Mouth cancer is ‘most frightening’ cancer

November is Mouth Cancer Action Month, a campaign organised by the British Dental Health Foundation (BDHF) that aims to raise awareness of the risks and symptoms of the disease. The campaign is a great opportunity for the public to learn about the risks and what to look out for. Ulcers that do not heal within three weeks, red and white patches and unusual lumps or swellings in the mouth should not be ignored. Our advice is clear - if in doubt, get checked out.”

Turn to page six for more information about Mouth Cancer Action Month.

Dental practices across the UK are being encouraged to check patients for signs of mouth cancer and make people aware of the four main risk factors for the disease: smoking, drinking alcohol to excess, poor diet and the human papillomavirus (HPV) often transmitted through oral sex.

“Mouth cancer can severely affect some of the very things we take for granted. Speaking, eating, drinking and breathing can all be affected by radiotherapy, chemotherapy and surgery resulting from the disease. Throughout the campaign we urge everyone to take action and visit their dentist. They are in the best position to check your mouth thoroughly for signs and symptoms of the disease.”

Dr Nigel Carter OBE, Chief Executive of the BDHF, said: “Tobacco use and drinking alcohol to excess can increase the risk of developing mouth cancer by up to 50 times. Experts forecast the human papillomavirus (HPV) will overtake smoking as the principle cause of the disease within the next ten years, and almost half of all cases in the UK have been linked to poor diet.

“Mouth cancer can severely affect some of the very things we take for granted. Speaking, eating, drinking and breathing can all be affected by radiotherapy, chemotherapy and surgery resulting from the disease.”

Magnetic fields could help smokers quit

Magnetic fields that alter brain activity may help people quit smoking, according to a study. The study, carried out by a team of researchers at Ben-Gurion University in Israel, was presented at the Neuroscience 2013 conference in San Diego. The researchers used transcranial magnetic stimulation (TMS) to ‘undo’ nicotine addiction in the brain. Magnetic fields at two regions of the brain associated with addiction to nicotine – the prefrontal cortex and the insula cortex – were targeted. Participants in the study were split into three groups – those getting high-frequency TMS, low-frequency TMS or no treatment at all. The smokers in the study who were given high-frequency TMS were more likely to quit at the end of the six-month study.

Henry Clover, Deputy Chief Dental Officer from Denplan, said: “Given that more than half of people we asked said mouth cancer was more frightening than other cancers, I would hope this concern translates into action.

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Transforming lives with straighter teeth

Gary Glassman discusses

National Examining Board for Dental Nurses Diploma for Dental Radiography and Oral Health Education. In 1988 she became a dental nurse and became a fully qualified Further Education teacher. As well as teaching, she is an examiner for the National Examining Board for Dental Nurses for both the NERDN Diploma and Oral Health Education qualifications.

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‘Beckoning’ immune cells may treat gum disease

New York City Council has approved a measure that will raise the tobacco-purchasing age to 21.

The current purchasing age is 18 but the new bill will make it illegal for anyone under the age of 21 to buy cigarettes, certain tobacco products and even electronic cigarettes. The council also approved another bill that will set a minimum price of $10.50 for a pack of cigarettes.

“This will literally save the lives of many, many, many lives,” said City Councilman James Gennaro, whose mother and father died from tobacco-related diseases.

New York is the biggest city in the US to ban cigarette sale to 19- and 20-year olds. Similar legislation is expected to be implemented in New York City in December 2013, and the state will come to a vote in Hawaii in 2014.

Unregistered dental therapist prosecuted

Ms Penvose was still practising, despite being removed from the register. It was alleged that she had provided her employer with forged copies of her certificate of registration and indemnity insurance certificate.

A dental therapist has been prosecuted for the illegal practice of dentistry.

Jane Penvose was registered with the General Dental Council (GDC) as a dental therapist from 1 October 1998 to 6 August 2012, when she was removed from the register for not paying her Annual Retention Fee.

On 2 September 2013, the GDC received a complaint that Ms Penvose was still practising.

‘More openness and transparency’ for NHS

NHSE England will announce new measures that it says will increase public participation as part of its pledge to openness and transparency.

The new commitments include publishing more clinical level data, publishing more overarching clinical indicators, linking data from GP practices to data from all hospitals, and extending the ‘Friends and Family Test’ (a programme that asks patients whether they would recommend hospital services) to cover GP practices.

