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Call to ban non-medics performing cosmetic surgery

Royal College of Surgeons calls for new professional standards

Only surgeons should provide cosmetic surgery and only doctors, dentists and nurses who have undertaken appropriate training should provide non-surgical cosmetic treatments such as Botox, recommends new professional standards for cosmetic practice. Currently, certain cosmetic treatments can be administered by anyone, anywhere with no medical training.

The guidelines state that as standard practice, practitioners should discuss relevant psychological issues (including any psychiatric history) with the patient to establish the nature of their body image concerns and their reasons for seeking treatment. They should not at any point imply that treatment will improve a patient’s psychological wellbeing.

Aimed at all doctors, dentists and nurses involved in cosmetic practice, the document entitled Professional Standards for Cosmetic Practice focuses on the behaviour and competencies medical professionals should be expected to demonstrate when providing cosmetic procedures.

The standards, issued by the Royal College of Surgeons (RCS), state that financial deals such as time limited discounts should be banned and stringent psychological assessment promoted. They lay out the professional duty practitioners have to their patients, including the need to ensure they have a clear understanding of the risks of the procedure, outlining consequent aftercare and being transparent about costs from the outset.

Developed by a working group of key professionals including surgeons, psychiatrists, psychologists and dermatologists, key points in the professional standards include:

- Practitioners should not imply that patients will feel ‘better’ or ‘look nicer’, and should instead use unambiguous language like ‘bigger’ or ‘smaller’ to describe what that patient is trying to change.

- All practitioners should consider whether they should refer a patient to a clinical psychologist before proceeding with further consultations or treatments. Pre-procedure discussions should include the disclosure of relevant psychiatric history such as eating disorders and the practitioner should document any signs or symptoms of Body Dysmorphic Disorder. Psychological factors contributing to the motivation to undergo the procedure and expectations of outcome should also be assessed.

- Marketing and advertising must be honest and responsible, using only real patient photographs that have not been air brushed or digitally enhanced.

- The RCS recommends that only licensed doctors, registered dentists and registered nurses who have undertaken appropriate training should provide any cosmetic treatment.

- Only those who have qualified as a medical doctor and undertaken post-graduate surgical training should carry out invasive procedures such as breast surgery or liposuction.
First Green Dentistry Conference™ held

The Eco-Dentistry Association® has announced that it will hold the industry’s first dental conference devoted exclusively to high-tech, environmentally sound dental practices. The event will take place May 5 and 4, 2013, at the eco-friendly Robert Redford Conference Center in Sundance, Utah, part of the Sundance Resort. Attendance is limited to the first 100 registrants.

The 2013 Green Dentistry Conference™ will showcase the information and products dental professionals need to create and maintain state-of-the-art green practices. “A” List dental speakers include Gary Takacs of Takacs Learning Center, who will share the essentials of branding and marketing a green dental practice, documented as dental technology guru Marty Jablowl, DMD, Paul Feuerstein, DMD, and John Flucke, DDS who will talk about how dental technologies reduce waste and save energy, and boost the practice bottom line. Bill Roth, noted sustainability author and speaker, will lead a break out group called “Green Builds Business.”

The conference will offer panel discussions on everything from building and financing a high-tech, green dental practice to creating a successful green hygienist program. Unique, small group, hands-on opportunities with dental technology such as lasers and CAD/CAM systems will also be available.

The 2013 Green Dentistry Conference™ will offer attendees something rarely found at dental conferences: promoting the overall health and wellbeing of the dental patient through yoga and meditation. Customisable sponsorship opportunities are available for companies offering green dental, green building, wellness products and services.

Discounted early bird registration is open through Tuesday, January 22nd, 2013 at www.ecodentistry.org/conference. Contact info@ecodendistry.org

Charity raises £40k

The Mouth Cancer Foundation raised £40,000 from its 7th annual Mouth Cancer 10KM Screening Accreditation Scheme which will launch in April this year. The study found that the number of decayed, missing and filled deciduous (or baby) teeth was 46 per cent higher among children who consumed three or more sweet drinks per day, compared with children who did not consume sweet drinks.

