Oral health link to premature births

Poor oral health during pregnancy can contribute to the risk of giving birth prematurely, of having a low birth weight baby or the newborn child getting an infection, according to new research.

A team of researchers from Queen Mary University of London, found bacteria from a mother’s mouth can be transmitted to her unborn child via the blood and amniotic fluid in her womb.

This may contribute to the risk of a premature delivery, a low birth weight baby or infection of the newborn child.

The researchers tested the gastric aspirates (stomach contents containing swallowed amniotic fluid) of 57 newborn babies and found 46 different species of bacteria in the samples.

Two of the species of bacteria were recognised as coming from the mouth and are not normally found elsewhere in the body.

These particular bacteria, Granulicatella elegans and Streptococcus sinensis, are known to be able to enter the bloodstream and have previously been associated with infections such as infective endocarditis, an inflammation of the lining of the heart cavity.

Researcher, Cecilia Gonzales-Marin, said: ‘Our studies show that sampling the stomach contents of newborn babies by using gastric aspirates can provide a reliable method of microbial identification.

Our research group is using DNA techniques to confirm if bacteria from the newborn matches the bacteria in the respective mother’s mouth.’

Details of the findings were presented at a meeting of the Society for General Microbiology in Harrogate.

No more Assault charges

A dentist, who refused to treat a Muslim patient unless she wore a headscarf, has been cleared of assaulting a policewoman.

Omer Butt, 32, was alleged to have hit the officer twice on her right knee with his Audi, following an argument over parking.

However Bury magistrates ruled that the Crown Prosecution Service had not proved beyond all reasonable doubt that an offence was committed.

Dr Butt, of Unsworth Smile Clinic dental surgery in Bolton, denied assaulting Pc April Stevenson in Parr Lane, Unsworth, on October 21 last year.

The magistrates heard that police were called to a car park behind Dr Butt’s Unsworth Smile Clinic dental surgery following reports an Audi was blocking other cars.

Pc Stevenson told the court she raised her right arm to make a clear ‘stop’ signal but was still hit.

Alan Rogers, chair of the magistrates’ bench, said a video recording of the incident did not show the car moving towards the officer.

‘The video shows after the alleged first instance that she [the officer] is relaxed and in no obvious discomfort,’ said Mr Rogers.

‘There is no medical evidence of the injuries. We find that the allegation of assault has not been proved.’

Dr Butt said he was undergoing counselling over ‘trusting people in authority’ after several incidents with the police in which he had been subjected to spot checks while driving.

Dr Butt said he did not see any stop signal and made no contact with the officer.

Dr Butt was reprimanded for serious professional misconduct by the General Dental Council in 2007 when he refused to treat a Muslim patient unless she wore a headscarf.
Representatives criticise pay rise

Representatives of England’s salaried dentists have joined with industry bodies in criticising the NHS dental pay rise.

Representatives of dentists working in salaried primary care dental services, hospitals and academia have all criticised the award, arguing it will not help staff and morale problems in their respective fields.

Dentists look to get a 0.21 per cent increase in earnings following Dental Association’s Review Body on Doctors’ and Dentists’ Pay.

The 0.21 per cent rise is based on a formula that, taking estimated decreased expenses into account, suggests GDPs will actually see a 0.15 per cent increase in net incomes.

However the Dental Practitioners’ Association, claims that as the Retail Prices Index is currently 3.2 per cent—anything less than this is effectively a pay cut.

Peter Bateman, chair of the British Dental Association’s (BDA’s) Salaried Dentists Committee, has now added his voice to the criticism.

He said: ‘While we appreciate the current economic situation in Britain and the need for restraint in determining pay uplifts, it is also important that the effect of these uplifts is properly considered.

We know that almost two thirds of PCY-run salaried dental services across the UK are already struggling to recruit dentists. This uplift will do nothing to service provision, and could even exacerbate the problems we and the vulnerable patients we treat face.’

Keith Altman, chair of the BDA’s Central Committee for Hospital Dental Services, is also critical of the award.

He said: ‘Dental staff working in hospitals are very disappointed by this award which will do little for the morale of dedicated professionals working with very limited resources. Those in training grades in particular need reassurance that a career in hospital dentistry is valued in order to encourage entrants to this branch of dentistry.’

While Professor Paul Wright, chair of the BDA’s Central Committee for Dental Academic Staff, has expressed concern that the poor pay award will affect recruitment of dental academic staff.

He said: ‘The future of the dental profession depends on the education of the dental workforce of the future. The Dental Schools Council Clinical Academic Staff Survey published in June 2008 showed that dental academic staff levels are unbalanced and this will do nothing to encourage recruitment.’

While senior academics receive parity with their senior colleagues in the NHS, the training posts and career progression for academic staff are much more challenging and there is a financial penalty to be paid in lifetime earnings.

Assuming the award is transliterated to dental academic staff, the relative incentives for various careers within dentistry remain unchanged and this will do nothing to encourage recruitment.’

