Hearts and minds

Michael Sultan asks if the profession could be doing more for patients.

typical case of dentist bashing occurred across the press recently when a number of national newspapers took up the story of "The rise of DIY dentistry". The stories highlighted and fuelled the public misconception that dentistry is prohibitively expensive and that practitioners are only in it for the financial rewards.

As a profession, I'm sure we're all well used to reading - and ignoring these articles, but what was interesting and surprising to me was not the story itself, but the replies and remarks online of the people who had read it.

Comments along the lines of "typical greedy dentists", "dentists have even less respect from the public than insurance salesmen" and "even the



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good ones are a rip off", which are all sadly indicative of how low our standing has become.

It was typical lazy journalism; the NHS is rubbish, private dentists are avaricious and so on. In reality I don't mind the story itself too much, but the comments that followed it do highlight a real problem and are a cause for concern.

Perhaps the issue stems from the fact that we don't tell people what we do. We don't inform and educate the public how taking better care of their oral health benefits their general health. All too often they think that all we do is fix holes, put on expensive crowns and extract teeth; we do much more and we should be shouting about it.

A perfect example of this would be in the relationship that exists between diabetes and periodontitis. There are clear, established links that reveal how the treatment of one can positively affect the other, but when was the last time you took the time to share this with a diabetic patient?

Recently, I met Leticia Casanova, a Spanish dentist who trained as a periodontist at New York University and has a PhD in Medicine, studying the connection between diabetes and periodontal disease, so she has a particularly relevant perspective. Leticia recently published an article in the BDJ entitled, 'Diabetes and Periodontal Disease: A Two-Way Relationship'. The article says that if you can control people's periodontal disease, you can actually see a genuine reduction in their diabetic problem.

A measure of how well a diabetic is coping is in their glycated haemoglobin levels and this is recorded as a percentage. Every drop of one per cent reduces the risk of heart disease and damage considerably. The article explains that being diabetic leads to an increased risk of developing periodontitis and that having periodontitis can also affect the body's glycemic index (in people with or without diabetes). So if you control somebody's periodontitis, through delivering first class periodontal treatment, and then measure their glycated haemoglobin, it is possible to see a drop of up to a half per cent and this will really make a difference to

The article effectively shows the interrelation between the two conditions and explains how we can deliver dental treatment that positively affects systemic disease. This leads back to my initial point, that we don't

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highlight the positives of what we do for our patients enough. If general dentists were seen to take a more active lead in the medical conditions of their patients, maybe this would raise the profile of the profession in the eyes of the public?

Today the prevalence of diabetes is phenomenal, and periodontitis is three times more likely to affect those who suffer, leading a lot of diabetics to become edentulous, effecting how they eat – and this is not to mention the already well established links between gum disease and heart disease. So, if through making changes in our approach we are able get a patient's diabetes better under control, we would be performing a far greater

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public service.

We should therefore take every opportunity to play a bigger role in our patients' general well-being. Not just in performing oral cancer scans, but maybe through routinely measuring blood pressure, iron and sugar levels too, so that people will begin to see us not just as people who fix holes, but as doctors that can help with a medical condition.

As dentists we are all highly trained reputable professionals, rather than as we have been described in the articles and comments mentioned above, but it's up to us to make people see this and if we put in a little extra effort then maybe we can begin to change hearts and minds.



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1. Full bibliography available