Lavender heals

The scent of lavender calms patients’ nerves at the dentist, claims a study which will be presented at the British Psychological Society’s health psychology conference at Bath University. Researchers from King’s College London used a questionnaire to measure the anxiety levels of more than 500 patients in dental waiting rooms over a month, where 50 per cent were exposed to the scent. The anxiety level of those not exposed to lavender was 10.7 compared with 7.4 among those smelling it, regardless of the type of dental appointment anticipated. Lavender essential oil reportedly has a calming effect and is often used in massage and bath oils. It is said to help in treating migraine, headaches and anxiety and is a good remedy for insect bites. However, the study did not observe that smell the oil may decrease anxiety in patients when they were thinking about future dental appointments.

Off-white teeth

A national survey has reported that men from Leeds regard themselves as having some of the most discoloured teeth anywhere in the UK. The dental health questionnaire showed that men in the North-east ranked themselves as having the least white in the country. Every male participant from the city took part in the survey, who confessed that they would like whiter teeth and on average they gave their set of teeth, marks of four out of 10.

Dental roadshows

A series of dental roadshows on the implementation of the new contract has launched around the UK catering for dental service commissioners, local dental committees and dental practice advisers. The first one kicked off in London on Friday, September 19. The second is held in Taunton, Nottingham and Leeds. Chief Government Dental officer, Dr Barry Cockcroft said: “The SDAC has written to the Secretary of State for Health, Alan Johnson urging him to reconsider the decision to abolish the Standing Dental Advisory Committee. (SDAC) The letter from the BDA’s chair of the executive board sent earlier this month, voices the association’s ‘deep concern at the decision, particularly in light of overwhelming support for the continuation and strengthening of the committee in responses to the consultation on the issue’.”

Susie Sanderson said: “We believe the decision to abolish the SDAC to be a misguided one that goes against a strong consensus of opinion across different branches of the profession. The committee offered an effective method of canvassing the whole spectrum of the profession including those on the frontline of patient care. One of the key principles of the NHS Next Stage Review is the promotion of a quality service developed with full professional engagement. This decision appears to be contrary to that principle. We urge the Secretary of State to reconsider the decision and guarantee the future of a committee which is an invaluable source of expert consensus in dentistry.”

Dr Sanderson added that the SDAC, with its professional authority and strong links to hands-on patient care was very much in line with the principle of providing a quality dental service with full professional engagement and would make an invaluable contribution to discussions and planning about the future of the NHS dentistry.

On the SDAC’s future, the consultation document states that because ad hoc committees are time-limited and subject specific, they make fewer demands on patient care was very much in line with the principle of providing a quality dental service with full professional engagement and would make an invaluable contribution to discussions and planning about the future of NHS dentistry.

She stressed that one of the SDAC’s great strengths was its ability to draw together different strands of the profession, including dental care professionals engaged in the day-to-day treatment of patients as well people involved in academia and regulation. Accordingly, the body was able to anticipate developments in the sector and produce balanced, strategic thought, together with informed advice.

Dr Sanderson added: ‘Even though in its response to the consultation, the Department of Health (DH) noted that ministers would still get independent and impartial advice, none of the bodies which it has listed are directly linked with day-to-day providers of dental care to patients.’

“We are therefore unconvinced that they gave their alternatives proposed would ensure that the views, opinions and the expertise of the general body of the profession, were properly reflected.”

SDAC abolition is ‘misguided’

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On the SDAC’s future, the consultation document states that because ad hoc committees are time-limited and subject specific, they make fewer demands than standing committees, from both expert members and the secretarial staff who support them.

The DH has made increasing use of subject-specific committees and members of the National Committee for Health and Clinical Excellence, (NICE) to obtain clinical advice about dentistry.

To provide a further source of professional advice, England’s CDO has appointed a consultant adviser to complement the skills and experience of his team at the DH, together with a specialist from secondary care dentistry.

He said the Secretary of State is going to reply to the statement from the BDA.

The Standing Dental Advisory Committee was established in the NHS Act 1946 and set up in 1949 as one of nine bodies to advise on matters relating to services provided under the act. The remit of the committee is to advise the Secretary of State on matters relating to the services with which the committee is concerned, as it sees fit, as well as questions referred to them by the Secretary of State.

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Drop-ins for fluoridation consultation

Residents and workers in those areas of Southamp- ton which might receive fluoridated water can attend a series of drop-in events during the official public consultation period.

The sessions are organised by South Central Strategic Health Authority (SHA) and began in Bitterne on Thursday, September 18.

Interested parties are invited to talk to experts and give feedback on the controver-sial proposal. There are display boards with detailed information, as well as the consultation documents and other explanatory literature.

