Xylitol sweetener prevents decay

The British Dental Health Foundation has welcomed research that shows the non-artificial sweetener, Xylitol, helps prevent decay in baby teeth.

The non-artificial sweetener, which acts as an anti-bacterial agent against cavities is already widely used as a ‘safe’ sweetener in chewing gums and lozenges for children with permanent teeth.

Researchers at the University of Washington, Seattle, split 94 babies aged nine to 15 months into three groups – one receiving eight grams of xylitol syrup divided into two daily doses, a second given the eight grams divided into three doses and the final group given one single smaller 2.67 gram dose.

After an average 10-month wait until oral examinations, toddlers receiving higher syrup doses showed significantly less signs of early decay, according to July’s Archives of Pediatrics and Adolescent Medicine report.

There is some evidence that early years caries is on the increase, particularly in less deprived areas of the UK. Around half of UK children under the age of five show signs of decay even though caries is easily preventable.

He also called for parents to reduce their children’s intake of sugary snacks and drinks and ensure they brush their teeth twice daily with fluoride toothpaste, at 1,000 parts-per-million up to age three, and 1,550 ppm thereafter.

The Springbank dental surgery in Gloucestershire, which has lain empty for nearly two years, has opened its doors once again to NHS patients.

The practice will be open for two days a week and will offer routine NHS dental care to between 800 and 1,200 patients.

Jan Stubbings, chief executive of NHS Gloucestershire, said: ‘This is another important development for primary care services in the Springbank area and for NHS dentistry in Gloucestershire.

We know that access to NHS dentistry is important and we will continue to invest funds in expanding provision for patients.’

Councillor John Morris (LD, Springbank) called it ‘really positive news’ and said: ‘It’s been a long time coming but people who live in the area will be very pleased.

We’ve now got a doctor’s surgery, a chemist and a dentist all in the same building which is a terrific resource. We want to make sure people make full use of it.’
Dental Protection, the professional indemnity body, has been receiving a large volume of calls asking for advice about what to do about the spread of swine flu.

In response, it has issued a paper highlighting the indemnity and risk management aspects of pandemic influenza, including a section on frequently asked questions with some of the recurring questions that its dental legal advisers are being asked.

A spokesman for the company said: ‘Dental Protection has had experience of advising and assisting its members in similar situations in other parts of the world, such as members in Hong Kong and Singapore who were badly affected by the SARS outbreak and the C5N1 avian flu epidemic.

This experience heightens our awareness of the kind of issues and risks that need to be considered.’

Dental Protection warns that it is up to dental professionals to act responsibly and said it is in the public interest that everyone should play their part in limiting the spread of pandemic influenza.

Guidance includes:
- Taking every reasonable step to maintain your own health and that of those around you.
- It is irresponsible to continue treating patients when you have reason to believe that you may be infectious; this may apply to your professional colleagues as well as to yourself.
- In such situations you should monitor your own health (including your temperature), take medical advice when necessary and appropriate, and act upon this advice.
- It is equally irresponsible to expect or require your employees to attend the workplace and come into contact with colleagues and patients when you have reason to believe that they may be infectious.
- The temptation may be greatest when you are already short-staffed, but it must be resisted, warns Dental Protection.
- On the other hand, those healthcare professionals that are fit and well can make a valuable contribution by covering for colleagues who are unwell and unable to work.

Those who are in positions of responsibility and leadership – including practice owners, and those with management responsibilities in all branches of dentistry – should plan in advance for a range of possible scenarios so that they know how they would deal with many of the likely contingencies.

This will make it easier to make good decisions under pressure at a later stage. There are also legal considerations for practice owners and employers, according to Dental Protection.

Employers have a duty, amongst other things, to maintain a safe workplace, and to make adequate provision for the health, safety and welfare of their employees.

They also have a legal obligation to provide staff members with appropriate Personal Protective Equipment (PPE).

