Streptococcus link found in disease risk

UK researchers have found another reason for us to keep brushing and flossing our teeth: the same gum bacteria that cause dental plaque can escape from the mouth into the bloodstream and trigger clots that increase risk of heart attack and heart disease.

The study that led to this finding was the work of University of Bristol researchers, in collaboration with scientists at the Royal College of Surgeons in Dublin, Ireland (also known as the RCSi) and was presented at the Society for General Microbiology’s autumn meeting which ran from 6-9 September at the University of Nottingham.

Dr Howard Jenkinson, professor of Oral Microbiology at Bristol’s School of Oral and Dental Science, presented the findings at the meeting. He said in a press statement that: “Poor dental hygiene can lead to bleeding gums, providing bacteria with an escape route into the bloodstream, where they can initiate blood clots leading to heart disease.”

He said we all need to be aware that it’s not only diet, exercise, cholesterol and blood pressure that we should keep an eye on, but it’s also important to have good dental hygiene to reduce our risk of heart problems.

In their study, Jenkinson and colleagues found that once Streptococcus bacteria get into the bloodstream, the make a protein called PdA which sits on their outer surface, to hijack blood platelets and force them to clump together and make blood clots.

Jenkinson described this as a “selfish trick” on the part of the bacteria, which completely encase themselves in a clump of platelets, enabling them to avoid detection by the host immune system, and also, to hide from antibiotics.

“Unfortunately, as well as helping out the bacteria”, explained Jenkinson, “platelet clumping can cause small blood clots, growths on the heart valves (endocarditis) or inflammation of blood vessels that can block the blood supply to the heart and brain”.

Earning figures draw criticism

Dentists earned on average £89,100 last year, while more than 400 dentists earned over £500,000, according to new figures.

This is an increase on the previous year (2007/8) which saw all self-employed dentists in England and Wales earn on average £89,100, compared to £89,000 in 2008/9.

A total of 410 dentists earned more than £500,000 before tax and after expenses, according to 2008/9 figures released by the NHS Information Centre.

The number was an increase of eight per cent on the 580 who earned more than £500,000 in 2007/8, said the report ‘Dental Earnings and Expenses, England and Wales 2008/09’.

A total of 150 dentists earned between £275,000 and £500,000 in 2008/9, while 150 earned between £250,000 and £275,000.

Two hundred and forty dentists earned £225,000 to £250,000 and 550 earned £200,000 to £225,000.

Overall, 5,540 dentists earned more than £100,000 a year.

The data covers both NHS income and money earned from private patients.

Dentists who held contracts with a Primary Care Trust (PCT in England) or Local Health Board (LHB in Wales) to provide NHS dental services fared better.

Those with contracts earned on average £131,000 (before tax) - up 5.3 per cent on 2007/8 when they earned £126,800 in 2007/08.

While dentists who worked in a practice, but who did not hold a contract with a PCT or LHB, earned on average £67,800 (before tax) - up 3.1 per cent on 2007/8 when they earned £65,700.

NHS Information Centre chief executive Tim Straughan said: “The England and Wales report reveals that the average earnings of NHS dentists varied greatly depending on whether they personally held a contract with a Primary Care Trust or Local Health Board.”

A spokesman from the Department of Health commented on the figures and said: “The coalition government recently announced a two-year pay freeze for all NHS staff earning more than £21k a year and is currently considering how best to apply this pay freeze to groups such as GPs and dentists whose NHS income covers both their personal pay and practice expenses.”

The chief executive of the Patients’ Association criticised the increase in earnings for dentists.

Katherine Murphy said: “The soaring cost of dentists’ pay goes against this commitment and will not deliver any benefits for patients. We do not understand how these pay increases can be justified given the financial pressures on the NHS.”

Online ban on illegal tooth-whitening products

Internet sites, Amazon, eBay and Google have said they will stop selling illegal tooth-whitening products, after an investigation by the consumer watchdog Which?

Which? discovered that illegal and potentially harmful tooth-whitening products can easily be bought from online retailers such as Amazon and eBay.

