth

D. in early adulthood when bone growth has stabilised

FEATURE

CPD: ONE HOUR

A general dental practitioner's role in treating patients with a cleft lip and/or palate

CPD questions

This article has four CPD questions attached to it which will earn you one hour of verifiable CPD. To access the free BDA CPD Hub, go to https://app.data.dev/login/index.php

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Abstract

The publication of the *Five Year Forward View* promoted a drive within the NHS to improve access to care for all patients, across all specialties. This article describes what would be expected of a general dental practitioner (GDP) when treating patients with a cleft lip and/or palate in primary care and when it would be appropriate to refer and work alongside specialist services at the hospital. The inspiration for this article began after an audit investigating the complexity level of treatment need of patients with a cleft lip and/or palate referred into the Adult Restorative Clinic at Guy's Hospital. The results of the audit suggested that access to GDPs for this cohort of patients may be difficult and there may be a lack of confidence amongst GDPs with regards to what treatment they can or should provide. The article also discusses the potential of dentists with enhanced skills (DES) bridging the gap between primary and secondary care. The aim of the article is to increase the knowledge and understanding of GDPs with regards to treating patients with a cleft lip and/or palate and ultimately to improve the level of care these patients receive.

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Introduction

The publication of the *Five Year Forward View* promoted a drive within the NHS to improve access to care for all patients, across all specialties.[1] Patients with a cleft lip and/or palate (CL/P) are a cohort of patients that will require multidisciplinary care from birth through to adulthood. The majority of this treatment will be carried out at one of the nine cleft services across the UK. However, general dental practitioners (GDPs) are positioned to improve access to dental treatment for these patients by providing care, both independently and alongside specialist dental services. In fact, the Clinical Standards Advisory Group (CSAG) reported that collaboration between specialists and GDPs is expected.[2] Despite this, 39% of parents of a child with a CL/P report finding it difficult or impossible to find an NHS dentist.[3]

Children with a cleft lip and/or palate

Children with CL/P have an increased risk of dental caries and as a potential consequence, children with a CL/P have an increased draft than the general population and 48% have untreated dental caries.[3,4] Due to the increased risk of dental abnormalities for patients with CL/P, prevention of dental disease is even more important. Pain and infection is associated with increased dental phobia and early loss of primary teeth can result in increased complexity of orthodontic treatment in the future.

The main aim of treating a child with a CL/P from a GDP's perspective is prevention of disease and encouraging a positive relationship with the dentist. A positive attitude towards dental treatment from a young age is invaluable for this cohort of patients who will undoubtedly require multiple interventions throughout life. For patients who may already be dental phobic, early referral to community or secondary care services will permit access to treatment with behavioural adjuncts, such as sedation. It is recognised that patients with a CL/P often present with different needs to the majority, with which GDPs may not be as familiar. Therefore, a referral for a second opinion from a specialist is sometimes required. Teams outside of the dental specialities that are likely to be involved in the care of a patient with a CL/P include psychologists and speech and language therapists and so, GDPs should engage with the multidisciplinary team, ensuring they

Table 1 Actions GDPs can take to support their patients with a CL/P before they become adults

Action	Aim
Regular examinations	Promote a good relationship with the dentist and prevent fear
	Reassure parents of what to expect as their child matures
	Monitor tooth development
OHI as per DBOH Toolkit including prescription of mouthrinses and toothpastes as appropriate	Educate parents about increased risk of dental disease in patients with CL/P
Diet advice	Prevention of dental disease
Fluoride varnish application (2.2% NaF) as per DBOH toolkit	Establish good habits
Fissure seal molars for patients of increased caries risk	Maintain primary dentition until exfoliation
Emergency treatment	Rapidly treat trauma, pain and infection or urgently refer if required
Appropriate referrals to dental hospitals/orthodontist	Early referral for treatment of disease in an uncooperative patient/when specialist or multidisciplinary care is required
	Ensure involvement of an orthodontist as a child enters the mixed dentition

Table 2 An adapted version of the Restorative Dentistry Index of Treatment Need (RIOTN) (from the Royal College of Surgeons) was used to classify the complexity of each patient referred into the department

RIOTN	Criteria
1	Assumed to be suitable for treatment within primary care
2	Could be managed in primary care but may require some aspects of their treatment looked after by a dentist with enhanced skills
3	Requires treatment within a tertiary care environment due to needing multidisciplinary treatment that cannot be provided elsewhere
Modifying factor	Increase a score by 1 point and includes: • Treatment in cleft site • Treatment requiring multidisciplinary care

'Patients with a cleft lip and/or palate (CL/P) are a cohort of patients that will require multidisciplinary care from birth through to adulthood'

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Category	Expectation
Check-ups	Regular appointments to allow for prevention and maintenance before, during and after referrals
	Stabilisation of disease (before referral)
Elective treatment of disease	ASI/BCIS level 1 treatment and level 2 treatment if appropriate for teeth involved in the cleft site
	All levels of treatment for cases in the mouth other than the cleft site
Implants	Preventative advice, scaling, regular radiographs
	Revetibed if required
	Preventative advice and maintenance
Crowns and bridges	Copy of design in the instance of failure due to fit/gap
	Revetibed if required
Removable prosthodontics	Denture hygiene advice, checks of underlying soft tissue, revetibed for replacement
	Rapid treatment of infection within the cleft site including extraction of pathic/traumatic teeth
Emergency treatment	Referral for treatment planning if required

Fig. 1. A graph to illustrate the distribution of referrals of patients with a cleft lip and/or palate into Guy's Hospital from and out of the Adult Restorative Clinic, in a period of 3 years.

'Due to the increased risk of dental abnormalities for patients with CL/P, prevention of dental disease is even more important'

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4. What treatment is required to be provided by a GDP for a CL/P patient when a tooth in the cleft site develops periapical infection?

A. immediate extraction and a three-month review

B. standard root canal treatment

C. prescription of long term antibiotics and continuing review

D. extirpation of the pulp and referral to hospital

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