

# Word of Mouth

ISSUE 21 / JULY 2014

**Latest news**  
on oral health and wellbeing

Top oral health advice for  
**SportsStars**

**TWOMINUTES**  
Twice a Day Feature

## TRIBUTES FOR

British Dental Health Foundation founding father



British  
**Dental Health**  
Foundation



# Word of Mouth



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## Word of Mouth

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## DR NIGEL CARTER OBE



Chief Executive of the British Dental Health Foundation

Hello, and welcome to the latest edition of Word of Mouth.

It is with huge sadness that I must inform you of the passing of Colin Hall Dexter. Colin passed away on 6th July, and was one of the most influential figures in the concept of preventive dentistry and was instrumental in the formation of the British Dental Health Foundation. He was extremely well thought of, respected and loved by many people involved in dentistry. You can read tributes to Colin on pages four and five.

One of the biggest stories of the month was the revelation that 26,000 children were admitted to hospital due to tooth decay. These figures certainly came as a shock to me, given how entirely preventable tooth decay is. Our full response, as well as the opinion of the Children's Food Campaign, can be read on page 12.

Summer is in full swing, and that means National Smile Month has wrapped up for another year. I'd like to thank each and every one of you who helped to make the campaign such a success, and you can read how successful the campaign was on page 14.

Finally, there's an opportunity to meet the British Dental Health Foundation's President Elect, Janet Goodwin. Janet, a well-known dental care professional on the outskirts of Blackpool, will take the reins at the Foundation at the end of 2015, and she talks about everything from her first steps into dentistry to her ideal dinner guests.

Enjoy the issue, and I'll see you in August.

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# “A FUNNY, KIND AND MOST GENEROUS MAN”

## TRIBUTES TO COLIN HALL DEXTER

### TRIBUTE BY SALLY GOSS

Sometimes in life you get lucky – and my luck was in meeting Colin Hall Dexter. I'd been to his lectures and marvelled at how someone could be so amusing and yet get across his very serious message about Prevention. At times I cried with laughter at his words yet to this very day I can remember all that he said (in particular the 'Fruit Index of Periodontal Disease' and 'Architectural Classification of Dental Overhangs') whilst lectures from other so-called eminent speakers have disappeared into the mists of time. And then I started work as the hygienist in his practice in Harley Street – it quite literally changed my life. His support and admiration for the work of dental hygienists knew no bounds. And he was a man so far ahead of his time with his skill in getting the preventive message over to patients. These days we hear people heralding 'a new approach'. Co-diagnosis? – We did it 30 years ago in Colin's practice. Helping patients' to understand their own role in controlling dental disease? - We did it 30 years ago. Hygienists having an assistant to enable them to work more efficiently and effectively? - We did it 30 years ago. I could go on and on. Since Colin retired I have heard nothing new about the Preventive message – I'd already learnt it all from Colin.

Life around Colin was tremendous fun. He could light up a room with his energy and dynamism. This enthusiasm for life allowed him to encompass so many roles. To briefly attempt to touch on them all: he was instrumental in setting up the British Dental Health Foundation and in later years became the Chairman twice. He ran the Gibbs



Oral Hygiene Service, and later on the UK division of Mentadent, developing many dental health products which are still in use to this day. He was involved in establishing one of the early Corporates, Dencare. He ran memorable courses for dentists in Majorca and in his very successful practice in Harley Street. His Christmas parties were legendary. He loved food, he loved wine and he loved France. But more than anything, even more than dentistry, he loved music and he eventually retired from dentistry so that he could spend more time composing. His efforts were brought to life on 2 CDs which he released privately to family and friends.

I feel enormously privileged to have known Colin. He was a funny, kind and most generous man. The last of the truly great characters in dentistry has gone. We will all miss him.

### TRIBUTE BY NIGEL CARTER

The passing of Colin Hall Dexter sees the demise of a legend in Preventive Dentistry and a true friend and lifelong supporter of the British Dental Health Foundation from when he helped to set it up in 1971.