One in 10 people buying tooth whitening products ended up with white spots on their gums or lips, showing chemical burns, and a similar number reporting brown stains on their teeth, suggesting the enamel had been damaged by the product, according to Which?

A European Union regulation adopted last year bans the sale of tooth-whitening products containing more than 0.1 per cent hydrogen peroxide or chemicals which release hydrogen peroxide.

The limit was introduced due to concerns that the chemical could damage teeth, lips or gums.

Peter Vicary-Smith, chief executive of Which? said: “Cheap, products are illegal, but ineffective policing means they are still widely available. We have shared our findings with Trading Standards and will continue to urge online retailers to boycott such harmful products being sold in their marketplaces.”

Which? policy adviser Rebecca Owen-Evans said: “Selling products that breach the cosmetics regulations is prohibited and there is a failure in policing.”

Online retailers have pledged to cease the sale of illegal whitening kits.
Welcome to this issue of Dental Tribune! It seems ages since we last spoke, yet so much seems to have happened.

Of course the biggest news for many dentists is the decision by the coalition government to take direct control over the pay and contract values of dentists. The Doctors’ and Dentists’ Review Body were sent their marching orders in a letter by Secretary of State for Health Andrew Lansley, excerpts of which you will have seen on the front page of this issue.

Now, we all know the kind of cuts have been being seen in all parts of the governmental budgets, and I have no doubts that organisations such as the BDA will have their work cut out for them with regards to negotiating the best deal they can for dentists. It will be interesting to see how this fits in with the plans for implementing the recent Health White Paper and delivering a ‘value for money’ service. We will all ‘watch this space’.

With BDHA Showcase on the horizon, thoughts have turned to the next generation of products to be releasing and recently I attended various meetings and symposia on some of these. I look forward to sharing some of the thoughts of the key opinion leaders that were at these events and enlighten you to some of the exciting things you’ll be able to see and play with at Showcase. I am also looking forward to meeting with you at conferences and events coming up – stop me and share your comments (I’ll be by the coffee stand!).

Expenses have ‘risen dramatically’

Dentists’ expenses including the costs of the building, dental equipment, staff and materials, have ‘risen dramatically’, according to new figures from the NHS Information Centre.

The Information Centre’s report, Dental Earnings and Expenses, England and Wales 2008/09, shows dental practice expenses have risen at a faster rate than incomes have increased.

The average taxable income for all self-employed primary care dentists in England and Wales in 2008/09 was £89,100 compared to £89,000 in 2007/08, according to the report.

The expenses borne by dentists – the costs of providing the building, equipment, staff and materials necessary to provide patient care – rose rapidly during 2008/09.

Practice principals saw their expenses increase by 7.6 per cent from £218,000 in 2007/08 to £235,500 in 2008/09.

It is no surprise to John Milne, chair of the British Dental Association’s (BDA’s) General Dental Practice Committee, who said: “These figures underline what the BDA knows from its own research and talking to members: that the costs associated with providing high street dentistry have risen dramatically.

“Changes in the exchange rate have had a pronounced impact on the costs of equipment imported from overseas and costs associated with compliance with a variety of regulatory requirements.”

He added: “Trends in expenses will need to be monitored carefully to ensure that dental practices are properly supported and are able to provide the resources they need to continue providing high-quality care to patients.”

The entire dental team can get involved in the 2010 campaign focusing on ‘Discover 3 Essentials for an Even Healthier Mouth’.

Practice packs contain educational materials, motivational stickers, patient samples and materials to enable dental teams to create their own display to drive awareness of the 3 Essentials for an Even Healthier Mouth.

The 2010 interactive CPD programme ‘Putting Prevention into Practice’ providing verifiable CPD will be available to download by visiting www.colgateohm.co.uk

If your practice has not previously been involved in Colgate Oral Health Month, please call 0161 665 5881 to register.
Should dentists use the title ‘Dr’?

This is your opportunity to publish your say on whether you think dentists should use the title ‘Dr’.

