Welcome results

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EDITORIAL

Slightly lost in the pre-Christmas torrent of news, activity and celebration were the very welcome preliminary results of the most recent UK Adult Dental Health Survey.[1] These have been conducted every ten years since 1968 (approximately, as this latest one is the 2009 survey) and provide a very rich source of valuable data from which we can draw many conclusions and upon which we can then more reliably plan.

I am delighted that the survey did take place as I had stressed in this column in 2008 the vital importance of keeping the data updated on a regular basis.[2] As stated there, one of the even more essential reasons for this was the black hole of information previously gathered as part of the then Dental Practice Board's role under the 'old' contract in England. This was before the advent of Units of Dental Activity (UDAs) which effectively, and ironically in view of the name, blinded us to much otherwise important reportage on clinical activity.

The full results will be available later this year but the early, headline findings make for interesting initial musing. Over the last 30 years the proportion of edentulous adults in England has fallen from 28% in 1978 to 6% in 2009. This is a truly staggering reversal of fortunes for the nation's oral health and although not as dramatic in other countries in the UK, the downward trend of tooth loss is also represented there too. This is similarly reflected in that 86% of dentate adults had 21 or more natural teeth, the average number of teeth among all dentate adults being 25.6.

IMPLICATIONS FOR FUTURE PRACTICE

To some extent these figures are confirmatory rather than surprising. We are aware from day-to-day observation of the changes which are regularly summarised as more people keeping more teeth for longer. However, the speed of 'retention' is slightly awe inspiring and whilst being foreshadowed by documents such as the 'Steele' report[3] the implications for future dental practice in the UK are brought into even sharper focus.

Again, using the distilled wisdom, the fall in caries means less restorative activity while the rise in retained natural teeth indicates greater need for periodontal care. This will not be lost on government as it plans the new Steele pilots for a further future with another new contract. Nor should it be lost on any one of us in terms of planning our own medium-term strategies for providing appropriate care for our patients. The translation of this oral health data into real mouths, and just as importantly the people attached to them, is not only the physical requirements of advice and treatment but also the perception that their relationship with dentistry has changed and will continue to do so.

While the full data will obviously give us greater information, one aspect of the changing and improving picture is that we will increasingly want to probe the detail. We know that the worst oral health is confined to a small proportion of the population defined by social circumstance and therefore to some extent by geography. While the gradient from nearly one third of the adult population being edentulous to only 6% is a gross measure, what we will need for finer planning are more refined data and probably more localised data. This is not to argue in any way for the dismissal of the ten-year national surveys, very much the reverse, but a suggestion that there will be a place for greater infilling of information gathering of a more tailored nature. This will help to help guide local as well as regional and national oral health strategy, and concomitant business decision making.

Although I did suggest in a previous editorial that it is unlikely that individual practitioners will collect and collate epidemiological data from their practices, with the increasing sophistication of practice management software the tools exist to allow us to be far more analytical about our activities and our patients' oral health needs.[2] Taking the overview provided by the national surveys, applying the trends thereby exposed and adjusting them to the very local particulars in each of our clinical settings can provide the savvy practitioner with an objectively planned way forward. This type of vision will be of particular importance if we are to lead the way rather than be lead by unfolding and unseen circumstances that the world might throw our way. The point being that there is absolutely no need for us to be surprised as we have the methods of visualisation available here and now to aid us in determining our own destiny. Who is to say that by the time of the 2018 (or 2019) survey edentulousness will be an historical fascination that is the subject of television documentaries? Where we will be then is entirely up to us.

1. The NHS Information Centre. Adult deantal health survey 2009 - first release. London: NHS Information Centre, 2010. http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/adult-dental-health-survey--2009-first-release
2. Hancocks S. 1968 and all that. *Br Dent J* 2008; **204:** 473.
3. Steele J. Review of NHS dental services in England. London: DoH, 2009. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101137

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