It is a great shame that Colin did not live to see some of his ideas on a preventative approach to Dentistry being implemented in the Health Service with the new dental contract. Colin was a pioneer of the Preventive approach but had to leave the health service to implement it. He would be delighted that this approach is now being mainstreamed into patient care.

Like several generations of dentists I was privileged to hear his inspirational lectures on Prevention, first at the Insight Group run by Kevin Lewis in Peterborough in the 1970s. His enthusiasm, humour and caring approach were a catalyst for many to improve their practices and their service to patients.

Colin was influential in establishing the British Dental Health Foundation with the mission of getting the message to the public that tooth loss was not inevitable and that teeth could be for life. This is an era when 38% of the adult population had full dentures and the expectation was for total tooth loss by middle age.

He served not one but two terms as Chairman of the Foundation and I was privileged to work with him during that period. As a relatively newly qualified dentist his passion and enthusiasm inspired me as to the value of the Foundation in spreading the method of oral health which has remained my lifelong interest. I remember many meeting of the Executive and Finance Committee of the Foundation held in Colin's Harley Street waiting room where we worked out how to find the next tranche of money for the then infant and struggling charity.

Colin was larger than life character and will be missed by many but his legacy will live on as the Foundation takes his principles and tries to implement them across the world. being mainstreamed into patient care.

### TRIBUTE BY GRAHAM BARNBY

Colin Hall Dexter often described dentistry as a 40-year interruption in his chosen profession to be a musician. This interruption however allowed us the privilege of knowing and learning from probably the finest raconteur, mimic and lecturer in the UK. An abiding memory is his speech at the Leeds Castle BPS meeting that included a rewritten version of the George Formby "with my little all point probe in my hand" and accompanied himself on his ukulele.

Always a preventive dentist he led the way to get patients to look after themselves with the help of a hygienist and enthusiastic practice manager by bringing the patient into the preventive team.

Colin was in at the start of the BDHF being chairman twice in the days when the Foundation did not know where the next pound would come from. His enthusiasm for promoting health to the public allowed him to recruit similar people and companies onto the council leading to the BDHF becoming the strong organization it has become.



# TOP SPORTS STARS ENCOURAGED TO 'BRUSH UP'

Sports men and women across the country are being reminded to take extra care of their oral health ahead of a busy summer of sport.

The reminder comes as leading oral health charity the British Dental Health Foundation believes top athletes may be putting their oral health at risk through their training regime, leading to the possibility of tooth decay and dental erosion.

A new report by a team of dental researchers<sup>1</sup> discovered significantly higher tooth erosion in triathletes than in non-athletes. In addition, the researchers found that athletes who engaged in more weekly training had more cavities than those who trained less.

The triathletes' high carbohydrate consumption, including sports drinks, gels, and bars during training, can lower the mouth's pH below 5.5, which means there is more acid in the mouth.

After the London 2012 Olympics, research published in the British Journal of Sports Medicine<sup>2</sup> discovered that more than half (55 per cent) of the athletes had tooth decay. It also revealed more than three in four athletes had gingivitis, which is an early stage of gum disease, and 15 per cent had signs of periodontitis, which is an irreversible gum infection.

With a busy summer of sport in full flow, Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, discussed why it's so important for athletes of all abilities and ages to look after their oral health.

Dr Carter said: "Athletes are in a great position to begin with, as people who exercise are less likely to develop tooth-threatening problems that could lead to gum disease. Many other links between good oral health and good overall health have also been made,

including diabetes, lung diseases and heart problems.

"Athletes require plenty of sugary and energy drinks in a relatively across a prolonged period of time to get them through their respective sports. However, by consuming too many sports and energy drinks, athletes are at risk of dental erosion. This is the loss of tooth enamel caused by acid attacks, a process that can be triggered by consuming fizzy drinks too often. Enamel is the hard, protective coating of the tooth, and if it is worn away, the dentine underneath becomes exposed and teeth can look discoloured and become sensitive.

"Tooth decay happens when sugar reacts with the bacteria in plaque. Sugars from fizzy energy drinks stimulate the formation of acids that attack the teeth and destroy the enamel. Tooth decay causes cavities and results in the need for fillings, and can also result in tooth loss.

