Is dental caries neglect?

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IN BRIEF

- Tens of thousands of children are undergoing multiple dental extractions annually.
- Paediatric dentistry is suddenly under the spotlight.

OPINION

The recent and widespread media interest highlighting the concerning number of children with poor oral health has, at last, put paediatric dentistry well and truly under the spotlight. Whether on the front page of the *Sunday Times* (http://www.thesundaytimes.co.uk/sto/news/uk_news/Health/Sugar/article1433860.ece), on GDPUK forums or live Twitter feeds as ITV's *The Dentists* was broadcast, the whole nation has suddenly awoken to the realisation that tens of thousands of children are undergoing multiple dental extractions under general anaesthesia in the UK every year. This is of course, not a new phenomenon, so why the sudden interest?

Provisional data[1] recently released by the Health and Social Care Information Centre (HSCIC) show that a primary diagnosis of dental caries was the most common reason for a child aged between five and nine years to be admitted to a hospital in England in 2013/14 with 25,812 'Finished Admission Episodes' compared to 22,574 for the same cohort in 2010/11. The HSCIC showed over 70,000 children and young people between the ages of birth and 16 years were admitted to a hospital in England as a result of dental decay in 2012/13. This figure represents a significant expenditure for the NHS, with each operation under general anaesthetic costing hundreds of pounds and a likely total expenditure in 2012/13 of over £40 million, but even more importantly a potentially traumatic procedure for large numbers of families as a result of a disease which is nearly always preventable.

But is the number of admissions actually increasing? Actually there is good evidence to suggest that the Hospital Episode Statistics (HES) data which at first glance might suggest that admissions are on the up, is actually a reflection of improved and more inclusive data collection techniques.[2] With the move to 'Payment by Results' more and more providers are having to submit data to HES, so it is impossible to quantify whether there really is an increase. What's clear is that we have topped the admission league tables and now the Department of Health is listening. To be honest, going up or staying the same, neither is acceptable. When are we finally going to see marked improvements in children's oral health and why do we still have such a problem?

Last week in theatre out of a total of eight patients, I performed two dental clearances, in three- and five-year-old children. Emotionally, it doesn't get any easier, especially as my daughter is approaching the age of my younger patients. There are days when I just sit quietly at the end of the afternoon and contemplate the never ending waiting list of children waiting for the same procedure. Much as I love the atmosphere in theatre and my wonderful team, multiple extractions are not good for morale.

'It is a case of child neglect' announced one paper, thus placing the blame fairly on the shoulders of the nation's parents. 'They're not given the correct diet, they're getting sugary drinks. There's no attention to their oral hygiene regime and they're failing to take their children along to the dentist when their first teeth come through, and waiting until a child is in pain with a mouthful of rotten teeth'.[3] Of course diet is a hugely significant factor for a number of these children and with a national consumption of 230 litres per capita of soft drinks in 2013[4] we have a battle on our hands. But neglect? Let's revisit the definition. The British Society of Paediatric Dentistry (BSPD) describes dental neglect as 'the persistent failure to meet a child's basic oral health needs, likely to result in the serious impairment of a child's oral or general health or development.'[5] Yes, there are cases of neglect but there are also long-standing cultural, socioeconomic and educational barriers to overcome. There is a woeful lack of support and the general public has still to be convinced that baby teeth matter. Is it any surprise we have a problem of this scale? Please, let us not make the job harder by alienating families before we have even got them through the surgery door.

A recent Public Health England survey[6] showed that 12% of three-year-old children have 'visible dental decay' but perhaps more alarmingly the survey demonstrated massive inequality with a range of 2-34% of children affected. When we consider that the survey required positive consent and only looked at visible dental decay, we can begin to understand that the need for early intervention is paramount. It is not enough to rely on prevention programmes that concentrate on school age children attending their own general dental practitioner – by then the horse has bolted.

The solutions are out there. In Scotland the 'Childsmile' national dental prevention programme is already leading the way by providing free daily supervised toothbrushing in nursery, free dental packs to support brushing at home and targeted support for those children and families in greatest need. The figures speak for themselves – in 2006/7 26% of children in Scotland were noted to have decay experience but this was shown to reduce to 17% in 2009/10 following introduction of the programme. We must also ensure that our general dental practitioner colleagues are equipped and supported to educate and treat these families and that our

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dental students graduate with the skills and experience required to care for children. Will the new contract with its emphasis on prevention help? We shall see. I know that when I worked in the primary dental services, treating children properly was, in essence, charity work. I did what I would for my own family, but I wasn't rewarded for doing so. How many fantastic dentists out there could help to improve the care index if they felt supported to do so?

We as a profession also need to engage with and support our patients and their parents. The British Society of Paediatric Dentistry (BSPD) is currently exploring new ways to do this with a social media presence and the release of patient-friendly versions of our guidelines. On a personal level I have started writing a blog[7] on children's oral health. One post on 'How not to get holes in your child's teeth' received 2,500 views in the two days following '*The Dentists*'. The need for pragmatic, accessible advice is out there. We can't sit waiting in our surgeries for patients to come to us; maybe we need to look for other ways to reach them? Times are changing, our relationships with our patients are ever changing and we, as a profession, need to evolve.

Is it also the time to revisit national water fluoridation after a recent Public Health England study[8] demonstrated 45% fewer hospital admissions of children aged one to four for dental caries in fluoridated areas?

BSPD will be meeting with the Chief Dental Officers for England, Wales, Scotland and Northern Ireland over the coming months to discuss how we can work together to address this problem, the scale of which is entirely unacceptable in the twenty-first century. The solution must be dynamic and wide-reaching. This is not the time for the profession to divide and apportion blame and certainly not the time to reduce the number of specialist staff who have the skills to diagnose, treat and manage children. We need to ensure that all who are battling to improve the oral health of children work collaboratively – the Department of Health, specialists and consultants in paediatric dentistry, Public Health England, schools, nurseries, health visitors, safeguarding teams and our general dental practitioner colleagues in primary dental care who are very much in the 'front line'. We all need to be working together to achieve the societal change necessary to reduce dental disease and eliminate hospital admissions for multiple extractions and ensure that all children, regardless of geographical location or socioeconomic status can access high quality, local NHS dentistry services.

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