Dental practice

Longevity record?

Sir, records I know are there to be broken, but I would like to submit what I think is quite an impressive one.

Though I sold my predominantly NHS practice three years ago, I continue to work there a session a week and after surgery tonight, invited past and present staff for a glass of bubbly to celebrate 40 years to the day that I arrived fresh from a house job at the London to start as probably Britain's most easterly associate. I have been there ever since and hope to continue for some time yet.

When I began, instruments were 'sterilised' in boiling water, gloves were not in use, my principal was reusing needles after leaving them in disinfectant, £12 was the maximum NHS charge, patient records were a couple of lines each visit and our patients were periodically examined by a RDO (Regional Dental Officer) – a nerve racking experience but an excellent practice!

I have a feeling nowadays that young dentists move around quite a bit before they settle down so if indeed this is a record for longevity in a dental practice, it may remain one for quite some time.

P. Williams, Lowestoft

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Oral health

What is gum disease?

Sir, despite our best efforts the UK prevalence of chronic periodontitis has remained at 45%.[1] I believe that many patients are confused about 'what gum disease is', often using this phrase themselves. They report inconsistency in the information and advice given by different healthcare providers and respond better if they understand the potential seriousness of periodontal infection and the consequent inflammatory reaction.[2-4]

As a specialist in periodontology, ten years ago I started using these simplified sentences in my discussions with patients:

- Gum disease is an infection that irreversibly destroys the bone that holds your teeth in place
- When a significant amount of bone has been destroyed your teeth will feel loose or wobbly
- When insufficient bone remains to support your teeth they will start to drift or fall out.

Consequently, my patients readily appreciate the seriousness of their condition and, almost always, express their gratitude for the unambiguousness of the communication. While the statements have a negative tone, once patients appreciate the seriousness of their condition positive tones can be introduced by discussing the benefits of resolving their condition, for example, avoiding bad breath. There are no studies on topic specific words and their influence on patient understanding and compliance but I am hopeful that this letter might encourage this.

H. Ahmed, by email

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Dental research

Quality and sustainability

Sir, the dental research community has received continuous support by taxpayers in the expectation that results may lead to significant improvements in the public's oral health.[1] Arguably, this has not happened and the quality and sustainability of dental research does not match that in other health disciplines. The body of literature on dentistry is dominated by observational studies, short-term trials, reviews or technical reports. Reasons cited for the absence of high-quality research are often related to funding issues, lack of research activity of dental faculty, and separations of the full-time dental faculty.

The National Health and Medical Research Council (NHMRC) is the principal funding body for health and medical research in Australia, with an annual budget of AU$700 million. Despite the burdens of poor oral health and increasing dental care spending (AU$9 billion in 2013), oral health is not listed as a National Health Priority Area for NHMRC research funding. Between 2011 and 2015, cancer, mental health, diabetes and cardiovascular disease groups received the greatest proportion of such funding.

Although clinical dentists are the principal leaders of the dental team, their contributions to dental research and peer-review publications are relatively limited.[2] In Australia 85% of dentists practise in the private sector resulting in less time to focus on pursuing scholarly activities or national policymaking. Dental faculty shortages have been reported in various countries with income gaps between academic and private posts and the additional time for preparation for academic careers cited as reasons.[2] Other factors are a risk of losing the job, reduced potential to achieve tenure or promotion as many dental schools demand peer-reviewed publications and a consistent record of funding.[2]

Members of the dental team, in particular, dentists, have a responsibility to advocate for funding equity in dentistry and contribute to closing the gap in oral health. Further evidence-based research addressing oral health disparities and burden of oral diseases is needed as this could guide or encourage national funding agencies to prioritise dental research in their funding plans.

M. Estai, S. Bunt, Y. Kanagasingam, M. Tennant, Australia

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Water fluoridation

Is fluoride chemophobia?

Sir, I do wish that when credentialed professionals make sweeping statements about the safety of water fluoridation that they demonstrated that they had actually read the key literature in question. For example, when Dr Reekie writes that there is 'overwhelming evidence that fluoride is safe'[1] he gives no indication that he has read the voluminous evidence (over 300 animal and human studies) that fluoride is neurotoxic – let alone cite an equally voluminous number of primary studies that allows him or anyone else to discount this finding with any confidence. The http://fluoridealert.org/ website contains a complete listing of the over 300 neurotoxicity studies.

While avid promoters of fluoridation might wish to dismiss such efforts as a result of chemophobia, it is actually based on

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