"If your child is looking to copy their habits, it is important to limit the amount of times they have anything acidic or sugary. Using a straw to help drinks go to the back of the mouth will help limit the amount of time a fizzy drink will be in contact with teeth. If the use of energy drinks, particularly amongst children, continues to rise, dental health problems will develop and persist throughout adulthood."

--- ENDS ---

1. Frese, C., Frese, F., Kuhlmann, S., Saure, D., Reljic, D., Staehle, H. J. and Wolff, D. (2014), Effect of endurance training on dental erosion, caries, and saliva. *Scandinavian Journal of Medicine & Science in Sports*. doi: 10.1111/sms.12266

2. Oral health and impact on performance of athletes participating in the London 2012 Olympic Games: a cross-sectional study, I Needleman et al (2013) *Br J Sports Med* 2013;47:16 1054-1058 Published Online First: 24 September 2013







# BREATH TEST TO 'DETECT MOUTH CANCER'

Scientists believe a simple breath test could help to identify mouth cancer.

In a study published in the *British Journal of Cancer*<sup>1</sup>, researchers demonstrated a breath test could distinguish between benign and cancerous tumours, a test that could save thousands of lives.

The discovery was made after researchers collected breath samples from patients with mouth cancer, patients with benign tumours and healthy patients and found their software could distinguish between cancerous and healthy cases.

Latest statistics reveal mouth cancer cases ballooned to more than 6,700, and deaths from the disease exceeded 2,000 for the first time. It is one of the few types of cancer predicted to increase within the next decade, and mouth cancer campaigners the British Dental Health Foundation believe it could claim 30,000 lives in that period.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, explained why any method of helping to identify the disease is a positive step.

Dr Carter said: "The challenge in relation to mouth cancer is to ensure that, due to the very nature of the disease, patients are seen early. Most people with mouth cancer present late as stage 4 – the most advanced stage where time is of the essence in potentially saving a life.

"That is why a breath test could be a major asset in the fight to reverse the growing mortality rates. It could ease the burden on growing waiting times, as according to the 2012/13 Cancer Waiting Times annual report, 1,252

suspected head and neck cancer patients had to wait longer than three weeks to be seen by a specialist, a delay that could potentially cost lives.

"More people die from mouth cancer than from cervical and testicular cancer combined. Without early detection, the five year survival rate for mouth cancer is only 50 per cent. If it is caught early, survival rates over five years can dramatically improve to up to 90 per cent as well as the quality of life for survivors being significantly improved.

"It is for this reason the British Dental Health Foundation campaigns tirelessly to raise awareness of mouth cancer. It is important to be aware that ulcers which do not heal within three weeks, red and white patches in the mouth and unusual lumps or swellings in the mouth could be early warning signs of mouth cancer. If you experience any of these visit your dentist or doctor immediately.

"Tobacco use, drinking alcohol to excess, poor diet and the human papillomavirus (HPV), often transmitted via oral sex, are all lifestyle choices that will increase the risk of developing the disease.

"Our message to everyone is simple – if in doubt, get checked out."

--- ENDS ---

1. Analysis of exhaled breath for diagnosing head and neck squamous cell carcinoma: a feasibility study, M Gruber, U Tisch, R Jeries, H Amal, M Hakim, O Ronen, T Marshak, D Zimmerman, O Israel, E Amiga, I Doweck and H Haick, *British Journal of Cancer*, (1 July 2014) | doi:10.1038/bjc.2014.361



# THE BRITISH DENTAL HEALTH FOUNDATION DO

## TWO MINUTES TWICE A DAY

It may be basic oral hygiene, but almost seven million of us in the UK regularly give cleaning our teeth the brush-off and admit to not brushing for two minutes twice a day. It's hard to believe that taking four minutes out of our day to take care of our teeth is a task too much for us, especially considering the impact it could have, not just on the health of our mouth but our general health too.

So to lead the way and demonstrate just how valuable two minutes twice a day is, we've taken four minutes to talk to our very own **Janet Goodwin**, the newly-chosen President Elect of the British Dental Health Foundation.