“Consistent evidence has shown that the high activity of many sweetened drinks, particularly soft drinks and sports drinks, can be a factor in dental erosion, as well as the sugar itself contributing to tooth decay,” Dr Armnfield says.

“Our study also showed that greater exposure to fluoridated water significantly reduces the association between children’s sweet drink consumption and tooth decay. This reconfirms the benefits of community water fluoridation for oral health.

“Essentially, we need to ensure that children are exposed less to sweet drinks and have greater access to drink fluoridated water, which will result in significantly improved dental outcomes for children,” he says.

“If health authorities decide that warnings are needed for sweet drinks, the risk to dental health should be included.”

Soft drinks should have tooth decay warning

Researchers from the University of Adelaide say any health warnings about soft drinks should include the risk of tooth decay, following a new study that looks at the consumption of sweet drinks and fluoridated water by Australian children.

“Their results support previous studies indicating that greater exposure to fluoridated water is associated with significantly lower levels of caries and that forthcoming health warnings about the consumption of sweetened beverages should include the risk of tooth decay,” says study author Associate Professor Jason Armfield from the Australian Research Centre for Population Oral Health at the University of Adelaide’s School of Dentistry.

The research has suggested that compounds that give colorful fruits their rich hues, especially berries, promote health and might even prevent cancer. But for the first time, scientists have exposed extracts from numerous berries high in those pigments to human saliva to see just what kinds of health-promoting substances are likely to survive and be produced in the mouth.

The researchers have discovered that two families of pigments in the mouth are responsible for the natural combinations of the pigments in the fruit, or the metabolites produced by bacteria in the mouth and other regions of the gastrointestinal tract.

There is context for this study that further complicates the understanding of anthocyanins’ benefits. Multiple studies have led to the conclusion that anthocyanins themselves are very poorly absorbed by the body.

“If anthocyanins are the actual health-promoting compound, you would want to design food products, confectionaries and gels containing mixtures of anthocyanins that are stable in the mouth. If, on the other hand, the metabolites produced by the metabolism of anthocyanins are the actual health-promoting compounds, there will be greater interest in fruits that contain anthocyanins that are less stable in the oral cavity,” Failla said. “We lack such insights at this time.”

Soft drinks should have tooth decay warning

Researchers from the University of Adelaide say any health warnings about soft drinks should include the risk of tooth decay, following a new study that looks at the consumption of sweet drinks and fluoridated water by Australian children.

“There is growing scrutiny on sweet drinks, especially soft drinks, because of a range of detrimental health effects on adults and children,” says Dr Jason Armfield from the Australian Research Centre for Population Oral Health at the University of Adelaide’s School of Dentistry.

“ Tooth decay carries with it significant physical, social and health implications, and we believe the risk of tooth decay should be included in any warnings relating to sweet drinks,” he says.

Dr Armfield is the lead author of a new study published this month in the American Journal of Public Health, which looks at the consumption of sweet drinks and fluoridated water by more than 16,800 Australian children.

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Chesapeake Life Group

Charity raises £40k

The Mouth Cancer Foundation raised £40,000 from its 7th annual Mouth Cancer 10KM Awareness Walk, which took place in London’s Hyde Park on Saturday, 22nd September 2012.

The Mouth Cancer 10 KM Awareness Walk has been designed to increase awareness and generate much needed funds to allow the charity to provide support for mouth cancer patients and carers.

Last September almost 800 people travelled to the capital to walk 15,000 steps it took to complete a 10 KM course. Together they celebrated survivorship, remembered lost dear ones and had fun. There were medals, T-shirts and goodie bags for everyone who took part.
A study published in Annals of Oncology has revealed that acupuncture can relieve symptoms of xerostomia.

Dry mouth is a common side effect of radiotherapy, and as many as 41 per cent can still be suffering from it five years after treatment.

Doctors at seven cancer centres in the UK recruited 145 people suffering from radiation-induced xerostomia.

The researchers found there were no significant changes in saliva production; however individual symptoms were significantly improved among the group receiving acupuncture.