Team members should wear good quality, well-fitting masks and adequate surgery ventilation and high volume suction will all help to minimise the risks inherent in the dental environment.

The General Dental Council requires all registered dental health professionals to maintain adequate and appropriate professional indemnity at all times, and Dental Protection recommends all its members to ensure that those with whom they work (regularly or in exceptional circumstances) do have such indemnity.

For more information, go to www.dentalprotection.org.

Swine flu guidance
Tooth decay caused by multiple medicines

The British Dental Health Foundation claims many oral problems are being caused by people taking multiple medicines.

Scientists are blaming multiple medications for the growing problem of dry mouth syndrome which can lead to tooth decay.

Foundation chief executive Dr Nigel Carter said: ‘Dry mouth affects our saliva levels which can expose the teeth to risks of tooth decay, since saliva is a natural protection against caries.

With advances in healthcare, more and more medicines have hit the market. As more people take multiple medicines, the risk of oral health problems such as xerostomia has greatly increased, especially amongst older people.

Dry mouth increases exposure to the main causes of tooth loss, decay, erosion and gum disease, yet these problems are entirely preventable.

A good oral health routine and regular trips to the dentist, as often as the dentist recommends, will help look after your mouth and quality of life.’

Dry mouth can also be caused by medical conditions such as diabetes and lupus, or natural factors such as ageing and menopausal changes.

There are a wide range of products designed for dry mouth which can help prevent any problems preventing risks of decay and minimising other attendant issues, such as a lack of saliva affecting swallowing.

Products such as gels and sprays can help moisture levels in the mouth, while it is important to brush teeth twice a day with a fluoride toothpaste to prevent decay.

Avoiding sugary foods and citrus acids will minimise risks of dental decay and erosion.

Though sucking sweets and chewing gum can help stimulate the flow of saliva and counteract dry mouth, it is vital to use sugar-free products.

Those with more severe cases may even choose to sleep with a de-humidifier in the room and practice breathing through the nose rather than the mouth.

Alcohol, caffeine and salty foods are on the banned list in cases of dry mouth, while sufferers should drink plenty of water.

Yorkshire carries out fluoride study

Yorkshire and Humber Strategic Health Authority is to carry out a feasibility study into whether fluoride should be added to drinking water in a drive to improve oral health in the region.

The health authority is carrying out the study on behalf of the whole region but at the specific request of primary care trusts in Bradford and Airedale and Kirklees.

NHS Bradford and Airedale Trust believe it would bring benefits for the people, as it will optimise exposure to fluoride and reduce tooth decay.

The trust runs a fluoride varnish scheme for children, which it wants to expand.

Chief executive of NHS Bradford and Airedale, Simon Morritt said discussions with Yorkshire Water had revealed it was not possible to contain water fluoridation to just West Yorkshire.

Because of this, he has asked the health authority to carry out a feasibility study for the entire Yorkshire region.

It is expected to be completed by April 2010.
The General Dental Council is an ‘outward-looking regulator with a real focus on customer service’, according to the watchdog for healthcare regulators.

The Council for Healthcare Regulatory Excellence (CHRE), in its review of the GDC, also found the council had a clear commitment to continuous improvement, and a willingness to innovate.

Among other initiatives, the GDC has demonstrated ‘excellence and good practice’ by encouraging dental patients to expect better standards through a process of educating and empowering them, said the CHRE.

It also praised ‘excellent’ initiatives such as measures to inform stakeholders, increasing public involvement, and boosting customer service, by using mystery shopping and customer surveys.

GDC chief executive and registrar Duncan Rudkin said: ‘We welcome the rigour and scrutiny of the review and the opportunity for us to show that we’re accountable. But we’re not complacent. We are keen to do all we can to stay focused on continual improvement.’

The CHRE said it would follow ‘with interest’ the GDC’s progress on revalidation, appraising and assessing fitness to practise panellists, a new ‘risk-based’ approach to education and training, and how it measures and manages its own performance.