**Hello Janet. Congratulations on your new position! What was your journey into the world of dentistry like?**

I began working at a local General Practice at 17 years old, I and another nurse took the first NEBDN dental nurse course to run in Leeds and thankfully passed. I then moved on to the Leeds Dental Hospital initially as a staff nurse then senior nurse on the children's department.

Returning from having my own children I worked for Bradford Community as a dental nurse and oral health educator during the day and in the evenings at the FE college teaching dental nurses and Oral Health Education. Enjoying the teaching side I went to work for YMCA training delivering many aspects of health and dental care which I enjoyed enormously. Then back to the dental hospital initially as tutor then nurse manager. It was at the hospital I began to get to grips with management and governance.

**That's quite a lot! What attracted you to the Foundation?**

I was involved with the Foundation when delivering oral health education, using their resources and as a member. I have always followed its progress and been friends with Nigel for eons. I believe in the Foundation's ethos, objectives and people, which is why I love being involved at this level.

**We are a lovely bunch! How do you intend to build on the work of your predecessors?**

Well I would like to re-enforce the great work that is already in place, but also introduce new programmes and



resources. I also want to promote the charitable work we have achieved throughout the years and raise our profile in the public and professional environment.

**I think we can all align with those aims. What do you do away from the Foundation?**

I have my own business delivering management, education and governance primarily to the dental profession, and thoroughly enjoy being in charge of my own day. Personally I still play badminton, take my dog for long walks on the beach or moors wherever we are. Now a proud grandmother of Caleb who I try not to spoil too much.

**As long as it's not with sweets too often that's okay! Tell us about your greatest achievement to date.**

It's not really an achievement but going to a Royal Garden Party at Buckingham Palace was really special. My mum was a great royalist and would have been so proud.

**That's impressive! What's the biggest change in the industry since you started out?**

That's easy. I can sum it up in three words – regulation, regulation, regulation!!!

**Thanks Prime Minister Goodwin! What one piece of advice would you give someone starting out in the industry?**

You only get out what you put in – if you only give 50 per cent that is all you will get.

**Sound advice. What's your favourite holiday destination?**

The Greek Islands – they are so beautiful and very laid back and relaxing.

**I love them too! Okay... You have the opportunity to invite five people – past or present – to dinner party. Who would you invite and why?**



Gordon Leck – my first dentist with a great sense of humour

Nelson Mandela – ethos, and politics

Marvin Gaye – singer extraordinaire

Alan Titchmarsh – gardening tips

George Clooney – need say no more!

**Haha! Loud and clear. What do you prefer – red wine or white wine?**

White – preferably champagne!

**A classy taste. Finally, what's scarier – a horse-sized duck or 10 duck-sized horses?**

Has to be duck as big as a horse – remember The Borrowers!



# TOOTH DECAY – WHAT IS THE ROOT OF THE PROBLEM?

It was front page news in the Sunday Times, and the story continues to rumble on. The report published by the Health and Social Care Information Centre that revealed more than 25,000 children aged five to nine were admitted to hospital due to tooth decay – more than any other reason – is alarming. Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, explains why it's a problem that needs to be rectified now for our future's sake.

It is incredibly worrying to see that almost 26,000 five to nine year-olds treated in hospital for tooth decay. This may be an increase of more than 3,000 since 2010, but the truth of the matter is these figures are an improvement on 30 years ago when many extractions were performed under anaesthetic in practice.

The headline figure is certainly one that grabs attention, but oral health is improving. The increase in fluoridated water supplies, fluoride varnish treatments for children in high-risk areas of the country and general better oral health maintenance are some of the reasons for the improvement.

However, it is unacceptable that a child's first visit to the dentist be made at a time when they are in pain and have multiple teeth needing extraction. This sets the child up for a potential lifetime of poor dental health and dental phobia. It is the view of the British Dental Health Foundation that this is parental neglect in three areas, all of which are basic oral hygiene principles.

