EDITORIAL

Oral medicine

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It is with great pleasure that I introduce this oral medicine themed issue as guest editor. I am grateful to my many colleagues from the UK and Europe who have written contributions and feel sure that you will find something of interest, whatever your connection to dentistry.

Oral medicine is a small, but important, area of dentistry. The specialty of oral medicine has its origins in academia, and research and teaching are still significant components of its activity. The specialty is concerned with the oral healthcare of patients with chronic, recurrent and medically-related disorders of the oral and maxillofacial region and with their diagnosis and non-surgical (medical) management. These disorders include salivary gland disease, oral mucosal disease, oro-facial pain and neurological disorders, oro-facial musculoskeletal disorders and oral manifestations and complications of systemic disease. The non-surgical management skills required draw on medical and psychological approaches. In simpler terms, oral medicine is concerned with medical disorders at the interface of medicine and dentistry, and its activities influence the clinical practice of every dental practitioner. It is an area of dentistry of fundamental importance to us as a healthcare profession. As we all know, dentists treat patients, not just teeth, and the interaction of oral and general health exemplified in oral medicine disorders and therapy emphasises that dentistry is not simply a technological and surgical vocation. The clinical skills and approaches used by an oral medicine physician will be required to be used more and more by all dentists in the future. Advances in medicine have resulted in our patients living longer, with more co-morbidity, kept in control by an ever increasing polypharmacy of medication. This increase in longevity, medical complexity and drug consumption has direct relevance to the oral cavity. This themed issue covers expert reviews for dentists on several key

oral medicine topics, from, among others, facial pain to disorders of childhood, from potentially malignant disorders to oral candidosis.

This issue also contains papers highlighting developments in three important specific areas: the development of the specialty and organisation of care, patient safety, and evidence-based practice.

Bez *et al.* review the history and development of oral medicine as a specialty across Europe. The description of different arrangements in different countries, all developing at a different pace, will resonate with many other dental specialists. Closer to home, Montgomery-Cranny *et al.* describe how a managed clinical network (MCN) is developing in oral medicine in Yorkshire.

'Dentistry is not simply a technological and surgical vocation...'

Patient safety, as an academic subject and an implementation science, has developed in all areas of healthcare over the last 20 years. Dentistry has been slower to focus on this important area than many disciplines of medicine, but its importance is likely to grow. For example, wrong tooth extraction remains the most frequently reported wrong site surgery Never Event in the NHS, and further strategies to reduce its occurrence are required. Patient safety in oral medicine practice is particularly important because of the serious risks involved when things go wrong, for example, patient safety failures related to the processes involved in biopsies, or adverse reactions to powerful immunomodulatory drugs. These problems may

be less frequent in occurrence than wrong tooth extraction; however, should they occur, their potential for morbidity and mortality is significantly greater. Papers by Finn *et al.* and Shephard *et al.* demonstrate how a systems-based approach to developing interventions to reduce these risks has been actioned.

The movement for evidence-based practice affects all dental care and our knowledge has increased greatly over the last thirty years. Our understanding of the clinical effectiveness of different interventions has been particularly aided by the development of systematic reviews and the work of the Cochrane collaboration; however, it is clear that much still needs to be done. In this issue, Taylor *et al.* describe the development of 'core outcome sets' in oral

medicine as a way of improving our trial data to allow better future comparison, contrast and combination of results as appropriate. Other specialties will no doubt be moving in a similar direction. Meanwhile, Ní Ríordáin and Wiriyaakijja review the growing importance of the science of patient outcome and experience measures, to determine whether our interventions truly benefit patients as we would wish.

The safe practice of dentistry is dependent upon our understanding of how medicine and medical conditions affect the patient, the mouth and the interventions we undertake as dentists. I hope this themed issue provides useful guidance and stimulates new thought. Above all I hope you enjoy reading it. ■

DOI: 10.1038/sj.bdj.2017.933