

Oral health omitted from Early Years Review

The omission of oral health from ‘The Best Start for Life’, The Early Years Healthy Development Review led by Andrea Leadsom,¹ has been condemned by the British Society of Paediatric Dentistry (BSPD).

The newly published report provides a vision for the first critical 1,001 days of a child’s life. Commissioned by Boris Johnson to improve the health and development outcomes for babies in England, there is scant mention of the mouth or of dentistry.

Claire Stevens CBE, BSPD spokesperson, said: ‘This is a report which appears to deny the importance of oral health to the health and wellbeing of the nation’s children. It’s hugely frustrating that the contribution of paediatric dentists has not been sought despite an offer to pull together an expert group, making this a missed opportunity.’

The word ‘dentist’ is used once in the report.

Dr Stevens said: ‘With childhood dental extractions under general anaesthetic being the most common reason for a child to be admitted to hospital, this omission is breathtaking. The report is 147 pages, yet there is sadly not a single mention of children’s oral health.’

‘I am urging Andrea Leadsom and the Government to take up our offer and engage with paediatric dentists so that in the coming months, the oral health needs of children can be factored into the vision for a child’s first 1,001 days.’

BSPD’s data show that COVID-19 has had a disproportionate effect on young children and those from lower socio-economic groups and waiting lists for general anaesthetics are unacceptably long.

BSPD has been urging Government to ensure that oral health is included in the review. A dental check by the age of one, for instance, gets children into the routine of seeing a dentist and gives parents access to all-important oral health and dietary advice.

While the pandemic was a barrier to routine dental visits, the BSPD believes that parents need to be encouraged to engage with dentistry and caring for their children’s teeth.

The mouth is factored into the report under the heading of infant feeding with a brief reference to tongue-tie.

Dr Stevens said: ‘We welcome the inclusion of tongue-tie. That any baby should be struggling to breastfeed due to tongue-tie is worrying. What we would like to see is a mouth check included as routine in the newborn check on every baby before they leave hospital so tongue-tie can be picked up early.’

Reference

1. HM Government. The Best Start for Life. A Vision for the 1,0001 Critical Days. The Early Years Healthy Development Review Report. 2021. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf (accessed 27 March 2021).

Can child dental anxiety be managed with CBT?

The British Society of Paediatric Dentistry (BSPD) recommends a resource called ‘Your teeth, you are in control’ to help anxious children cope with their dental appointment or treatment.

Dental anxiety is a reality for many children, who may require special measures to help them cope with having a dental appointment as well as treatment. Children with dental anxiety are frequently referred to specialist services in hospital or clinics for a general anaesthetic which has additional challenges and risks.

‘Your teeth, you are in control’ was developed by the University of Sheffield School of Clinical Dentistry and is underpinned by cognitive behavioural therapy (CBT).

Now, working with other dental schools, Sheffield is undertaking a £1.6 million trial funded by the National Institute for Health Research (NIHR) to investigate the approach. The study will involve 600 children aged 9–16 and will examine whether CBT helps them manage their dental treatment at their family dental practice.

Principal Investigator, Professor Zoe Marshman from the University of Sheffield’s School of Clinical Dentistry and Honorary Consultant in Dental Public Health at Sheffield Teaching Hospitals Foundation Trust, said: ‘Traditionally, children with dental anxiety have been referred by high street dentists to specialist services for sedation or general anaesthetic. This approach does nothing to stop their fear, and they may go on to spend a lifetime avoiding the dentist.’

The study will involve children from 30 dental practices and clinics across England and Wales. Working together, dental professionals, children and their parents will set out to understand what specifically is making the child anxious; they will be given information and choices

about the procedures they may need, activities to help them cope, and support with talking to the dentist.

Professor Marshman said: ‘There is strong evidence to support the use of CBT, a talking therapy, for anxiety and mental health conditions; however, there is currently very limited research into CBT delivered specifically by dental professionals for children with dental anxiety.’

‘If our study finds CBT resources delivered by dental professionals are effective, then children can be helped directly in high street dental practices without the need to travel for dental treatment in hospitals.’

The four-year trial also involves Sheffield Hallam, Cardiff, King’s College London, Leeds, Newcastle and York. It is called CALM:

‘the clinical and cost-effectiveness of a guided self-help cognitive behavioural therapy intervention to reduce dental anxiety’ and is overseen by Sheffield Teaching Hospitals NHS Foundation Trust. The collaborative team of researchers are looking to recruit 60 dentists to take part in the study which will start in September 2021.

Dental professionals or practices interested in taking part in the study can contact z.marshman@sheffield.ac.uk for more information. ✦