It is neglecting supervised brushing twice daily with the use of a fluoride toothpaste. It is the failure to

manage a child's diet due to constant snacking on sugary foods and snacks, which in turn is failure to look after their general health, and it is neglecting their responsibility to take them to the dentist from age 2 and a half when their teeth are coming through. The key message is cutting down on how often children have sugary foods and drinks.

The increase in consumption of sugary foods and drinks is one of the key reasons for dental decay. In February last year the British Dental Health Foundation joined more than 60 organisations backing recommendations for a tax on sugary drinks. The report, compiled by Sustain entitled 'A Children's Future Fund – How food duties could provide the money to protect children's health and the world they grow up in', makes three main recommendations it believed would help to improve children's health. They are:

- Introduce a sugary drinks duty for the UK which, for example at 20p per litre, would raise around £1 billion a year
- Ring-fence the majority of money raised from a sugary drinks duty for a Children's Future Fund, which could be spent on improving children's health by, for example, providing free school meals, or sustainably produced fruit and vegetable snacks in schools
- Give an independent body the responsibility to oversee how the sugary drinks duty is implemented and make sure the revenue is spent effectively

This announcement was preceded by previous Public Health Minister Anna Soubry, who revealed as part of the Public Health Responsibility Deal that Lucozade



and Ribena would be reducing the amount of sugar and calories in their products by up to 10 per cent as part of the Government's drive to reduce levels of obesity.

Other leading brands such as IrnBru and J2O also said they would work to reduce the calorific content of their drinks as part of the deal. Both of these initiatives are a step in the right direction, but more can be done.

From an oral health point of view it is how often sugary foods and drinks are consumed, which heightens the risk of tooth decay. If parents remember this message, there will be an inevitable reduction in consumption

and benefits for both general and dental health.

Tooth decay is entirely preventable through nothing more than a few very basic oral health messages. The British Dental Health Foundation encourages everybody to brush their teeth for two minutes twice a day using a fluoride toothpaste, cut down on how often they have sugary foods and drinks and visit the dentist regularly, as often as they recommend.

Link to the original story (requires access) [www.thesundaytimes.co.uk/sto/news/uk\\_news/Health/Sugar/article1433860.ece](http://www.thesundaytimes.co.uk/sto/news/uk_news/Health/Sugar/article1433860.ece)

# BIGGEST CAMPAIGN ON RECORD LEAVES CHARITY SMILING

The UK's largest and longest running campaign to promote the benefits of a healthy mouth has been an overwhelming success, according to its charity organisers.

More than 3,000 organisations took part in National Smile Month 2014, organised by the British Dental Health Foundation, a campaign which saw 1,700 community events and activities up and down the country help deliver key oral health messages to members of the public.

Nationwide activities have seen everything from oral health promotion bus tours, school visits, toothbrush amnesties, open days at dental practices, 'Smiley' giveaways and a wealth of local community activity. There was even the very first 'Smile in Pink for Bridge2Aid' day. More than 2,000 dental practices and almost 800 schools supported the campaign.

National Smile Month also managed to deliver messages promoting the importance of a healthy mouth, to the nation through more than 700 newspaper, magazine and radio interviews, as well as several in-store promotions. Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, paid tribute to the thousands who took part.

Dr Carter said: "I would like to thank each and every individual and organisation that made National Smile Month such a resounding success. If it were not for you, the campaign simply would not happen.

"People care about the health of their mouth more

than ever. The growing number of links between poor oral health and general health conditions continues to increase. That is why campaigns such as National Smile Month that educate the public about how to go about improving their oral health remains vital.

"We have seen a number of key oral health improvements to coincide with the campaign since its formation in 1977. As we take the campaign into the future, I hope we will see even greater improvement in the nation's oral health."

The campaign also received the backing of the biggest household names in the UK. Platinum sponsors Oral-B, Wrigley, Listerine and Invisalign, as well as support from Philips, Denplan, Tepe and Healthcare Learning, which helped to take the campaign to the high street.

