Do we really care about caries?

Stephen Hancocks OBE
Editor-in-Chief

Send your comments to the
Editor-in-Chief,
British Dental Journal,
64 Wimpole Street,
London,
W1G 8YS
Email bdj@bda.org

EDITORIAL

I have been a fan of epidemiology for a long time. Although as an undergraduate I don't even remember hearing the word, and if I did I probably thought it was some type of unusual skin condition. But for me the exciting postgraduate revelation about the subject was the breadth of understanding it brought in equal measure with the questions it raised but could not necessarily answer. Like any fanaticism, if it fails to catch your imagination then it is a lost cause whereas if you get the bug you're hooked.

The recent survey by Public Health England the 'National Dental Epidemiology Programme for England: oral health survey of 5-year-old children 2012' is the second national survey undertaken, the previous having been in 2008.¹ It is a piece of epidemiology that has all the topsy-turvy elements of the discipline in the classic proportions. And like any good statistic, the results have the characteristic of being able to be interpreted in whatever way it suits the speaker or writer. For example, the good news is that 72.1% of 5-year-olds are caries free, up from 69.1% in 2008. The bad news is that still, approximately one third of our youngest cohort of the population suffers unnecessarily from a preventable disease.

REGIONAL AGONY

These figures hide a host of differences in various parts of the country. Caries levels vary regionally with more children in the North with higher rates than those in the southern and eastern regions. Levels ranged from 21.2% of 5-year-olds in the South East to 34.8% in the North West with caries being higher in the more deprived local authorities. At local level the disparity is starker still, Brighton and Hove was found to have the lowest percentage affected at 12.5%, compared with the highest figure of 53.2% in Leicester. This is nothing of a surprise as we know well that caries is a disease with its roots in socioeconomic status, or to use the more contemporary parlance social determinates.

It is of course good that caries is falling and also that the proportion of children with untreated decay has reduced from 27.5% to 24.5%. I would not suggest otherwise. Indeed Lord Howe, Health Minister, said: *'We know more work is needed to make sure good oral health is more consistent right across the country...dental teams have worked incredibly hard to improve oral health and more than a million new patients have seen an NHS dentist since May 2010'*.

Yet how much further can we treat our way towards eradicating the problem? Do we really believe the mantra

of 'prevention is better than cure', branded into our souls at dental school and reinforced every day, though one third of our future generation still exhibits the disease? What about fluoridation? Schools programmes? Honestly, how seriously do we take this? With this proportion of our children afflicted it is very obvious that as a society we no longer care enough about caries.

Often regarded as the father of epidemiology, John Snow famously removed the pump handle of the local water supply in Soho, London in 1854 in order to prove that contaminated water was the source of a cholera epidemic. What followed in due course was the supply of fresh, potable public water which improved health and welfare by a far great quantum than medicine ever did or probably ever can; as with improved diet, clean air and good housing. But this is not the stuff of dentistry surely? What can we do as clinicians to influence such measures in society? As individuals perhaps little beyond exercising our democratic rights but as a profession we can and should exert ourselves more effectively in public health circles, which by turn requires us to get more political. This is not necessarily party political but certainly involves becoming far more adept at advocacy. Few of us, I suspect, came into dentistry with such a vision or expressing such a purpose and I doubt that that is likely to change in the very near future. But in due course market forces and realism will dictate that it is a role that will have to be fulfilled if we are ever to reduce, never mind get close to eradicating, caries in young children.

Yes, we can treat the disease but to what extent have we been at the vanguard of preventing the vast majority of it? We might recommend fluoride toothpaste but it is difficult to buy a brand that does not contain it, and to what extent as a profession did we develop, market and sell it? Please do not misunderstand me, I am not 'having a go'. But we are entering a very different world of healthcare and of professional responsibility. I am concerned that we prepare for the future in order to equip ourselves with the appropriate skills, knowledge and survival techniques. This is not only to better serve our patients and the wider public but also to ensure that we retain some sort of professional capacity that isn't viewed as outdated.

1. National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2012. London, Public Health England, 2013. Online report available at <http://www.nwph.net/dentalhealth> (accessed October 2013).

DOI: 10.1038/sj.bdj.2013.931