Dr Richard Simcock, one of the authors of the study, said: “The amount of saliva produced does not necessarily influence the experience of a dry mouth. Xerostomia is therefore an entirely subjective symptom – it is what the patient says it is, regardless of salivary measurement.”

The researchers say that further studies are needed to refine the acupuncture technique, but they believe that it could be easily incorporated into the care of patients with xerostomia.
Antibacterial agent found in freshwater lakes

A new study conducted by researchers at the University of Minnesota, has shown that the common antibacterial agent triclosan, used in soaps and many other products is found in increasing amounts in several Minnesota freshwater lakes.

In addition, the researchers found an increasing amount of other chemical compounds, called chlorinated triclosan derivatives that form when triclosan is exposed to chlorine during the wastewater disinfection process. When exposed to sunlight, triclosan and its chlorinated derivatives form dioxins that have potentially toxic effects in the environment. These dioxins were also found in the lakes.

Triclosan was patented in 1964 and introduced into the market in the early 1970s. Since then it has been added to many consumer products including soaps and body washes, toothpastes, cosmetics, clothing, washing up liquid, and kitchenware. Beyond its use in toothpaste to prevent gingivitis, the U.S. Food and Drug Administration has found no evidence that triclosan in antibacterial soaps and body washes provide any benefit over washing with regular soap and water.

The researchers studied the presence of chlorinated triclosan derivatives in the lakes with a single wastewater source, the trends were directly attributed to increased triclosan use, local improvements in wastewater disinfection since the 1960s. When UV disinfection technology replaced chlorine in one of the wastewater treatment plants, the presence of chlorinated triclosan derivatives in the sediments decreased.

In the lake with no waste-water input, no triclosan or chlorinated triclosan derivatives were detected. Overall, concentrations of triclosan, chlorinated triclosan deriva-tives were detected. Overall, concentrations of triclosan, chlorinated triclosan derivatives were detected. Overall, concentrations of triclosan, chlorinated triclosan derivatives were detected. Overall, concentrations of triclosan, chlorinated triclosan derivatives were detected. Overall, concentrations of triclosan, chlorinated triclosan derivatives were detected.

The company is committed to developing alternatives to Sharps Terminator®, “Feed-back from customers we spoke to about Sharps Terminator has been extremely positive, but it could only destroy a certain type of needles. Dentists were particularly disappointed that needles they routinely used could not be destroyed,” explains Daniel Hughes, Director at VLA Healthcare. “This coupled with the issues regarding reliability and performance led us to the decision to withdraw Sharps Terminator from the market and look for an alternative solution, which we hope to be available later in the year.”

Denplan Launch NHS Viewpoint Seminars

D enplan has launched the UK’s biggest debate to discuss the new NHS contract with both UK-wide seminars and a discussion forum to encourage dental professionals to have their say.

Denplan’s Viewpoint Seminars have been arranged around the country so that dental professionals can receive some much needed clarity on how the new contract may affect practice life and get involved with the debate.

Not only this, but for those who cannot attend the Seminars, Denplan has also set up an NHS Viewpoint discussion forum at www.denplanviewpoint.co.uk, with the latest expert updates and dates from the Seminars.

Roger Matthews, Denplan’s Chief Dental Officer, said: “Many dentists have been left uncertain about how the new NHS dental contract will mean for them and their practices and have their say in the matter, so I would urge everyone to get involved”.

Dates for the Seminars are as follows:

Wednesday 20th March - Hilton Dartford Bridge, Dartford
Monday 25th March - Thorpe Park Hotel, Leeds
Tuesday 26th March - Kilworth House Hotel, Leicestershire
Tuesday 16th April - Village Hotel, Cardiff
Wednesday 17th April - Holiday Inn (Grove Road), Basingstoke
Tuesday 26th April - Cophorne Hotel, Manchester
Wednesday 1st May - Newcastle Marriott Metrocentre, Gateshead

For more information about the Denplan Viewpoint Seminars, please call 0800 169 5697 or email seminarsandtraining@denplan.co.uk, or to join in the debate, please visit www.denplanviewpoint.co.uk.