Dr Carter added: "Thank you to all of our sponsors for their role in supporting National Smile Month. With their help the campaign reached some of the biggest retailers in the country including Boots and Lloyds Pharmacy, as well as many local communities. It reflects the strength of the campaign that so many prominent names continue to support National Smile Month, and I look forward to repeating our success in years to come."



## A HUGE THANK YOU FOR SUPPORTING NATIONAL SMILE MONTH AND HELPING US TO IMPROVE ORAL HEALTH IN THE UK.







# MEDITERRANEAN DIET SIGNIFICANTLY REDUCES MOUTH CANCER RISK

A Mediterranean diet can halve the risk of developing mouth cancer, according to a new study.

The results, published in the British Journal of Cancer<sup>1</sup>, discovered that patients who had a diet involving more Mediterranean foods based on whole or minimally processed foods had a significantly lower risk of developing the disease.

The research also reveals that young adults, non-smokers and those with a higher level of education fared the best, although the diet reduced the risk across everyone studied in the 12-year period.

A Mediterranean diet is rich in fruits, vegetables, legumes, wholegrains, fish and olive oil and low in fast food, sugar-sweetened beverages, refined grain products and processed or energy-dense foods with moderate red meat and alcohol intake.

Poor diet is one of the risk factors for mouth cancer, and

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, believes a Mediterranean diet is perfect for people seeking the right balance.

Dr Carter said: "Italy has some of the lowest recorded cases of mouth cancer in Europe, and this study is a perfect explanation of why that is.

"It's really significant to note just how the risk for mouth cancer drops according to how thorough the med diet is. The absence of processed foods is a key element to this. Some experts believe poor diet accounts for more than half of mouth cancer cases in the UK, and the worst thing is it's really simple to develop a diet that can keep you out of harm's way.

"White meat, lean red meat, nuts, fruit and vegetables, low alcohol intake with meals and a low number of sweets and pastries are all staples of a Mediterranean diet. What's more, many of the foods are also good for oral health – for instance fruit and vegetables lower

the risk of gum disease.

"As well as poor diet, smoking, drinking alcohol to excess and the human papillomavirus (HPV) are all risk factors which can contribute to mouth cancer. The number of cases of mouth cancer is continuing to grow. More women are contracting the disease and there's an increasing risk of younger people being affected, especially by HPV related cancer.

"Despite the predicted rise in mortalities and cases, there is not always a great deal of publicity surrounding mouth cancer, so people just do not realise how common and dangerous it is. This is why we campaign for Mouth Cancer Action in the UK, raising awareness of the risk factors and what to look out for.

"As early detection plays such a pivotal role in survival rates, it is really important that everyone knows the warning signs for mouth cancer. They include mouth ulcers which do not heal within three weeks, red and

white patches in the mouth and unusual lumps or swellings in the mouth."

Researchers analysed data from a study carried out between 1997 and 2009 in Italy and Switzerland, including 768 confirmed oral and pharyngeal cancer cases and 2078 hospital controls. Adherence to the Mediterranean diet was measured using the Mediterranean Diet Score (MDS) based on the major characteristics of the Mediterranean diet, and two other scores, the Mediterranean Dietary Pattern Adherence Index (MDP) and the Mediterranean Adequacy Index (MAI).

--- ENDS ---

1. The role of a Mediterranean diet on the risk of oral and pharyngeal cancer, M Filomeno, C Bosetti, W Garavello, F Levi, C Galeone, E Negri and C La Vecchia, British Journal of Cancer, (17 June 2014) | doi:10.1038/bjc.2014.329



# SMOKE-FREE CARS 'A STEP IN THE RIGHT DIRECTION'

The proposal to ban smoking in cars carrying children has been welcomed by a leading oral health charity.

Mouth cancer campaigners the British Dental Health Foundation believe the consultation put forward by the Department of Health will protect millions of children exposed to the risks of second-hand smoking, one of which is mouth cancer.

The Department of Health estimates approximately three million children under the age of 18 are exposed to second-hand smoke in cars. If the proposals become law, it could help to protect 2.7 million children and help to save the NHS up to £65.9m on treating tobacco-related diseases.

