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Editorial

Delivering Better Oral Health 2014 – What's new in the third edition?

J. Godson

Jenny Godson is Regional Consultant in Dental Public Health, Public Health England, UK

The development and implementation of evidence based practice is important for both clinical and oral health programme interventions. Dental teams have asked for clear guidance about the advice and preventive treatments they should be offering their patients, and acknowledged the need for dental teams as well as other health and care workers to give consistent and evidence based messages. In response in 2007 the Department of Health in England and the British Association for the Study of Community Dentistry (BASCD) first published Delivering Better Oral Health (DBOH) followed by a second edition in 2009 this document provided an evidence base for preventive treatment and advice for the dental team in the surgery setting.

It is well recognised that oral health has an important role in general health and that many of the chronic non-communicable diseases (NCDs) share a set of common risk factors, namely smoking, alcohol misuse and a poor diet. A common risk factor approach to health promotion (Sheiham and Watt, 2000) addresses risk factors to several NCDs ensuring that action effects both oral and general health improvement. We know that common risk factors often cluster within the population. The prevalence of the five key risk factors for ill health (smoking, alcohol, diet, obesity, and physical activity) have been assessed, with almost the whole population having at least one risk factor, 55% three or more and 20% having four or all five. It is therefore important that all members of the dental team make every contact count and support patients to make healthier choices maintaining both their oral and general health.

Contents and development

DBOH consists of a set of summary tables (stating the key preventive messages) and actions to improve oral health. A number of well-respected experts form the steering group of DBOH and come together to produce the document (calling on wider topic experts if required); it is not the result of a multiple systematic review process, rather a pragmatic approach towards the collation of available evidence. Papers are assessed for the strength of the evidence they contain and statements are developed and refined to ensure they correctly reflect the conclusions of the relevant studies. The published evidence, giving the highest level of evidence, supporting the relevant statement has then been referenced in full within the document (section 11). In many instances intelligence was drawn from a range of studies, and statements were derived from the totality of the evidence reviewed. Varying levels of evidence are quoted in the summary tables. Where the evidence levels are weak, this does not mean that a particular intervention does not work, but rather that the current evidence supporting the statement is not of the highest quality.

Within the document, there then follow more detailed narrative sections which have been reviewed and updated. They include; tooth brushing for oral health, increasing fluoride availability (including updated lists of toothpastes and their fluoride content level), healthier eating advice, sugar free medicines, improving periodontal health (a much expanded section), smoking and tobacco use based on the related publication 'Smokefree and Smiling' (Public Health England, 2014), alcohol misuse, pathological tooth wear and a new section for version 3 on helping patients to change behaviour.

What's new in the updated version?

Within the third edition all summary tables have been reviewed and updated and, where new evidence has been published this has been reviewed and the grade of evidence level adjusted if appropriate. In addition to the evidence grading a new symbol for good practice has been added to identify statements where specific evidence is not available but which make good practical sense. There are new summary tables regarding healthier eating, smoking and alcohol misuse. The narrative sections have also been reviewed with new sections added on behaviour change. This is the first publication of DBOH since the reorganisation of the health and social care system in England. The lead agency is now Public Health England (an executive agency of the Department of Health) publishing the document alongside key partners NHS England, the Department of Health and BASCD.

The impact of DBOH

The publication of DBOH in 2007 led to a range of positive changes that increased the likelihood of people in England benefiting from improved oral health. The guidance emphasised the importance of the fluoride concentration in toothpaste for children and the levels, that the evidence tells us, are required in order to effectively reduce levels of dental decay. As a result toothpaste manu-

Correspondence to: Public Health England (North of England), Blenheim House, West One, Duncombe Street, Leeds LS1 4PL, UK.. Email: Jenny.Godson@phe.gov.uk

facturers reformulated their toothpaste to a more effective level (with at least 1000ppm fluoride) for caries control. This along with clear advice to brush at least twice a day with a fluoride toothpaste, as soon as the first tooth erupts, is likely to have reduced caries activity in very young children. In addition, the simple advice to spit out after brushing rather than rinsing away the fluoride in toothpaste, has been widely disseminated and should reduce levels of decay in both adults and children. The advice regarding the use of fluoride varnish has led to a number of changes; the levels of prescription within NHS practices in England have increased, with dental teams applying fluoride varnish to children and adults at higher risk of dental caries. In addition the toolkit has promoted the use of skill mix in dental practice. Courses have been developed to enable the application of fluoride varnish and evidence based oral health advice by dental nurses with additional skills. DBOH also aligns to the dental contract reform programme in England, led by the Department of Health, which is re-orientating dental services towards prevention and delivery of health as the desired outcome. The evidence based advice and interventions within DBOH underpin the preventive action which is part of the oral health risk assessment process.

The toolkit supports a universal approach with all patients being given preventive advice and offered preventive treatment as we know that all new dental disease cannot be anticipated and that universal approaches establish new social norms for homecare. With 52% of adults and 70% of children accessing the dentist in a 24 month period dental teams have a key role.

The dental deaneries, now within Health Education England, have supported local launches of DBOH, together with training for dental teams, the development of supporting CDROM and online materials.

DBOH will be available on the PHE and NHS England websites. Following national and regional launches PHE are planning the publication of a public facing version that supports the DBOH messages directly to the public.

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