The SHA claims it is independently overseeing the con-sultation to help people understand the arguments for and against fluoride. However, anti-fluoride campaigners are not al-lowed to give their own presenta-tions at the sessions leading to claims of bias against the health authority.

Chairman of Hampshire against Fluoridation John Spottiswoode said the outright refusal by the SHA to let his or-ganisation make their own presentations at the drop-in events gave weight to the no-tion that the consultation was a ‘sham’.

He said the material pro-duced to date by the health au-thorities was one-sided and a false picture about the true effects of fluoride. It did not take into account other research which showed that fluoride could cause serious and negative side-effects on health.

Dental crisis in Lincoln improves

All patients living within a 20-mile radius of Lincoln can now be seen by an NHS dentist, according to the county’s dental service. Since the new contracts were introduced in April 2006, 60,000 county patients have registered with an NHS den-tist with new practices recently opened in Southstoke, Melton and Gainsborough.

The only ar-eas in which the waiting lists still need to be reduced are Louth and Mablethorpe.

Before the Government intro-dued the new NHS dental con-tract in 2000 when local PCTs began to control dental pro-vision in their areas, it was al-most unheard of to find a dentist taking on new NHI patients in the Lincolnshire area at the time when dentistry was controlled centrally.

As a result, there was more cash given to the county to im-prove the availability of NHS den-tists and the situation was reme-died, although NHS dental take-up has a long way to go.

The challenge now is to get the message across to residents that dental access has greatly im-proved, with regard to NHS den-tistry in the locality.

Six figure salaries for dentists revealed

The number of people seen by NHS dental practices had dropped by about one million since the contract was introduced.

In July, the Commons Select Committee on Health said that the Department of Health (DoH) had gone back on its words by not bringing about improved ac-cess to dentists, because the amount of complex treatments such as crowns, bridges and dentures had fallen by 57 per cent since the contract’s intro-duction. The number of root canal treatments fell by 45 per cent in England and Wales, al-though it rose in Scotland, where the contract was not brought in. There has been widespread criticism that the scheme was inadequately pi-loted before being intro-duced.

Toxic burden

Is it not enough that we have MBAs and other superbugs which have been bred by abuse of chemicals on the back of hy-giene deficiency? Do we need to add to the toxic burdens of people when there is a much simpler and healthier alternative?

The notion that dental decay is somehow a ‘fluoride defi-ciency’ is one of the greatest lies we have been fed by ‘science’ propagandists. Nutrition and hy-giene are the keys to the preven-tion of decay. People in impover-ished areas suffer from dental decay due to malnutrition and hygiene deficiency.

Adding fluoride to the water does nothing bar increase the toxic burden.

This is a truth that is unpallat-able to swallow for it goes against the grain of industry hell-bent on creating new ‘needs’.

I do not agree that water fluoridation has any benefit other than to rid the fertilizer in-dustry of its toxic residues. Fluor-rosilicic acid is highly toxic waste. It is disposed of in the wa-ter supplies under the guise of ‘prevention’.

The scientific evidence on the benefits of fluoride is flawed, being biased and funded by industrialist benefactors. It is long documented that some ‘opt-imately fluoridated’ areas even have higher incidents of dental decay than non fluoridated areas.

Oppose the fluoridation of water on four grounds:

1) There is more than ample evi-dence to show that fluorida-tion does not preclude dental decay.

2) Adverse side effects of fluo-ride-containing compounds beyond the ‘benign’ side effect of dental fluorosis are well documented.

3) Poor NUTRITION /or poor HYGIENE = DENTAL DECAY

The ‘nanny state’ is overlook-ing this and the dental profession, to its ethical shame, is sleepwalk-ing through this misconception.

The government that gave us ‘Weapons of Mass Destruction’ as a rationalise for war, is now offering ‘weapons of decay prevention’ as a rationale for ‘benefitient dental medication’.

Neither programme was based on honesty.

Most importantly, Oral health is attainable through a com-bination of good hygiene and a type of nutrition which not only eliminates dental decay but also reduces the chances of acquiring diabetes and pyogenic infections, amongst other diseases.

It is a type of nutrition that im-proves general health, with-out fail.

This is what we should be striv-ing for, not applying ‘magic bullets’ that may do more harm than good.

Mr Pastoll

Political gripes, dental dilemmas, guest comments, general feedback...

We want to hear them all.

We value your feedback, so email us at penny@dentaltribuneuk.com, or write to Dental Tribune UK, 4th Floor, Treasure House, 19-21 Hatton Gar-den, London, EC1N S8A