Earlier this year Parliament voted in favour of introducing legislation to make cars carrying children smoke free, and Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, says the evidence presented highlights the need for the legislation to be implemented sooner rather than later.

Dr Carter says: "Second-hand smoke is a very serious problem. There are no safe levels of



exposure, and children are particularly vulnerable. Experts believe second-hand smoke contains more than 4,000 chemicals, so it is a no-brainer to introduce legislation to protect children.

"Banning smoking in private cars is another positive step in the attempt to curb the increasing incidence rates of mouth cancer and the general improvement in oral health. Smoking is the single biggest cause of mouth cancer in the UK, while second hand smoking has also been linked to the disease. This proposal can only have a positive benefit for both drivers and passengers – especially children.

"As incidence rates are forecast to hit 60,000 in the next decade, we need to find ways to reduce the alarming growth in mouth cancer. Smoking and tobacco use is the leading cause of mouth cancer. Even though the number of people smoking is falling, around one in five people stick with the habit.

"By further limiting the amount of exposure young children have to second-hand smoke, hopefully we will see continued improvements in children's oral health figures, as well as a reduction in the number of mouth cancer cases."

# DRIVING ORAL HEALTH MESSAGES NATIONWIDE

One of the UK's largest dental suppliers is driving home the British Dental Health Foundation's oral health messages.

A-dec, designers, manufacturers and suppliers of dental equipment to surgeries across the UK, have re-branded their entire fleet of vehicles to promote the links between oral health and general health. The fleet, which covers more than 30,000 miles every day, will carry the messages that could be seen by more than 250,000 people a year.

The link between oral health and overall body health is well documented and backed by robust scientific evidence.

Despite this, research by the British Dental Health Foundation reveals only one in six people realise that people with gum disease may have an increased risk of stroke or diabetes and only one in three is aware of the heart disease link.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, said: "Visiting the dentist regularly, as often as they recommend, is a key message of the Foundations. It isn't just about maintaining mouth health any more, as what happens in your mouth is becoming increasingly linked to what happens elsewhere in the body.

"That is why the messages on A-dec's vans is a brilliant idea. They could prompt someone into getting a check-up, which could save their life."

Luke Broadhurst, Marketing Manager at A-dec, said: "We estimate two followers reading this message each mile, therefore potentially a quarter of a million people could see this





# STATINS COULD HELP PREVENT TOOTH LOSS

New research has discovered that people taking statins for general health problems were almost three times less likely to suffer from tooth loss compared to those not on the drug.<sup>1</sup>

Patients on statins were compared with those not on the drug over a period of five years, and after taking into account environment influences researchers discovered that use of statins could reduce the effect of gum disease and bone loss with the consequence of keeping teeth for longer.

Statins, often used to lower blood cholesterol levels, are the most commonly prescribed medicines in the UK. They can help to reduce the risk of strokes and heart attacks, two problems that have been linked to increased poor oral health in the past.

Although the research is promising for patients currently on statins, Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, believes there's no excuse for not keeping to the charity's key messages.

Dr Carter said: "There is plenty of evidence to suggest statins have several health benefits. Some people do remain on them for quite some time, and it is encouraging to see this research highlighting a knock-on effect of this is better oral health.

"However, this does not mean people on statins can forego basic oral health principals. Tea, coffee, a healthy diet and not smoking are just a few things that have been linked to improved oral health, but they all require the foundations of a good oral care routine.

"Gum disease affects most people at some point in their lives, so there is no excuse for ignoring good dental hygiene. The good news is that poor oral health is nearly always preventable, so it is important that people make caring for their teeth a top priority. Regular visits to the dentist, as often as they recommend, are really important to give the dentist a chance to assess your oral health and, if necessary, give your teeth a scale and polish.

"Doing this alone won't help your oral health. That's why I'd also encourage a simple routine of brushing teeth, twice a day for two minutes using a fluoride toothpaste, which will help to remove plaque – the cause of gum disease. It is also important to clean in between teeth using interdental brushes or floss."

As well as keeping your mouth healthy, Dr Carter offered another reason to keep gums healthy, especially for patients with heart problems.

