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Saving kids' teeth

A change is coming – or is it? **Carlotta Eden** rounds up expert opinion on children's oral health in the UK from last year's Dental Wellness Trust event in London

ral health is a basic human right, but inequalities in health mean that there is a global burden of disease – as pointed out by Dr Linda Greenwall, prosthodontist, cosmetic and restorative dentist, and founder of Dental Wellness Trust, at an event in London last year.

Speaking at 'Saving Kids' Teeth – how we can make the most difference', Dr Greenwall, along with other notorious oral health spokespersons and professionals, discussed the one, trying question in oral health: how can we improve understanding of oral care amongst children, parents, teachers, carers, and the rest of the world?

Chief dental officer for NHS England Dr Sara Hurley was also in tow, repeating her commitment for a national oral health strategy in the UK and calling for all dental, health and social care professionals to get involved.

Dr Hurley spoke of three key areas that need to be tackled to establish good child oral health:

- Access
- Halfilling

To do this, she argued, we need the expertise from those in health and social care areas' as well as the dental profession.

'It's not the dental professional that failed when a child needs three of their teeth extracting,' she said, 'it's every other health professional that saw them pre-birth'.

Dr Hurley spoke of Smile4life, a national framework of oral health initiatives, that will be introduced in September 2017. She added: 'Thirty million pounds is being spent on general anaesthetic every year – why is there not more outrage? This is an opportunity for you to lead Smile4life, raising the profile of initiatives to improve child oral health, hopefully with the support of other health professionals!

Alternative treatments

Chaired by Sir Paul Beresford, the event combined expert opinions, research and work done by oral health charities and groups to discern the most effective ways to improve dental hygiene in children in the UK – and the rest of the world.

Tooth decay is the most common childhood disease, with two-thirds of children remaining untreated, Professor Nairn Wilson explained, and



Dr Linda Greenwall, founder of the Dental Wellness Trust (left), with chief dental officer for NHS England, Dr Sara Hurley (right)

Visiting the dentist as soon as teeth begin to show or by age one needs to become the norm

the improvement of a healthy, well-functioning dentition in all ages 'cannot be overemphasised'.

'Dentistry has to become more integrated in social care and medicine if it is to improve these kind of statistics,' said Professor Wilson. 'We need a more holistic health provision.'

He discussed oral health from a global perspective and came upon an interesting thought: that we should pay heed to the miswak – a chewing stick – borne from the salvadora persica tree. Genetically modified, this tree is suited to climate in hot countries where resources in medicine are minimal, it contains essential oil properties and can be used as an alternative to the toothbrush.

So, perhaps this is the future in areas of the world such as Asia, where the tree grows most fruitfully. Professor Wilson believes individual and collective actions such as this can make the most difference, and together, they can bring about the most change.

Starting early

Dr Claire Stevens, consultant in paediatric dentistry and vice president of the British Society of Paediatric Dentistry, spoke of the essential ingredients for excellence in children's oral health from a clinical perspective.

Why do baby teeth matter, she asked – because it's not just about the child, it's about the parents as well. One follows the other. Bad oral hygiene in parents can have an effect on their children; Dr Stevens showed that 12% of three-year-olds have visible decay in the UK, mostly due to inequalities across the country.

'Visiting the dentist as soon as teeth begin to show or by age one needs to become the cultural norm', Dr Stevens explained. 'If we wait until kids go to school to check their teeth, we are leaving it too late.'

Dr Stevens addressed five ways she believes



According to the CDO for NHS England,

£30m

is being spent on general anaesthetic every year

we can reduce bad oral health amongst children: establish a 'prevention first' strategy, reduce sugar intake, increase fluoride (which she describes as a 'political hot potato'), improve access to dentistry for the public, and reinforce education.

Education first

Professor Jenny Gallagher, research/ honorary consultant in dental public health, observed patterns of oral health in England and explained that significant improvements have been made in recent years – but certain areas need improving.

Tooth decay is the most common childhood disease

There was a clear social gradient in oral health surveys, with children in deprived areas more likely to have tooth decay. There was also a difference in ethnicity.

She called for 'personalised disease prevention' and added that dentistry in England has a 'wonderfully diverse, professionalised team' to help achieve

that. The NHS 'safety net' is an important resource for parents and the profession, and believes that schools are the foundation of introducing change.

'Schools are important for families during the week – especially for parents struggling to make ends meet,'she noted. There is scope for education here, but, equally, we need to start education at a much earlier age.'

Paediatric nurse, Jennifer Rodgers, offered her thoughts on dental public health from her perspective in Scotland, and her involvement with the Childsmile initiative – a'simple concept' (ie, motivating kids to eat less sugar and brush regularly) that is met with difficult challenges – such as limited access to resources, poor education or a lack of understanding around the importance of oral health.

But Childsmile is doing its bit, nevertheless – which is all anyone can ask for

Worldwide impact

To address the global burden of disease, the Dental Wellness Trust helps promote dental health to less fortunate communities in the UK and abroad.

Oral health initiatives like this can create positivity and enthusiasm for toothbrushing amongst children, believes Dr Greenwall, and to fill in the knowledge gap around brushing teeth and maintaining good oral hygiene.

Among its activities, the group has been undertaking supervised toothbrushing programmes for 5,000 children to encourage positive thinking about their dental health. It's expecting to expand this to 10,000 in 2017 – an incredible commitment from a staunch advocator of equality in health.

Dr Milad Shadrooh, also known as the Singing Dentist, helped close the presentations with an upbeat, positive look at the impact of social media and children's attitudes to oral health. His Youtube videos, where he parodies wellknown songs to encourage children and adults improve their oral hygiene, have had more than 30 million views.

'If we can't educate the parents,' he said, 'why not start with the kids?'

Sir Beresford ended the session with a call to arms for the dental profession: 'Let's work on our politicians, on fluoride, on schools and parents – together we can make a difference.'



In the UK,

12%

of three-year-olds have visible tooth decay



To find out more about the Dental Wellness Trust, visit www.dentalwellnesstrust.org.