The General Dental Council is holding a consultation on draft guidance on ethical advertising.

One of the suggestions in the document is that dentists should not use the courtesy title ‘Dr’.

They should also not refer to themselves as ‘orthodontist’, unless they are on the specialist list, according to the guidance.

The General Dental Council (GDC) wants to ensure that all information or publicity material such as flyers or adverts about dental services are legal, decent, honest and truthful.

The GDC wants to provide dental professionals with more detailed information on what’s expected of them regarding advertising and is asking for views on the proposed guidance.

GDC chair Alison Lockyer said: “This issue affects so many of our registrants. We often get queries from members of the public concerned or confused about the information they’ve seen.”

“We plan to ask patients what they think, but we also need to know the views of those we regulate. We hope that dental professionals and other people linked to dentistry will take the time to tell us what they think.”

The consultation looks at a number of issues including using specialist titles, advertising the provision of dental appliances and information which should be on dental professionals’ websites.

The consultation, which is open to everyone, can be found at www.gdc-uk.org and runs until 1 October 2010.

Strategies for deprived children should start from birth

The NHS needs to put in place oral health strategies for children from deprived areas - from birth, according to a recent study.

The large-scale study of the dental health of three-year olds published in the British Dental Journal, found that out of 4,000 children in Greater Glasgow, a quarter of the children had tooth decay.

In the deprived areas, a third of the children had tooth decay.

The number of decayed, missing or filled teeth (dmft) in the children seen from the least deprived areas was 0.3.

In the most deprived areas, children had a dmft score of 1.5, researchers from the University of Glasgow Dental School found.

The dental examinations were carried out by dentists between 2006 and 2008.

Andrew Lamb, British Dental Association director for Scotland, said: While there has been a significant improvement in the nation’s oral health over the past 40 years, this study highlights the depressing fact that poor dental health and inequality are closely linked from very early in life.

“Given that tooth decay is totally preventable, it’s unacceptable that social deprivation is still such a strong study of poor dental health. This study reinforces the importance of providing support to children from deprived communities soon after they are born.”

He added: “We commend the progress made by Childsmile, which focuses not only on children attending nursery and primary schools, but also on identifying children at risk from birth. As part of Childsmile, assessments are carried out by health visitors in the first two weeks of life.

“As adult oral health can be predicted by childhood dental health, this targeted intervention is vital to closing the gap in oral health inequalities.”

More than 3,000 dental care professionals taken off GDC register

More than 3,000 dental care professionals have been taken off the General Dental Council register, after they failed to pay their annual re-registration fee by the end of July.

Being registered with the General Dental Council (GDC) is a legal requirement for dental care professionals (DCPs) in the UK.

All dental nurses, orthodontic therapists, dental hygienists, dental therapists, dental technicians and clinical dental technicians must be registered.

Those who failed to pay their fee by 51 July have been removed from the register.

Head of registration at the GDC, Gurvinder Soomal, said: “We worked hard to ensure that all dental care professionals knew about the deadline and understood what would happen if they didn’t pay their annual retention fee (ARF) on time. We are equally committed to making sure those who want to restore to our register are helped through this process. At the end of July there were more than 58,000 DCPs on our register and whilst 3,387 have been taken off the GDC register and whilst 3,387 have been taken off the GDC register, after they failed to pay their annual retention fee (ARF) on time. We are equally committed to making sure those who want to restore to our register are helped through this process.

Dental care professionals who didn’t pay on time and want to return to the register must complete a form to apply for restoration, have a medical examination and provide a character reference.

They must also pay a fee of £120 and give evidence that they have completed the required amount of continuing professional development (CPD).

If they were practising overseas while off the register, they must provide a letter of good standing from the relevant authority of the country/state in which they last worked.

If they were working in the UK while their name was erased from the register, they and their employer will need to explain the circumstances in a letter. If this has occurred, they are advised to contact their solicitor or defence organisation before submitting their application.

Patients, members of the public and employers can check whether someone is registered by using GDC’s online register at www.gdc-uk.org.

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