"A recent study in America looked at

almost 350,000 patients with gum disease and discovered that after treatment for gum disease, on-going costs for those with strokes and heart problems decreased by more than 40 per cent and 10 per cent respectively.

"It shows the cost of prevention is far less than the costs and impact of emergency care. You may think you are being financially prudent but the reality is that the cost of neglecting your oral health is even higher. If you have heart problems, the benefits of keeping your mouth healthy are potentially life-saving."

--- ENDS ---

1. Tooth Loss, Periodontitis, and Statins in a Population-Based Follow-Up Study Peter Meisel, Heyo K. Kroemer, Matthias Nauck, Birte Holtfreter, and Thomas Kocher, Journal of Periodontology 2014 85:6, e160-e168
2. M. Jeffcoat et al. Periodontal Therapy Improves Outcomes in Systemic Conditions: Insurance Claims Evidence. American Association of Research Meeting held in Charlotte NC USA, March 21, 2014.





# ORAL HEALTH DETERIORATES DURING HOSPITAL STAYS

**New research suggests that oral health deteriorates during hospitalisation and is associated with an increased risk of malnutrition in older patients.**

Research published in the *Journal of Clinical Periodontology*<sup>1</sup> provides the latest evidence that oral health is being overlooked in hospitals, with potential serious consequences. The research examined the oral health of 162 patients on arrival and two weeks later and discovered an increase in gum disease and levels of plaque.

The research also found that 'the hospitals had no policies in place for routine oral health

practices, and that no members of the hospital teams assessed the patients' oral health conditions during the hospitalisation period'.

A French study into the oral health of hospitalised elderly patients also identified a number of problems. The research found that poor oral health could be linked to a negative effect on nutritional status<sup>2</sup>, highlighting the need for better food choices for patients.

In previous studies, poor oral health and dysfunction has been linked to a negative effect on nutritional status. There are also consequences for quality of life, well-being and personal dignity during hospital stays.

The research points to several potential reasons for the decline in oral health during hospitalisation including the low priority given to oral care provision and the implementation of improper oral care regimes, both as a direct consequence of hospitalisation.

Dr Nigel Carter OBE, Chief Executive of the British Dental Health Foundation, said: "In a challenging hospital environment it may be inevitable that oral care is seen as a low priority, but it is clear that more needs to be done. Low priority is given to oral care provision, which includes the implementation of proper oral care regimes.

"There are guidelines for the provision of oral care in hospital settings, but as the research points out, there is limited detail for carers. The help of close family and friends during hospital stays can make a difference to this aspect of their care and well-being and more should be done to encourage their involvement.

"It is also clear from the Campaign for Better Hospital Food initiative that standards need to be improved. There is a link between nutrition and oral health, and we call on the Government to implement compulsory hospital food standards."

Alex Jackson, Co-ordinator,

Campaign for Better Hospital Food, added: "Many patients complain about losing weight in hospital because of the lack of appetising, nutritious food on offer to them, and it comes as no surprise that this problem might be made worse by inadequate oral care available to them during their stay. Hospital meals in England are often poor quality and unhealthy and inappropriate to the needs of the patient. This is particularly unacceptable for patients suffering from dental health issues who may not wish, or be able, to eat what's on offer if it is difficult to chew and contains lots of sugar, salt and saturated fat. The government must help to

improve oral care in our hospitals by ensuring that patient meals are healthy, freshly prepared and presented in a manner which helps patients to eat."

--- ENDS ---

1. Sousa LLA, et al (2014) Oral health of patients under short hospitalization period: observational study. *J Clin Periodontol* 2014; doi:10.1111/jcpe.12250.
2. *Gerodontology* 2014; doi: 10.1111/ger.12123 Relationships between oral health, dysphagia and undernutrition in hospitalised elderly patients





**'EVERY YEAR WE FACILITATE THOUSANDS  
OF SPECIALISED ORAL HEALTH EVENTS AND  
ACTIVITIES IN SCHOOLS ALL AROUND THE UK.'**



British  
**Dental Health**  
Foundation