Awareness of oral cancer ‘too low’ in the UK

Awareness of the risk factors and symptoms of oral cancer is ‘too low’ in the UK, according to the British Dental Health Foundation.

A new study published in the British Dental Journal revealed that the majority of mouth cancer sufferers ignore the first symptoms of the disease and do not seek the advice of a healthcare professional during the early stages.

The Scottish research, entitled The experiences of young oral cancer patients in Scotland: symptom recognition and delays in seeking professional help, was conducted by lead author Liz Grant, a public health pharmacist from NHS Greater Glasgow & Clyde.

The research team interviewed relatively young mouth cancer patients in Scotland and found that most had heard of oral cancer but didn’t think their symptoms were indicative of the life-threatening illness.

Furthermore, 40 per cent of the participants decided to self manage their symptoms and sought over-the-counter treatments which were suggested by a pharmacist.

Chief executive of the British Dental Health Foundation, Dr Nigel Carter said the study further confirms gaps in understanding and awareness of oral cancer.

He said: “Public awareness of oral cancer and the associated risk factors appears to be too low here in the UK. An awareness of the risk factors and symptom recognition by the public is a critical issue in determining survival rates, as early detection greatly improves the chances of survival.”

“Almost 90 per cent of patients who were interviewed had a prior knowledge of oral cancer and the causes such as tobacco and alcohol. However, this prior knowledge was neither instrumental for them to suspect they may have mouth cancer nor did it prompt them to visit a healthcare professional in the first place.”

None of the interviewees thought it would happen to them.

A third of interviewees mentioned their first sign as some kind of ‘lump’, a few described a ‘white spot’ ‘mark’ or ‘patch’ and two described an abscess.

It was also found that wasting time of a healthcare professional or appearing to be a hypochondriac was a delaying factor in patients seeking help.

For those attempting self treatment there was an inevitably some delay in visiting their GP or dentist.

This period of delay in these cases ranged from a few days to two months. The period of time which elapsed between the interviewees noticing their symptoms and them making contact with a health care professional varied from a few days to a year, although two thirds saw someone within eight weeks.

Participants who had taken part were all in their thirties and forties and from Scotland.

Mouth cancer has previously been found to be more common in men than women and people over the age of 40, though an increasing number of women and young people are developing the condition.

Tobacco and alcohol are thought to contribute to at least three-quarters of mouth cancer cases.

Poor diet is linked to a third of all cancer cases. Evidence shows an increase in fruit and vegetables lowers the risk, as can fish and eggs.

Around 5,000 people in the United Kingdom are diagnosed with mouth cancer each year, claiming the lives of almost 2,000, making it the UK’s fastest growing cancer.
Healthy teeth rise in Scots kids

A record number of children in Scotland have healthy teeth, according to a new report.

The report, by the National Dental Inspection Programme, found that 64 per cent of pupils in primary year seven (last year of primary school) had no sign of tooth decay in 2009. In 2007, the figure was 59.1 per cent.

The figure exceeds the Scottish Government’s target for 60 per cent of 11-year-olds to have no obvious signs of tooth decay. However, the target was not reached in some parts of Scotland, such as Glasgow and Lanarkshire.

Children in Shetland recorded the best average last year while children in Greater Glasgow and Clyde, Dumfries and Galloway, Lanarkshire and Western Isles health board areas are still below the 2010 target.

The report found that dental disease is still being found much more in children from deprived backgrounds than those from affluent homes.

Minister for Public Health Shona Robison announced the report’s findings at an NHS Scotland event for National Health Service staff. She said: “There are now more kids in Scotland with healthy teeth than ever before.

“We wanted 60 per cent of primary seven to have no sign of tooth decay by 2010 and I am pleased to say that this target has been met.

“Dental health in Scotland is improving, particularly in deprived communities, and this is a trend that we want to continue.

“Thanks to work to ensure that children know the importance of dental care at the earliest age, Scotland’s primary seven are now better placed to have a lifetime of good oral health.”

Ms Robison added: “Across all areas of the NHS, not just in oral health, we are committed to improving the wellbeing of our nation. That means supporting measures that prevent ill health. We don’t just want to treat people who are ill; we want to make sure people stay healthy.

“In today’s tough economic times we need to be as efficient as possible and that means maximising our investment in the health of the Scottish people.”

The 2009 National Dental Inspection Programme (NDIP) is a development of the Scottish Health Boards’ Epidemiological Programme. It is a joint venture between all NHS Boards in Scotland, the Scottish Health Department, Glasgow Dental School (University of Glasgow) and the Dental Health Services Research Unit, Dundee.

Dentists are going to be offering NHS treatment to children in care homes in Northamptonshire after a study found some older people are missing out on regular dental care.

