Summary of: What determines the provision of smoking cessation advice and counselling by dental care teams?

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VERIFIABLE CPD PAPER

FULL PAPER DETAILS

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Objective To investigate determinants of the provision of smoking cessation advice and counselling by various dental professionals in the dental team (dentists, dental hygienists and prevention auxiliaries). **Design** Cross-sectional design. **Setting** Sixty-two general dental practices in the Netherlands. **Methods** Multivariate logistic analyses of self-reported counselling behaviour collected from questionnaires for dentists ($n = 72$), dental hygienists ($n = 31$) and prevention auxiliaries ($n = 50$) in general dental practices. **Main outcome measures** Stimuli and barriers for smoking cessation counselling and advice behaviour to patients with or without oral health problems. **Results** Dental hygienists provided more general cessation advice and counselling than dentists. However, when patients had oral complaints, dentists counselled more often compared to prevention auxiliaries. The support from experienced colleagues positively influenced the provision of advice and counselling as well as the perceived self-efficacy for all kinds of dental professionals. **Conclusions** The provision of general smoking cessation advice to patients with no acute oral complaints can be improved by more involvement of the dentist and/or task delegation to prevention auxiliaries and dental hygienists. Social support is important in encouraging more smoking cessation advice and counselling. Implementation strategies for support of smoking cessation in dental care should focus on creating a positive advice culture among colleagues.

EDITOR'S SUMMARY

Increasing attention has been focused recently on the role of the dental professional in helping patients to quit smoking. Dentists and other members of the dental team are well placed to provide smoking cessation advice and the link between smoking and oral health problems certainly makes advising patients to quit a legitimate part of the dentist's work. The evidence suggests, however, that dentists do not routinely provide smoking cessation guidance and a number of barriers to and stimuli for providing such advice have been identified. This paper by Rosseel *et al.* set out to investigate these factors among various members of the dental team.

Many of the study's results are fairly intuitive, for example the finding that dental hygienists gave more smoking cessation advice in general than either dentists or 'prevention auxiliaries' (team

members who do not exist in the UK). Smoking cessation guidance fits well with the hygienist's role treating chronic periodontitis and providing preventive advice and treatment. Dentists' advice was more often provided to patients presenting with oral complaints – again, perhaps not surprising. More unexpected was the finding that prevention auxiliaries provided less smoking cessation advice than other team members. The authors point out that giving patients prevention and lifestyle advice is part of the prevention auxiliary's job.

In their investigation of the determinants of smoking cessation guidance and counselling, the authors found that those professionals who felt they had support from colleagues, friends and dental organisations provided more counselling and advice to their patients about stopping smoking. They suggest that creating a positive culture of

advice among colleagues should be the primary aim of any implementation strategies for smoking cessation advice in dental care, and also that greater involvement of the dentist and greater delegation would improve the provision of such guidance.

All these recommendations point to a failure among many dental teams to engage properly with provision of smoking cessation advice. It is an aspect of dental care that is doubtless here to stay, however, and current and future research in this area is therefore necessary in order to develop informed guidelines and best practice.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 206 issue 7.

Rowena Milan,
Journal Editor

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IN BRIEF

- The provision of general smoking cessation advice to patients without acute oral complaints can be improved by more involvement of the dentist and/or task delegation.
- Social support is important in encouraging more smoking cessation advice.
- Implementation strategies for support of smoking cessation in dental care should focus on creating a positive advice culture among colleagues.

COMMENT

Comprehensive behavioural change support combined with pharmacotherapy is shown to be the most effective intervention for tobacco use cessation in healthcare settings. For all kinds of behavioural support provided, it appears to be beneficial when basic communication skills for behaviour change counselling (ie motivational interviewing) are used to develop rapport with the patient.

Oral healthcare professionals are generally aware of their responsibility to advise and assist patients to stop using tobacco. However, they may not feel sufficiently prepared or confident enough to offer counselling to all their patients. It may be assumed, therefore, that the improvement of both dental and dental hygiene education in tobacco use cessation counselling will result in increased self-confidence and frequency of its provision.

Josine Rosseel and co-workers' paper *What determines the provision of smoking cessation advice and counselling by dental care teams?* is a well designed cross-sectional self-reported survey from 62 private dental practices, evaluating the current determinants for the implementation of tobacco control measures in daily dental practice in the Netherlands. The stimuli and barriers for smoking cessation counselling to patients with or without oral health issues are being evaluated. The study reveals that dentists appear to counsel more often when patients present with oral complaints. This may reflect the assumption that it is more feasible

today for dentists to provide counselling advice while the disease is present. On the other hand, dental hygienists tend to provide only general cessation advice to their patients when compared to dentists and preventive auxiliaries. These findings support the integral role of training and education for all members of the dental care teams to attain the same skills necessary for the promotion of tobacco control measures.

In the future, a range of policy, organisational and educational initiatives may need to be implemented in dentistry to further facilitate all dental professionals' active involvement in tobacco use prevention and cessation activities. Together with improvements in public health, the involvement of dental professionals in tobacco control for all patients may be considered as an ethical and legal responsibility whether a patient complaint is present or not.

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

The purpose of our jobs, as dentists, is not only to create and to stabilise healthy mouths, but also to create a healthy mouth in a healthy body. This research focused on improvement of advice to smoking patients. Smoking is not only a serious problem for oral health but also for general health problems such as cardiovascular disorders and cancer. By advising patients, the dentist has not only an impact on oral health but also on the general health of his/her patients.

2. What would you like to do next in this area to follow on from this work?

We have just completed a randomized controlled trial on smoking cessation advice in the dental practice. We used a combined intervention. Results are in progress.