It commended the GDC’s new continuous improvement team and the new role of head of customer service.

The GDC will be the first regulator to pilot its revalidation process and the CHRE welcomed the GDC’s stated intent to share the learning from its pilot with other regulators.

The GDC is currently undertaking a major review of its Fitness to Practise work, including a comprehensive and challenging review of how the function is managed and governed.

A strategic review is also planned.

Gold medal award

Anthony Power, who recently completed his undergraduate dental programme at King’s College London Dental Institute, has won the 2009 University of London BDS Gold Medal. This is the eighth year in succession that a graduate of King’s has been awarded this highly prestigious prize.

The medal is awarded to the candidate who most distinguishes him or herself in the final Bachelor of Dental Surgery exams. Both London dental schools are invited to nominate candidates for the gold medal examination - an oral conducted by six external examiners.

Each school selects candidates from students with the highest number of merits and distinctions.

Anthony, who is undertaking his vocational training in the coastal resort of Minehead with the South West Deanery, said: ‘It was both with pride and trepidation that I attended the viva for the Gold Medal on graduation morning. To be told at the graduation ceremony later that day that I had received the award was an unexpected delight, not to mention a great honour.

‘I am very grateful to have studied at King’s for the past 5 years, since the teaching and facilities were wonderful on the whole, and the memories I have will always be cherished. I hope that I can return one day, perhaps as an SHO, to some familiar friendly faces.’

He will receive the medal, with a cheque for £500, at the Institute’s annual prize giving in November.
Researchers in Bristol have invented a Chewing Robot to study the wear and tear on dental fittings such as crowns and bridges.

The UK spends around £2.5bn each year on dental materials to replace or strengthen teeth.

Researchers at the University of Bristol’s department of mechanical engineering in collaboration with the Department of Oral and Dental Science have developed the Chewing Robot to test dental materials.

The inspired invention was shown to the public for the first time at this year’s Royal Society Summer Science Exhibition, the premier annual showcase for scientific excellence in the UK.

Fill in your CPD hours online

All dental care professionals registered with the General Dental Council (GDC) before 30 July 2008 and paid the annual retention fee by 31 July this year will be able to help.

Around 47,000 dental care professionals need to provide an annual declaration of continuing professional development (CPD) hours this summer – and a new section of the GDC website will be able to help.

Registrants need to keep hold of their certificates as proof of carrying out verified CPD.

This is important as the GDC carries out audits at the end of each five-year cycle.

The deadline for professionals to submit their hours is the end of September.

GDC registration development manager, Sarah Arnold, said: ‘As well as submitting your CPD returns, you can also check and update your contact details that appear on the register, pay your annual retention fee by credit or debit card, set up a direct debit and access your annual practising certificate.’

Dental care professionals who registered with the GDC on or after 31 July won’t have to fill in a return form until August 2010.

Good oral healthcare combats obesity

Good oral healthcare could hold the key to combating obesity, according to new dental research.

The Journal of Dental Research found that bacteria in our mouths could play a direct part in causing obesity.

The study was carried out on five hundred women, three hundred of whom were clinically obese.

This found that out of forty kinds of bacteria tested, one species - selenomonas noxia - was present at levels of more than one per cent of total bacteria in 88 per cent of the overweight group.

This bacteria has previously been linked with the development of gum disease.

Further research will now explore the importance of these infectious agents as indicators of and potential causes of obesity.

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Dr Nigel Carter said: ‘Though this information represents very early stages of research, it is another fascinating example of the potential overall health links related to our oral health.

It is uncertain whether people may become obese due to changes in the bacteria in their mouths or whether these changes occur as a result of obesity. What impact changing the bacterial make up may have on helping to reduce obesity is certainly worth additional research.

There are hundreds of bacteria in our mouths at any one time, contributing to the most common dental hygiene issue - gum disease.

Alongside posing risks of causing tooth loss if left unchecked, gum disease has been linked to heart disease, diabetes and premature births.’