The Green Party calls for cash

The Green Party claims that access to an NHS dentist all depends on ‘geographical accident’.

In the report, A Green New Deal for the NHS, it claimed that between 55 and 60 per cent of NHS practices are not taking on new NHS patients.

The information based on Freedom of Information Act requests, revealed that access to NHS dentists can range from one dentist per 1,000 people — to as little as one-quarter his point of access.

The new policy report claims that little more than two-thirds of children visit NHS dentists and the situation is getting worse.

It also found that some Primary Care Trusts have no NHS dentists taking on new patients.

The percentage of children who visited NHS dentists fell from 70.7 per cent in March 2006 to 69 per cent in June 2008.

Less than half of the adult population is accessing NHS dentists.

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The Green Party is calling for the government to increase funding by £1.8bn to ‘restore NHS dentistry to what it should be’.

Green Party health spokesperson Stuart Jeffery said: ‘The dental service received £2.1bn of direct funding in 2007/08.

If the current NHS dental service was provided free at the point of use, the total cost to the NHS would increase by £551m to a total of £2.6bn.

If the NHS wanted to provide free dentistry to 75 per cent of the population (from the current 50 per cent, assuming that some people will want to remain private), the total level of funding would need to increase from £2.6bn to £5.9bn.

As the NHS currently provides £2.1bn, an increase in funding of £1.8bn would be required for patients to have dentistry free at the point of access.

He added: ‘It seems little to ask to restore NHS dentistry to what it should be — a service that Britain can be proud of.”

Volunteers tackle Tanzanian tooth decay

Twelve volunteer dentists from the UK have just returned from Tanzania where they have been extracting teeth from more than 100 people a day.

Martin Anderson, from the Westminister Way Dental Practice in Sunderland, was among the volunteer dentists who have just returned from a fortnight in the East African country. The 54-year-old went out to the Mid East.

One of the aims of Bridge2Aid’s work is to train local Tanzanians who have basic medical knowledge one-to-one, so that by the time we leave they can remove teeth from the many people who are in pain,” said Mr Anderson.

He revealed that there are so many people in pain, our first priority is to get them out of pain, so we don’t do fillings.

Tooth decay has increased in the area, due to a Coca-Cola bottling plant, which pays workers partly in free Coca-Cola, according to Mr Anderson.

The volunteer dentists from Britain trained 12 clinical officers who will serve the people in Tanzania and over the three years Bridge2Aid has been in the country, 80 officers had been trained and more than 800,000 people treated.

JHA stake up for sale

The largest private dental chain in Britain, James Hull Associates, is currently in talks to sell a 50 per cent stake to a private equity firm in a deal which values the business at about £250m.

The business was founded by dentist, James Hull, 48, with just a single practice in Newport in South Wales, in 1987.

JHA wants to use the cash raised to expand into the Continent and the Middle East.

It has received first-round offers from four bidders, one of whom is known to be Axap Private Equity, which lent JHA £15m in August last year.

Hull, still a practising dentist, holds a 57 per cent stake in the firm and finance house Hutton Collins owns the remaining 45 per cent...
King’s College London Dental Institute is one of the largest Dental Institutes in the world and offers a wide range of postgraduate programmes. Most popular of these are the blended learning degrees. Blended learning is described as “a learning solution that incorporates a mix of online and face-to-face elements.” Busy practitioners can therefore choose their time and place to study the academic components of the modular courses online and focus on the face-to-face intensive courses for the hands-on learning experience. These residential components are available annually in the UK and some as also available in India.

The MSc Advanced General Dental Practice is aimed at dental practitioners who wish to develop their clinical skills and expand on BDS level knowledge. It covers a range of topics from clinical skills to practice management to enable dentists to run a successful and rewarding dental practice.

Our new MSc in Aesthetic Dentistry is very popular and offers advanced training in invasive and non-invasive techniques for hard and soft tissue aesthetic treatments.

The MClinDent in Fixed and Removable Prosthodontics (FRP) is currently our most popular programme and covers more advanced skills. This programme includes most of the components listed in above degrees but goes on to train dentists in managing advanced clinical problems such as severe tooth wear, TMJ dysfunction, aesthetic challenges, replacement of missing teeth and occlusal treatments. It is ideal for those aspiring to be competent to run a high quality private practice tackling the more demanding clinical problems. This programme is also available at MSc level for those undertaking parts of the MClinDent degree pathway.

Similar MSc programmes are currently available in Dental Public Health and Dental and Maxillofacial Radiology. We are about to launch an MSc in Maxillofacial Prostheses.

The mode of delivery for all our blended programmes, has been designed to enable dentists to remain in dental practice while training, allowing them to maintain clinical contact and establish a dental practice using skills learnt on the programme. The residential courses of approximately 9 days duration, held at one of our training centres, will provide the supporting face-to-face tuition in clinical skills. The training centres are in London and India, both providing the same programme taught by King’s staff and lead to the same King’s Masters Degree. Examinations are held in the student’s home country with one written paper per module.