Join the AOG for 2013 Trip to Chitrakoot

J oin the AOG in Delhi, North-ern India, for a trip of a life-time and contribute ‘Towards the Greater Good’. After attending the Clinical Innovations Conference in Delhi and helping with the charity work the AOG provides, you will have the opportunity to choose between two additional trips.

• Temples in Bhuj, the earth- lamped shrines of the Aarti (prayer) Ceremonies at the Ganges, the Dutch Palace, the Santa Cruz Basilica, and the tea plantations in Munnar.

VLA Healthcare withdraws Sharps Terminator®

V LA Healthcare has announced that it has removed the Sharps Terminator® from sale in both the UK and Germany, The decision to remove the product from sale and to cease all promotional activity, was taken due to concerns over reliability and performance issues pertaining to the product, which were uncovered during NHS testing and evaluation.

The company is committed to supplying high quality products and services and is working with other manufacturers to develop alternative solutions to Sharps Terminator®. “Feedback from customers we spoke to about Sharps Terminator has been extremely positive, but it could only destroy a certain type of needles. Dentists were particularly disappointed that needles they routinely used could not be destroyed,” explains Daniel Hughes, Director at VLA Healthcare. “This coupled with the issues regarding reliability and performance led us to the decision to withdraw Sharps Terminator from the market and look for an alternative solution, which we hope to be available later in the year.”

Fraudulent dentist struck off

A dentists has been struck off by the General Dental Council (GDC) following a public hearing into allegations he made false claims to the NHS about treatment he had given to 45 different patients.

The allegations heard by the GDC’s Professional Conduct Committee are in connection with incidents that happened between 2000 and 2011 when Edward Mills (Registration No.69243) was working at Truro Dental Care, 37 Lemon Street, Truro, TR1 2NR.

The Committee found that Mr Mills made a number of dishonest claims to the NHS for remuneration. He claimed for posting out oral hygiene leaflets to patients, along with oral health “passports” and prescriptions for fluoride products. The Committee found that Mr Mills must have known that he was not entitled to make claims to the NHS for these activities.

In considering this case, the Committee noted: ‘Mr Mills’s dishonesty was not an isolated incident. He made a series of dishonest claims over a period of many months. Although the amount of money he gained was relatively small (£4,000), that money was wrongly diverted from the public purse and was not used to provide NHS treatment to patients as it should have been, thus depriving patients of NHS dental care.’

In the circumstances the Committee determined that the only appropriate and proportionate sanction, to maintain the standards of the dental profession and public confidence in it, was that of erasure.

Unless Mr Mills exercises his right of appeal, his name will be erased from the register in 28 days’ time.

More details can be found on the GDC’s website.
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Hosted by Raj Rattan with presentations from Nilesh Parmar & Prem-Pal Sehmi, Kevin Lewis, Elaine Halley and Daz Singh
Drill-less technique a hit in New Zealand

New Zealand dentist has found that children prefer the ‘Hall technique’.

Dr Lyndie Foster Page, head of preventive and restorative dentistry at the University of Otago Dental School, and colleague Ms Dorothy Boyd, a specialist paediatric dentist, trained 10 Hawke’s Bay dental therapists to use the new Hall technique as part of a feasibility study funded by the Health Research Council of New Zealand.

The Hall technique, developed by Scottish dentist Dr Nora Hall, involves placing a stainless-steel crown over a baby molar tooth that needs to be decayed in, rather than the conventional method of removing the decay with a drill and then placing a filling. Starved of nutrients, the decay then stops or slows down.

The crown stays in place until it falls out naturally with the tooth at about age 10.

Of the nearly 190 children between five and eight years old who took part in the Hawke’s Bay study, just over half were Māori. Nearly 100 children received treatment for their decayed teeth using the Hall technique, while the remainder were treated using conventional methods. Many of the children already had six or seven fillings in their mouth, and two-thirds came from low socio-economic status areas.

Dr Foster Page said the study showed that children treated in the new way (which doesn’t require anaesthetic) reported less dental anxiety than those who had received conventional care. Interestingly, almost all (90 per cent) of those treated with the Hall technique reported enjoying their clinic visit; among those conventionally treated, the figure was 52 per cent.

