People who don’t brush their teeth twice a day are more likely to suffer from heart disease, according to a recent study.

The study published in the British Medical Journal found that people who never or rarely brush their teeth are 70 per cent more likely to suffer from heart disease than those who brush their teeth twice a day. The study looked at the habits of 11,000 adults and found those with poor oral hygiene had a higher risk of getting heart disease, compared with those who brushed twice a day.

The study backs up previous research linking gum disease with heart disease.

It is known that inflammation in the body, including in the mouth and gums, has an important role in the build up of clogged arteries, which can lead to a heart attack.

However, this is the first time that researchers have examined the frequency of teeth brushing to see whether it has an impact on the risk of developing heart disease.

In the study, six out of 10 people said they visited the dentist every six months and seven out 10 reported brushing their teeth twice a day.

During the eight-year study there were 555 ‘cardiovascular events’ such as heart attacks, 170 of which were fatal. Those with poor oral hygiene also tested positive in blood samples for proteins which are suggestive of inflammation.

Study leader Prof Richard Watt, from University College London, said: “Our results confirmed and further strengthened the suggested association between oral hygiene and the risk of cardiovascular disease. Furthermore, inflammatory markers were significantly associated with a very simple measure of poor oral health behaviour.

“Future experimental studies will be needed to confirm whether the observed association between oral health behaviour and cardiovascular disease is in fact causal or merely a risk marker.”

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The vice dean of the King’s College London Dental Institute has been awarded an honorary doctorate from the University of Athens.

Prof Stephen Challacombe was given the award for his contributions to oral medicine and dental research.

During his tenure with Guy’s Hospital Medical and Dental Schools, United Medical and Dental Schools (UMDS) and then the Dental Institute of King’s College London, Prof Challacombe has maintained his research into mucosal immunity and clinical activity.

Prof Challacombe said: “I am very humbled that my work, and that of my colleagues who have made such important contributions to the field, has been recognised by the University of Athens in this way. It really is a great honour both for myself and the Dental Institute.”

In addition to his publications on both clinical (oral medicine) and basic (mucosal immunology) research, he has published a number of books including three in Greek with Yannis Kayavis of the University of Thessaloniki.

His work has been recognised by his election to the presidencies of the British Society for Dental Research, the British Society for Oral Medicine, the European Association of Oral Medicine and the International Association of Dental Research and by election to the prestigious Academy of Medical Sciences.

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Asks Seema Sharma

Are you aware that…
• Under the Safeguarding Vulnerable Groups Act 2006, the Independent Safeguarding Authority (ISA) takes decisions on who should be barred from working with children or vulnerable adults?
• Existing lists were replaced, in October 2009 by two new barred lists (one for working with children; for working with vulnerable adults)?
• From October 12th 2009 the NHS came under the scheme?

Do you…
• Follow national safeguarding guidance within your own activities and in your dealings with other organisations?
• Undertake all appropriate employment checks?
• Require CRB checks from all new recruits before they start?
• Ensure that all team members are aware of the local referral procedures via training and induction?

Have you…
• Ensured that all team members know what to do if they suspect abuse or neglect?
• Made local contact names and details available for the team (including temporary staff and locums)?
• Made local referral procedures available for the team (including temporary staff and locums)?

Whilst a dental team does not have to diagnose child abuse or neglect, we are in a position where we may witness signs of child abuse or neglect, and we have a responsibility to find out about and follow local procedures for child protection, so we can share concerns appropriately.

Legislative Framework
The Safeguarding Vulnerable Groups Act 2006 provides the legislative framework for the new Vetting and Barring Scheme and envisages the creation of three ISA (Independent Safeguarding Authority) lists – ISA registered individuals, people barred from working with children and those barred (or also barred) from working with vulnerable adults.

Individual responsibility – It is up to an individual to register. An unregistered person has either not registered, or is on an ISA Barred List. Registration will be phased in over five years:
• Year 1 (July 2010) – new workforce entrants, job movers
• Year 2 – those who have never had a Criminal Records Bureau (CRB) check before
• Year 3 – those with CRB checks over three years old
• Year 4 – those with more recent CRB checks
• Year 5 – the remainder of those who have had a CRB disclosure and those who work in controlled activity

Employer responsibilities - From July 2010, ISA registration status of NEW paid or volunteer applicants must be checked. The service is free and you will be updated on changes to the person’s registration. This does not oblige the requirement for a Criminal Records Bureau (CRB) check.

There will also be a new offence – punishable by a fine – for employers who fail to inform the ISA about an employee posing a threat to children or vulnerable adults. The GDC has a similar obligation.

Regulated activities (clinical team members in direct contact with patients) can only be undertaken by an ISA registered person.

Controlled activities are those undertaken by support staff eg receptionists, cleaners. It is still mandatory to check the ISA status of an applicant, but barred people can be engaged provided certain safeguards are in place.

Train your team
Child protection is a key element of the induction programme for new members of staff. All team members are required to undertake documented training to recognise signs of neglect or physical, emotional and sexual abuse, and know how to access and liaise with local protection services.

Within the practice, safeguarding includes listening to vulnerable patients, providing information, ensuring a safe child-centred environment and having other relevant policies and procedures in place eg complaints. Although it is uncommon to see patients with signs of child abuse, where it is suspected and there is no satisfactory explanation, the team should be able to act quickly and responsibly.

Your local PCT should be able to provide information on the local protection team and pathway, and possibly even organise training for NHS practices.