These new measures come as the Prime Minister calls for more transparent government. David Cameron will address the 60 nations represented at the Open Government Partnership (held in London on 51 Oct 2013) and raise this issue.

Tim Kelsey, NHSE England’s National Director for Patients and Information, said: “This is the single most important step forward in transparency for healthcare anywhere in the world.”

“The English healthcare system is already one of the most transparent in the world – publishing more information than any other country. But these new measures will transform outcomes, put citizens at the centre of everything we do and will provide the means by which NHS England will be at the cutting edge of medical science.”

Tobacco-purchasing age raised to 21 in NY

Researcher set out to evaluate caries prevalence in non-syndromic patients with cleft lip and/or palate (CLP) in comparison with a matched non-CLP population.

The researchers from The Hospital for Sick Children in Toronto conducted a literature search in order to identify articles reporting on the prevalence of caries in CLP versus non-CLP individuals.

Seven studies were used in the review, and involved a total of 474 CLP patients aged 1.5-29 years. When looking at permanent teeth, data from five of the studies suggest that CLP patients have a higher number of decayed, missing and filled (DMF) teeth than the controls, and for deciduous teeth, data from four of the studies suggest that CLP patients have a higher number of DMF teeth than the controls.

The researchers conclude that non-syndromic patients with CLP tend to have higher caries prevalence, both in the permanent and the deciduous dentition, in comparison with matched non-CLP controls.

CLP patients have higher caries prevalence

Can I see your ID please?

periodontal disease could be effectively treated by ‘beckoning’ the right kind of immune system cells to the inflamed tissues, according to researchers at the University of Pittsburgh.

“Currently, we try to control the build-up of bacteria so it doesn’t trigger severe inflammation, which could eventually damage the bone and tissue that hold the teeth in place,” said Charles Seir, co-author of the study.

“But that strategy doesn’t address the real cause of the problem, which is an overreaction of the immune system that causes a needlessly aggressive response to the presence of oral bacteria. There is a real need to design new approaches to treat periodontal disease.”

“There is a lot of evidence now that shows these diseased tissues are deficient in a subset of immune cells called regulatory T-cells, which tells attacking immune cells to stand down, stopping the inflammatory response,” said Steven Little, senior author of the study.

“We wanted to see what would happen if we brought these regulatory T-cells back to the gums.”

The researchers developed a system of polymer microspheres to slowly release a signalling protein called CCL22 that attracts regulatory T-cells, and placed tiny amounts of the paste-like agent between the gums and teeth of animals with periodontal disease.

The team found that even though the amount of bacteria was unchanged, the treatment led to improvements of standard measures of periodontal disease, including decreased pocket depth and gum bleeding, reflecting a reduction in inflammation as a result of increased numbers of regulatory T-cells. MicroCT-scanning showed lower rates of bone loss.
Editorial comment

Welcome to November’s issue of Dental Tribune.

Well, unless you actually don’t leave your practice, you cannot help but notice that November is Mouth Cancer Action Month (MCAM).

The campaign, organised by the British Dental Health Foundation and promoted throughout the UK, aims to raise awareness and encourage attendance to dental practices for screenings for a condition that can so horribly impact on a sufferer’s quality of life.

Detection at an early stage is critical so it MCAM is a timely reminder to both the public and healthcare professionals that ‘if in doubt, get checked out’.

Awareness event and screening sessions are being held all over the country – if you are a practice getting involved, let us know!

Take a look at pages 6-7 for more on the campaign, or go to the dedicated website – www.mouthcancer.org.

Detecting mouth cancer early can save lives. Let’s get involved.

Recession affects food purchases in UK

People in the UK are purchasing less calories and less fruit and vegetables, according to research. Published by the Institute for Fiscal Studies (IFS), the research was presented as part of the ESRC Festival of Social Science on 4 November 2013.

“Gluttony in England? Long-term change in diet” describes changes in households’ calorie purchases since 1980. It shows that although the average weight of an adult male has increased by 9.6 kilograms, and the weight of an adult female by 7.9 kilograms, there has been a substantial reduction in calories purchased.

