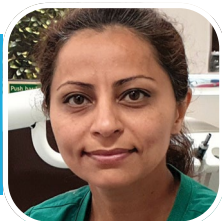


An introduction to oral health promotion



Marjan Elyassi, who has been a dental hygienist for seven years, provides an introduction to the role of the dental hygienist in imparting oral health advice.

Introduction

According to the World Health Organisation (WHO), oral health is a key indicator of overall health, wellbeing and quality of life which encompasses a range of diseases and conditions that include dental caries, periodontal (gum) disease, tooth loss, oral cancer, and other less common oral diseases.¹

Oral health promotion

Oral health promotion is provided by dentists and dental care professionals (DCPs) for different groups of people, aiming to improve their oral health and general wellbeing. This is done by encouraging patients to carry out oral hygiene instructions while also addressing any dental health problems that are present.

The needs of the oral health promotion

can be different from one person to another based on their oral health status and the presence of any underlying factors such as diabetes, cardiovascular disease, pregnancy, menopause, smoking, and the patient's socioeconomic background. Therefore, tailored oral health messages are required.

Regular visits to see the dental hygienist are part of oral health promotion, to keep a record of the patient's progression and motivation. Changes in the patient's behaviour towards oral health are important as they will affect the patient's perspective and commitment to oral hygiene for life.

Based on NICE guidelines there are different groups of people with specific dental needs in general dental practices in which a DCP educates the patients by providing oral

health promotion. There are useful oral health promotion toolkits available through the NICE website.²

Patient motivation and instruction in oral hygiene practices should be combined with professional mechanical plaque removal (PMPR) using hand scalers, sonic and/or ultrasonic scaling, and polishing based on 2–4 sessions per year. The frequency of these sessions should be tailored to a patient's risk and the level of compliance at home.³

Target groups

1. Early stages of gingivitis

Gingivitis is the beginning of gum disease. It involves early inflammation (redness and swelling) of the gums induced by plaque as an irritating factor. It is reversible by

effective toothbrushing technique, interdental cleaning, and removal of the plaque by DCPs. If not addressed this can progress to an irreversible stage of gum disease.

Oral hygiene instructions given by the dental hygienist include taking a medical history and social history of the patient, performing external and internal dental examination, recording the patient's oral hygiene care at home, recording a Basic Periodontal Examination (BPE), distribution of the plaque, bleeding on probing, and presence of any plaque retentive factors.

Explain the findings to the patient without using any dental jargon. Show the patient the findings, using disclosing tablets for patient motivation, and using visual aids to educate the patient. You might also provide information leaflets, introduce useful dental apps, and issue a diet sheet.

Oral hygiene instructions include twice a day toothbrushing with a moderate bass technique, and daily interdental cleaning with floss, tape or interdental brushes. Mouthwashes can be advised as an adjunct as it is not a necessary part of oral hygiene.

community pharmacists who give smoking cessation counselling, reviewing oral hygiene instruction with regular dental hygienist visits and finally providing diet advice and issuing a diet sheet where possible.

3. Dentures

A denture is a prosthetic appliance replacing a missing tooth/teeth. It can be partial upper or partial lower or full top and bottom denture, removable or fixed. Acrylic or chrome cobalt are the main materials used to make a denture. Fixed dentures are usually attached to a set of implants. Patients who just commenced on wearing a new denture/s are usually those who require the most denture aftercare. It is important to remind patients that they still need to take care of their natural teeth which hold the denture, considering the patient's manual dexterity.

Oral hygiene promotion includes denture hygiene instructions ie denture cleaning materials based on manufacturers' instructions, advice on denture removal at night [left in cold water] and regular visits to the hygienist. For those who have implant-based dentures, an interspace brush,

5. Patients with hypersensitivity

Hypersensitivity is a natural response of the dentine of the teeth to cold and hot temperature as a stimulus perceived by dentinal tubules. Acidity and sweetness are other factors that affect the sensitivity of the teeth in the same way.

Oral hygiene promotion includes gentle toothbrushing techniques, interdental cleaning, diet advice including eating more vegetables, replacing acidic fruits with non-acidic fruits, drinking plain water, cutting down on fizzy drinks, using straws, limiting fruits and fizzy drinks to mealtimes, and spitting not rinsing.

Summary

Data show 90% of the adults in the UK have some sort of gum disease, even if only a small amount⁴ but also that oral health promotion is very important as it enhances individuals' quality of life. Delivering oral health messages in an appropriate manner makes a difference to people's lives and their wellbeing. There are different groups of patients with different needs based on their oral hygiene status. Maintenance and commitment to good oral hygiene by the patient enables a better response to treatment by DCPs. And never forget the importance of a proud smile!

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‘Explain the findings to the patient without using any dental jargon. Show the patient the findings, using disclosing tablets for patient motivation, and using visual aids to educate the patient.’

2. Heavy smoker

Smoking has an adverse effect on general and dental health. It is one of the main risk factors in the progression of periodontal disease. Smoking more than ten cigarettes a day counts as heavy smoking. This can cause dry mouth, plaque build up, loss of gingival attachment and bone loss. Smoking also affects patients' confidence and commitment to comply with their oral hygiene regime at home. Quitting smoking is a cycle of change and needs willpower.

Oral hygiene promotion is the same as in the first group, plus providing smoking cessation advice for the patient in a non-patronising manner. Smoking cessation advice includes information on nicotine replacement therapy, e-cigarettes, trained

interdental brush and super floss, spitting and not rinsing are recommended, plus regular visits to the hygienist.

4. Patients with bridges and crowns

Bridges and crowns are restorations that either restore part of the tooth or a whole new set of teeth. Looking after the crowns and bridges is very important as they count as a plaque retentive factor and accumulation of plaque will affect the health of the restoration.

Oral hygiene instructions include twice daily toothbrushing with a modified bass technique, interdental cleaning including interdental brush, interspace brush and super floss, spitting not rinsing plus routine hygiene visit.