The success of the programmes comes from the balance between interactive online content, which includes ready access to the King’s College London e-library, and the intensive annual 9 day block face-to-face teaching courses which provide the hands-on elements essential to a dental programme. The courses also include one-to-one tutoring for the final year of study and advice for the clinical work carried out in practice.

The MSc programmes run over 3 years (4 years for MClinDent FRP and MSc Dental and Maxillofacial Radiology through part-time training). For any dentist not wishing to sign up for the full MSc (180 European credits) or MClinDent (360 European credits) then it is usually possible to complete a shorter course leading to a Certificate (60 credits) or Diploma (120 credits).

All courses are quality assured, independently verified and are taught by experts from the King’s College London Dental Institute and other centres of excellence around the UK.
News & Opinions

Baby teeth extraction ‘pointless’

A study has found there is no evidence to prove that the practice of extracting baby canine teeth, to make way for adult canines that are breaking through the gum in the wrong place, has any benefits.

The study Extraction of primary (baby) teeth for unerupted palatally displaced permanent canine teeth in children which was published in Issue Two of the Cochrane Database of Systematic Reviews 2008, found there is no evidential basis for the practice.

In a systematic review, the Cochrane researchers were unable to identify a single high-quality study to support the practice.

Lead author of the study, Nicola Parkin of the Department of Oral Health and Development at the University of Sheffield, said: ‘The recommendation of extracting the baby canine is in fact based on one uncontrolled study that was carried out over 20 years ago.’

It is common for adult upper canines to grow in the wrong place.

Normally adult canine teeth erupt in the mouth around the age of 12 years and, in approximately 2.5 per cent of the population, the eruption of 12-year-old children, these teeth become displaced in the roof of the mouth.

Displaced canines can cause damage to neighbouring teeth as well as unfavourable movement of other teeth and, more rarely, cysts.

One way of avoiding canine displacement and encouraging the eruption of the adult canine is to remove a child’s baby canine tooth at around 10 to 15 years, under local anaesthetic.

The most commonly cited evidence for this practice comes from one trial, carried out in 1988, in which a group of children with canine displacement had their baby canines extracted, according to researchers.

A major flaw of this study was the allocation of a control group. Two other studies considered for the review did have an untreated control group, but had to be excluded because of inadequacies in reporting.

Dr Parkin added: ‘Extracting the primary canine may help the secondary tooth to emerge correctly, but at this time we can’t provide any hard evidence.

Greater attention to the design and reporting of studies is needed to improve the quality of clinical trials on this topic.’

Managers call for dental benefits

Near three-quarters of managers and directors believe that companies should offer dental benefits.

The Simplyhealth's Annual Dental Survey, surveyed 255 human resources (HR) managers/directors via independent research agency Opinion Matters, and found 71 per cent of employers think that companies should offer dental benefits.

While 40 per cent of companies who do offer dental benefits believe they help to ‘increase employee engagement’, according to the research.

James Glover, corporate director at Simplyhealth, said: ‘Despite companies seeing their value, only 56 per cent of respondents actually offer dental benefits.

However, of these employers offering dental benefits, nearly half believe they help to reduce absence for dental health problems, and 48 per cent believe it makes it easier to monitor time off for dental appointments.

These results are crucial since they demonstrate the value dental benefits bring to the employer.

When looking at the barriers to implementing dental benefits, it may be unsurprising to learn that the main one is cost, with complexity coming a close second. However, with the perception that access to good dental care has become difficult, employers who are serious about the well-being of their staff should be looking seriously at making provision for dental treatment.’

With the UK now in a recession, the results were very different to the survey held which looked at the same issues last year.

The survey found that 84 per cent of HR Managers are concerned that their employees cannot afford to look after their oral health, compared to 73 per cent last year.

Sixty-four per cent of HR Managers think that introducing dental benefits would improve staff morale, compared to 51 per cent last year.

While 56 per cent of HR Managers believe dental benefits would help reduce sickness absence and 54 per cent believe they would enhance recruitment and retention.

Research day for DCPs

The Faculty of General Dental Practice (UK) has organised a research day dedicated to dental care professionals.

The event will be held on 15 June, 10am-4pm, at The Royal College of Surgeons in London.

The one-day event will be held in partnership with the British Society of Dental Hygiene and Therapy (BSDH). It will include presentations from dental care professionals (DCPs) who have carried out or contributed to research projects.

There will be morning and afternoon plenary sessions to review the presentations and guide DCPs on their best route into researching, whether by setting up a practice-based research project, or learning about where and how to review the latest research literature on a relevant topic.

The final presentation from Ken Eaton, one of the faculty’s two national research facilitators, will give ideas on how the Faculty of General Dental Practice (FGDP UK) can help DCPs in their research, including examples of DCP research projects from around the world.

To find out more and sign up for the research day for DCPs, email Marina Harris, president of the British Society of Dental Hygiene and Therapy: marina.hy@virgin.net.