Calories purchased from eating out, soft drinks, snacks and confectionery increased over the period for all but young single households with particularly big increases for older single households (70 per cent) and couples with children (56 per cent). However, most calories are bought for consumption in the home, and the decline in calories from food at home was much larger than the increase in calories from eating out, soft drinks, snacks and confectionery.

Melanie Lührmann, one of the authors of the report said: “We were surprised to find that there has been a substantial decline in total calories purchased at a time when obesity has increased.

“Purchases of snack foods, soft drinks and food out have increased, and now account for a greater share of calories for most households. However, calories purchased for consumption at home have declined strongly and account for the bulk of household foods purchases. This does not mean that poor diet plays no part in rising obesity. But understanding the interaction between diet and physical activity is clearly crucial.”

A second report which looked at food expenditure and nutritional quality over the recession (from 2005 to 2012). It found that the average real food spending fell by 8.5 per cent from 2005-7 to 2010-12, as food spending in cash terms failed to keep up with rising food prices. From 2007 to 2012 the price of food rose by 10.2 per cent more than the price of all goods.
Fizzy drinks tax could reduce obesity by 180,000

A 20 per cent tax on sugary drinks could reduce the number of obese adults in the UK by 180,000.

Researchers from the University of Oxford and University of Reading carried out the study, which is published in the British Medical Journal. It was found that the tax could also raise more than £275 million for the Treasury.

Sugary drinks (fizzy drinks, squashes and cordials) have been shown to increase the risk of obesity, diabetes, cardiovascular disease and tooth decay. They only suppress appetite weakly, so consuming fewer sugary drinks is unlikely to result in an increased intake of other sources of calories.

For the study, the researchers used a large survey of shopping preferences of families in the UK to estimate how purchases of sugary drinks would change in response to a 20 per cent increase in their price.

The research suggests that purchases of sugary drinks would reduce by around 15 per cent, with the expected reduction in energy intake being 28 calories per person per week. This would reduce the number of obese adults by 180,000 in the UK, it was estimated.

Professor Richard Tiffin of the University of Reading says: “Obesity is a ticking time bomb. Doing nothing risks condemning millions of people to poor health and an early grave. This is a complex battle in which a soft drinks tax could be a useful weapon, but on its own would not go far enough in the face of such a massive problem. Sedentary lifestyles, poor education, addiction to alcohol and tobacco, and poverty all play far more significant roles than fizzy drinks in causing bad health.”

NHS Direct to close down

The NHS Direct service ran from the late 1990s until April this year, when the 111 service was launched. The 111 service was split into 46 different contracts and NHS Direct won 11 of them. However, due to lower payment per call compared to when it ran the old 0845 number and lower call volumes than expected, NHS Direct lost £2.8m from April to June and was heading for a deficit of £260m if it continued until March.

NHS Direct also runs a number of other services, including an information website, GP appointments booking phone line and complaints service. Many of these are expected to be transferred to other parts of the health service.

NHS England has overseen arrangements to transfer 111 services currently provided by NHS Direct to a range of providers, predominantly ambulance trusts.

The NHS Direct group in Wales is unaffected.

Simon Stevens appointed new NHS boss

Sir David Nicholson on 1 April 2014. He has worked as an NHS manager, a health advisor to Labour, and is currently working for United Healthcare as its global health president.

Chairman Professor Sir Malcolm Grant said: “I am delighted that Simon will be taking on this exceptionally challenging leadership role for the NHS. He has huge experience, both national and global, and across all sectors, and is admired by his professional colleagues across the world for his commitment to the values of the NHS and to the provision of quality healthcare for all.

“He brings a wealth of ideas and unique experience, building on a distinguished career across the NHS, international healthcare and government. I look forward to working closely with him as we lead innovation, change and significant improvement in safety and quality to patients across all areas of the NHS.

“We have been through a rigorous global search, and engaged with a range of excellent candidates. I am confident that Simon Stevens is the right person to lead NHS England through the coming years, bringing new ideas and fresh energy.”

Simon Stevens said: “The next five years are going to be extremely challenging for the NHS, but compassionate high quality for all is as vital as ever. It will be a privilege to lead NHS England – at a time when the stakes have never been higher – because I believe in the NHS, and because I believe that a broad new partnership of patients, carers, staff and the public can together chart a successful future for our Health Service.”