

# Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.  
The abstracts on this page have been chosen and edited by Paul Hellyer.

## Anger and shock may follow tooth loss

Al-Sahari M M, MacEntee M, Thorne S, Bryant S B. A qualitative synthesis of theories on psychosocial response to the loss of breasts, limbs or teeth. *J Dent* 2020; DOI: 10.1016/j.jjodo.2020.100014.

### Psychometric testing could predict reactions to loss of body parts.

Reactions to the loss of limbs, breasts or teeth include shock, anger, dismay, gloom, anxiety about personal appearance, loss of personal autonomy and sexuality. Previously, 89 primary theories have been developed to attempt to understand the various psychosocial reactions to the loss of anatomical parts. This paper synthesises these to five theories: Communication theory – the importance of clinician/patient relationships; Developmental regulation theory – the effect of experience, adaptive capacities and life goals; Motion theory – coping strategies used during stressful events; Social cognitive theory – behavioural and environmental interactions, self-efficacy and sense of coherence; Resource theory – human resources, such as social support and personal finance.

Each theory contributes different aspects to the experience of loss of body parts. This synthesis of response theories may lead to a psychometric test with the capacity to predict psychosocial responses to tissue loss.

<https://doi.org/10.1038/s41415-020-1615-6>

## Midwives have a role to play in oral health education

Nruyen J G, Nanayakkara S, Holden A C L. Knowledge, attitudes and practice behaviour of midwives concerning periodontal health of pregnant patients. *Int J Environ Res Pub Health* 2020; doi:10.3390/ijerph170772246.

### Further training and integration is needed.

If you ask 100 Australian midwives how frequently they go to the dentist, 66 say every 6 to 12 months, but 12 only go when they are in pain and 1 never goes at all. Their knowledge of periodontal disease was, however, not correlated with their own personal behaviours.

Most midwives in this study understood that periodontal disease is an inflammatory condition which influences pregnancy outcomes negatively, with correlations to pre-term delivery, low birthweight and pre-eclampsia and also knew the significance of improving oral hygiene and smoking cessation in preventing the disease. Misconceptions included excessive sugar consumption as a risk factor and fluoridated toothpaste as a preventive agent. Only half referred patients at risk to a dentist and 84 felt they were not up to date on the topic.

CPD courses have been shown to increase midwife's knowledge and confidence, other studies show that much of this is lost within a few weeks of the course. Structured pathways of communication and collaboration between the professions may help to improve both oral health and pregnancy outcomes.

<https://doi.org/10.1038/s41415-020-1616-5>

## Younger workforce increasingly working part-time

Holmes R D, Burford B, Vance G. Development and retention of the dental workforce: findings from a regional workforce survey and symposium in England. *BMC Health Serv Res* 2020; DOI: 10.1186/s12913-020-4980-6.

### DCPs underused for a variety of reasons.

The UK dental workforce faces the challenges of an ageing, dentate population with complex dental needs and multiple co-morbidities, and inequalities in oral health, both geographically and in patients' ability to access care. Despite it being 25 years since the Nuffield report advocated the use of auxiliaries/dental care professionals (DCPs) and 11 years since the GDC widened the scope of practice for DCPs, the new ways of working for this enhanced skill mix within primary dental care have been slow to arrive.

This survey (carried out in 2016) describes the composition of the dental workforce in primary care in the North East of England and North Cumbria, using a questionnaire, and to examine the factors which might affect the development of the workforce, from the point of view of the dental care professionals in the region, by means of a large symposium. 228 (53%) practices responded to the questionnaire. Dentists (58% male, 68% <46 years of age) comprised 34% of the workforce. Only 118 (14.7%) of the dentists worked full time. Dental nurses (98% female, 90% <46 years of age) comprised 53% of the workforce. Many of these also worked part-time. The remainder were dental hygienists, therapists, technicians, orthodontic therapists and clinical dental technicians, most of whom were female and <46 years of age.

By practice, 33% employed dental nurses with additional skills (commonly radiography) and about 50% employed a hygienist. One third employed a therapist, the majority of whom undertook work traditionally associated with the scope of practice of a hygienist. Since a similar survey in 2006, there have been substantial increases in the numbers of dentists and therapists but dentists working less than full time increased significantly.

The relative youth of the workforce (<46 years of age) raised concerns about a loss of (presumably) more experienced clinicians, perhaps limiting the range of treatments offered in primary care. The ability of younger dentists to manage the complex needs of some patients was questioned in the symposium. Surgery accommodation was also raised as an issue. Many practices did not have space for a surgery for a therapist to work or even a private space for extended duties dental nurses to offer preventive advice. It was thought that the lack of career development opportunities for dental nurses may affect staff retention. The 2006 NHS contract was also seen as a barrier to the use of therapists – both from a cost effectiveness point of view and the knock-on effect of more straightforward treatments being taken away from associate dentists who would then struggle to meet UDA targets.

Workforce planning needs to involve the whole profession, educators, regulatory bodies and other healthcare sectors if the future needs of the population are to be met.

<https://doi.org/10.1038/s41415-020-1617-4>