“One of seven months, children who had conventional treatment had twice as many dental abscesses and nearly three times as many replacement fillings as those who were treated with the Hall technique,” says Dr Foster Page.

“At first, some parents were concerned that people might judge children who had these crowns because of the way the crowns look. Many people today want white fillings. However, after the treatment, we found that the overall positive response of the parents to the treatment was the same as those who had conventional fillings,” said JDR Associate Editor Joy Richman.

Banking group launches online banking technology

Lloyds Banking Group has launched a new free internet banking facility for business customers. The service allows companies such as healthcare practices that were previously unable to bank online because they needed two signatories, to process payments using internet banking.

The technology gives organisations greater control of their banking as two or three users can now authorise pay- ments. This means that internet banking is now a viable option for businesses that require two or three signatories to sign a cheque, to set up and make payments online, or set individual payment limits for each transaction.

The facility is available through a simple online registration process once internet banking has been established for the company, and is ideally suited to GPs, dentists and pharmacists.

Businesses can apply payment limits to delegated users and the system provides easier management of their finances. The reduction of paper-based transactions also makes it easier to keep track of a payments’ status.

The function supports the ‘Go On UK’ campaign, championed by Lloyds Banking Group, which encourages companies to move some of its services online and harness the potential of the internet to expand and help to them to expand.

Dr Charles Harris, director at Barbourne Health Centre and a customer of Lloyds TSB Commercial, said: “Our payment structure requires two authorised people to sign costs off, and normal online banking facilities don’t allow for this. The accessibility of this technology will offer us greater control over our finances and it is a much welcomed move.”

Research shows promise for Parkinson’s disease

New research from Mayo Clinic in Arizona and Banner Sun Health Research Institute suggests that testing a portion of a person’s saliva gland may be a way to diagnose Parkinson’s disease.

“There is currently no diagnostic test for Parkinson’s disease,” says study author Charles Adler, M.D., Ph.D., a neurologist with Mayo Clinic in Arizona. “We have previously shown in autopsies of Parkinson’s patients that the abnormal proteins associated with Parkinson’s are consistently found in the submandibular saliva glands, found under the lower jaw. This is the first study demonstrating the value of testing a portion of the saliva gland to diagnose a living person with Parkinson’s disease. Making a diagnosis in living patients is a big step forward in our effort to understand and better treat patients.”

The study involved 15 people with an average age of 68 who had Parkinson’s disease for an average of 12 years, responded to Parkinson’s medication and did not have known salivary gland disorders. Biopsies were taken of two different saliva glands: the submandibular gland and the minor salivary glands in the lower lip.

The abnormal Parkinson’s protein was detected in nine of the 11 patients who had enough tissue to study. While still being analysed, the rate of positive findings in the biopsies of the lower lip glands appears much lower than for the lower jaw gland.

“This study provides the first direct evidence for the use of submandibular gland biopsies as a diagnostic test for living patients with Parkinson’s disease,” Dr. Adler. “This finding may be of great use when needing definitive proof of Parkinson’s disease, especially when considering performing invasive procedures such as deep brain stimulation surgery or gene therapy.”

Currently, diagnosis is made based on medical history, a review of signs and symptoms, a neurological and physical examination and ruling out other conditions. Up to 50 per cent of patients may be misdiagnosed early in the disease.

Study identifies vital protein for root formation

ß-catenin is required for root formation, a new study has found. The paper, titled “ß-catenin is Required in Odontoblasts for Tooth Root Formation”, was written by lead authors Tak-Heun Kim and Cheol-Hyun Bae, Chonbuk National University Korea School of Dentistry, Laboratory for Craniofacial Biology, is published in the IADWAADR Journal of Dental Research.

The tooth root, together with the surrounding periodontium, maintains the tooth in the jaw. The root develops after the crown forms, a process called morphogenesis. While the molecular and cellular mechanisms of early tooth development and crown morphogenesis have been extensively studied, little is known about the molecular mechanisms controlling tooth root formation.

