Commentary on: An investigation of the nature of research into dental health in prisons: a systematic review

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IN BRIEF

- Provides an overview of the oral health of inmates, based on epidemiological research undertaken in this area.
- Details why such research is necessary, the problems involved in conducting such research, and informs on methods of good practice.
- Highlights the lack of available information on service delivery and organisation in prison institutions.

Objectives To establish the nature of research into dental health undertaken in prisons. **Data sources** Databases were searched electronically. This process was supplemented by hand searching of references. **Data selection** Two independent reviewers made initial selections and subsequently carried out full text screening. Discrepancies were discussed with a third reviewer and disagreements were resolved by consensus. **Data extraction** Fifty potentially relevant studies were identified and further screened for inclusion. Of this number, 29 studies were excluded; the remaining 21 were deemed appropriate to include in the review. The primary focus of the papers identified was the oral health status of inmates, assessed by clinical examinations of decayed, missing and filled teeth (DMFT) and periodontal status, and self-report measures of oral health behaviours and service utilisation. Attempts were made to reduce sources of bias by selecting random samples of inmates and standardising measurement techniques, and addressing potential confounding effects. Few studies considered the potential impact of socio-economic status on disease levels. In some studies the oral health of inmate populations was compared to that of non-institutionalised individuals. Studies report high prevalence of oral disease, though precise levels differ according to the composition of the samples. **Conclusions** The heterogeneity of populations studied and methods of assessment precludes simple generalisation, but the consistent trend appears to be that the oral health status of inmates is poor and also poor in comparison with non-institutionalised individuals where appropriate comparisons have been made.

COMMENTARY

In the UK, healthcare provision in prisons historically has been organised by Her Majesty's Prison Services which reported to the Home Office. In 2002, central government decided that the funding responsibility for prison healthcare should transfer to the Department of Health. The funding would then subsequently, in 2005/6, be transferred from central government to the local NHS health commissioners.

In the past prison dental services were problematic with little information or monitoring undertaken. In addition, they received a large number of complaints and generated a significant number of Parliamentary questions. Plans for the prison dental service (England) reforms were published.¹ A three year reform programme was implemented with a budget of £4.75 million. Part of these reforms included, in 2004, the first prison dental

academic unit (University of Manchester). In 2005, the Department of Health funded a document² which assessed the progress achieved by the prison dental services reforms.

This paper is important in that it demonstrates the value of an academic prison dental unit. The paper is the first systematic review scoping the nature of research into dental health in prisons. It shows how little information is available worldwide and how research has focused upon simply recording the oral health status of prisoners. Even so, it is a landmark paper in that it highlights the lack of standards in collecting data and agreed consensus on the method of assessment. Its conclusions that the oral health status of inmates is poor, and also poor in comparison with non-institutionalised individuals, are not surprising. The authors' call for more well-executed research should be noted

and with the launch in Birmingham February 2008 of the National Association of Prison Dentistry UK (NAPDUK) we can expect more and higher quality research in the future.

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1. Department of Health. *Strategy for modernising dental services for prisoners in England*. London: Department of Health, 2003.
2. Harvey S, Anderson B, Cantore S, King E, Malik F, Bedi R. Reforming prison dental services in England. A guide to good practice. *Health Educ J* 2005; **64** (suppl 4): ii-iii, 1-39.

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