Nine dental practices will offer oral health assessments to residents at 47 of the country’s care homes.

Any follow up care can then be done at the dental surgery or at the care home itself.

The scheme will run as a six month pilot and if it is successful, it will be rolled out across all the care homes in Northamptonshire.

An improvement in oral health has led to people retaining their teeth into old age, and so maintaining good oral health is important for daily comfort and living.

Di Fenton, head of dentistry for NHS Northamptonshire, said: “A sample of care home residents showed that all had some degree of tooth decay which can affect people’s general quality of life, and more seriously can lead to problems with eating.

“We’ve a commitment that every resident in Northamptonshire should have the opportunity to access an NHS dentist, including those who would struggle to visit the dentist at their surgery.

“We’ll be carefully monitoring the outcomes of this pilot, and should it prove successful we hope to make it available to every care home resident in Northamptonshire in the autumn.”

Healthy teeth rise in Scots kids

Dentistry is child’s play in expanded scheme

A scheme where children dress up as dentists and dental nurses so they can learn about oral healthcare and visiting the dentist has now been launched in the north-west of England.

The programme Dental Play Box is run by Action for Sick Children and has been operating for a number of years in Scotland. It is now expanding into the north-west of England.

The play facilitator travels around nurseries and preschools running play sessions with a box of resources, which includes role play uniforms such as a dentist and dental nurse, hand puppets, toothbrushes, games, stories and a teacher’s pack. The settings are able to borrow the resources so the children can explore the contents in their own time.

A spokeswoman for Action for Sick Children said: “These boxes help children to learn through play how to understand dental treatment and encourage them to co-operate with the dentist, which in turn makes a visit to the dentist a much less scary experience. Some of the items inside the Play Box are dressing up outfits, a wide selection of toys and jigsaws, videos, books, dental tools and leaflets.”

The Dental Play Box, sponsored by Boots, is focusing on the north-west as it has bad statistics regarding oral healthcare. The charity’s long-term plan is to expand into different areas of the country.
A website is a dynamic low cost marketing tool for your practice

Says Seema Sharma of Smile Impressions and Dentabyte

Do you tend to treat everyone who wanders through your door, or do you have a dynamic growth strategy which moves your practice in the direction that you want to take it? When I decided to take time out to work ON my business instead of IN my business I found it had profound effects on my practice and my work/life balance.

There have always been two ways to achieve a pleasing bottom line - increase revenues or reduce costs. With the rising costs of rents in Docklands, my insistence on highly trained staff to implement my vision, and the costs of compliance brought about by the growing raft of regulations in dentistry, I have always found cost control quite a challenge, and have tended therefore to concentrate on revenue growth.

I have three mantras which have worked wonders for my practices over the years - market something different; market differently; market to different people.

Marketing something different
Routine dentistry has a routine hourly rate, so for ‘in-hours’ growth, the challenge became to balance this with higher value services to make a difference to the average hourly rate. Over the years we have introduced orthodontics, Invisalign, Clearstep, specialist oral surgery, implants, endodontics and of course aesthetic dentistry, and pushed our average hourly rate up by 50 per cent.

Marketing differently
Having spent years producing paper leaflets, I am now completely indebted to my web designer for the fantastic marketing tools my websites have become, and the direct and indirect costs we have saved. We built a layered website - simple visual information for those who just glance, depth for those who wanted more and comprehensive patient information leaflets which encourage treatment plan acceptance. All the text we used followed the FAB approach - less about the features (treatments), more about the advantages and benefits of our services. We then trained our team to use the website as a treatment planning tool in the surgeries and show patients the benefits of our services and how to download information leaflets. As a result, my treatment coordinator’s job has become easier and our treatment plan acceptance flew up, accompanied by a huge reduction in the amount of time, paper and ink that we had to expend on advertising and production of printed patient information.

Marketing to different people
Website can be fantastic marketing tools

b) Shouting as loud as we could
We did this through directory listings and link-building activity - a listing is anything that brings your URL up in a search. There are thousands to choose from but picking the right ones was the trick. This was an essential for maintaining position. Keywords are shared but prevalence comes in degrees and we wanted to be at the higher end of the scale for the sustained presence.

c) Encouraging our patients to shout for us
The best growth strategy is one of referrals and recommendations - delivering the patient care and service that drives someone to talk about us at a dinner table is one of our key drivers. These days social networking is incredibly powerful – so getting patients to shout online for us is another growth strategy.

Conversion rates!
You could be found a thousand times a day but if you don’t give the patient compelling reasons to come to you, optimisation work is all lost. Building our low cost marketing proposition was key and should be the cornerstone of marketing activity for all practices, whether it is online or offline.

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