In this study, Kim and Bae et al show that a protein called ß-catenin is strongly expressed in odontoblasts - the cells that develop the tooth dentin, and is required for root formation. Tissue-specific inactivation of ß-catenin in developing odontoblasts produced molars lacking roots and aberrantly thin incisors.

At the beginning of root formation in the mutant molars, the cervical loop epithelium extended apically to form Hertwig’s epithelial root sheath (HERS), but root odontoblast differentiation was disrupted and followed by the loss of a subset of HERS inner layer cells. However, outer layer of HERS extended without the root, and the mutant molars finally erupted. The periodontal tissues invaded extensively into the dental pulp. These results indicate that there is a cell autonomous requirement for Wnt/ß-catenin signalling in the dental mesenchyme for root formation.

“The striking tooth phenotypes in this study shed light on how Wnt signaling regulates odontoblast fate and root development,” said JDR Associate Editor Joy Richman.

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The lasting impact of eating disorders

DT's Angharad Jones looks at eating disorders and how dental professionals can help

Figures from the National Institute of Health and Clinical Excellence suggest that 1.6 million people are affected by an eating disorder in the UK. With Eating Disorders Awareness Week taking place this week (11-17 February), charity Beat are encouraging people to ‘sock it to eating disorders’, by organising ‘silly socks’ events and fund-raising to help support those with these illnesses.

One of the biggest impacts eating disorders can have is on the teeth. Eating disorders cause tooth wear, which occurs when the outer tooth surface is lost as a result of chemical or mechanical activity in the mouth. All sorts of dental problems can arise as a result, such as teeth becoming short and unattractive as well as rough or sensitive. Speaking or chewing can become a problem and some people will shy away from talking to their patients, and provide clear explanation in an open and supportive environment.”

Sam agrees: “My dentist reacted with what I perceive to be disgust and a total lack of sympathy. She was very dismissive and offered very little support and advice...it made me feel really bad about myself and like I had no one to turn to. I saw the hygienist and broke down about my problems and told her how I felt about my teeth. She was very supportive and told me there are lots of things that can be done but I would need to be referred to a private clinic.”

Advice

It is also important to note that people with eating disorders may not want to listen to any advice given. Bhian, an eating disorder sufferer for 15 years, says: “I received very little advice [from my dentist]. I didn’t seek any and I wouldn’t have been willing to accept any either.”

Allison, who has suffered from both anorexia and bulimia, reiterates this. “Any advice you give may usually fall on deaf ears.”

Nonetheless, dentists should not be disheartened when it comes to treating patients, and still need to look out for tooth wear as a result of eating disorders. Allison encourages “every dentist not to shy away from talking to their patients who present with high acid erosion on their teeth that could be attributed to an eating disorder.”

Sam’s advice to dentists is: “Don’t be judgemental, eating disorders are not a lifestyle choice, they are serious illnesses. Educate yourself about eating disorders, the effects they can have on teeth and the signs to look out for.”

Signs to look out for include increased levels of sensitivities, and sharp or chipped front teeth. Acid erosion presents on the palatal and occlusal surfaces of the teeth mostly, where acidic fluid pools in the mouth, and back teeth become rounded and lose some of their surface characteristics, while front teeth may become translucent at the biting edges. If abrasion is also present, grooves may develop in the teeth near to where they meet the gums.

Regret

One of the biggest impacts that come with dental problems attributed to eating disorders is a lack of confidence and regret that oral health was neglected during their illness.

Sara, an anorexia sufferer, says: “Following recovery, the impact my eating disorder had upon my teeth has affected my confidence. I was, and am, aware of the appearance of my dentition, my missing tooth, and am self-conscious at times when speaking.”

Bhian says: “It upsets me that this is the lasting legacy of my eating disorder that I will have to live with for the rest of my life. I get annoyed at the amount I have and will continue to have to pay out because of the damage years of an eating disorder has done to my teeth.”

While dentists may not be able to stop an eating disorder, they may be able to prevent severe tooth wear which has occurred as a result, and make a big difference to that patient’s life.

Contact information

For more information regarding eating disorders and tooth wear, visit www.b-eat.co.uk and www.toothwear.co.uk.

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