

The BDJ News section accepts items that include general news, latest research and diary events that interest our readers. Press releases or articles may be edited, and should include a colour photograph if possible.

Please direct your correspondence to the News Editor, Kate Quinlan at the BDJ, The Macmillan Building, 4 Crinan Street, London, N1 9XW or by email to k.quinlan@nature.com.

DENTISTS CAUTIOUS ABOUT ORAL-SYSTEMIC DISEASE LINK

An open access article published in *BMC Oral Health* concludes that there is an unmet need among dentists for information regarding the association between dental conditions and systemic diseases.¹

The authors of the article retrieved over 14,000 messages posted to the Internet Dental Forum, an online community of 450 practitioners, from April 2008 to May 2009, identified substantive phrases and keywords and used them to retrieve 141 messages on the oral-systemic connection. They were then able to identify recurring themes on the topic.

The leading topics were the association between periodontal and systemic diseases, the effect of dental materials or procedures on general health, and the impact of the oral-systemic connection on

practice behaviours. It was also discovered that the dentists share research findings on oral and systemic health with colleagues online.

The authors write: 'Dentists are very cautious about the nature of the oral-systemic linkage that may not be causal. Nonetheless, they embrace the positive association as a motivating point for patients in practice. When treating patients with systemic conditions, dentists enquire about the cause of less common dental diseases potentially in relation to medical conditions in one-third of the cases and in half of the cases seek clinical guidelines and evidence-based interventions on treating dental diseases with established association with systemic conditions.'

The authors also conclude that more actionable clinical guidelines are needed for well-researched disease connections and that to improve dissemination and foster behavioural change, 'it is imperative to understand what information clinicians need and in which situations'.

1. Song M, O'Donnell J A, Bekhus T, Spallek H. Are dentists interested in the oral-systemic disease connection? A qualitative study of an online community of 450 practitioners. *BMC Oral Health* 2013; 13: 65 DOI: 10.1186/1472-6831-13-65 [Epub ahead of print].

SCOTLAND ADDRESSES GERODONTOLOGY



Figures from the 2011 census show that for the first time, there are more people in Scotland aged over 65 than there are under-15s. Recent figures show the proportion of people in Scotland who are aged over 75 will rise by 80% by 2035.

A conference, 'Gerodontology – the changing paradigm of dental care in older people', held in Dundee on 15 November 2013, addressed the challenges facing dentists in light of the ageing population, and the fact that unlike previous generations, a significant number of older people still have their own teeth.

Organisers of the conference, NHS Education for Scotland, brought together leading experts from all over the UK to share knowledge on a wide range of topics that will help dental professionals provide quality restorative care to their patients, while appreciating any health concerns.

Gillian Nevin from NHS Education for Scotland said: 'This is an exciting event to be part of.'

DIRECT ACCESS SERVICE PILOT APPROVED IN WALES

Welsh Government Health Minister Mark Drakeford has given the go ahead for a pilot scheme to develop a direct access service run by dental care professionals (DCPs) in the Community Dental Service (CDS) in Betsi Cadwaladr and Hywel Dda Health Boards.

The new pilot scheme aims to enable DCPs to deliver dental care for patients, make more clinical time available for dentists, improve services for patients and provide a robust upward referral system.

Many patients in the CDS with high decay rates are reviewed by dentists on a four-monthly basis: a significant portion of a dentist's clinical time. Often this interval period slips because of other patient priorities. Some of this time is spent making diagnoses and prescribing radiographs and prescription-only medicines, roles currently only within the scope of a dentist. However, a significant amount of this time is spent monitoring oral hygiene, giving tooth-brushing instruction, discussing diet and applying topical fluoride, all of which could be done by DCPs.

The new pilot scheme should also enable additional patients to access assessment and diagnosis with a dentist more quickly.

A full evaluation of the scheme will be undertaken.