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British Dental Nurses' JOURNAL®

The Journal of the British Association of Dental Nurses

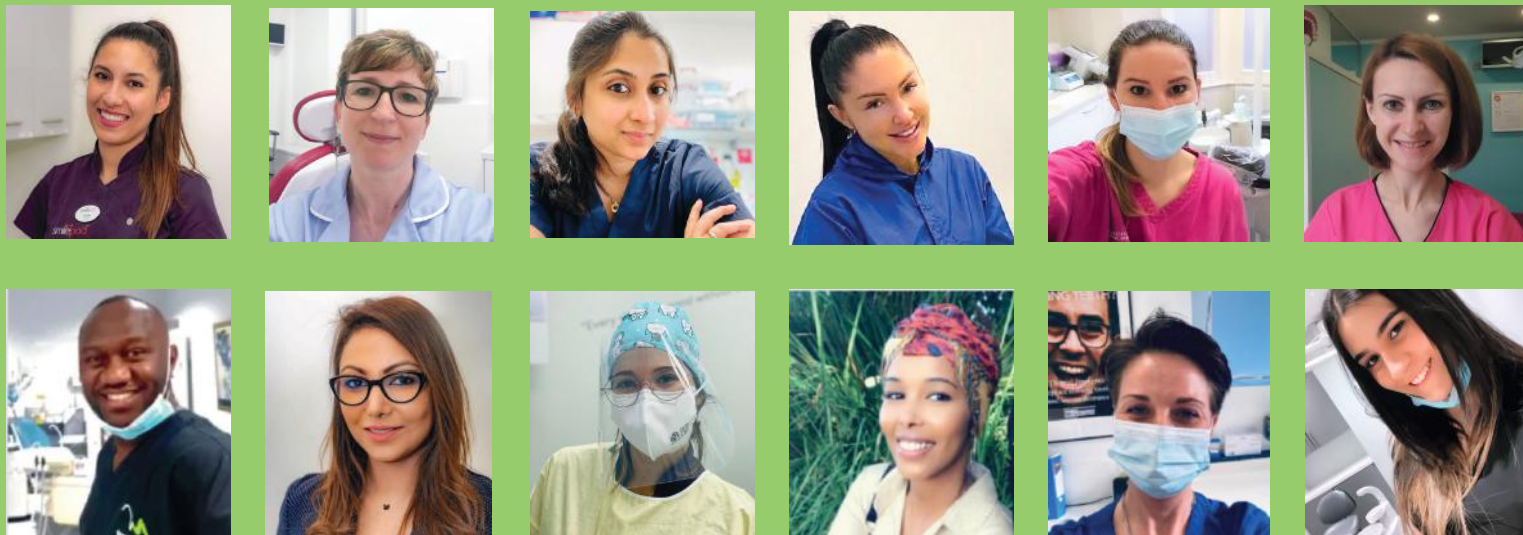


BADN celebrates 80+1

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Front Cover: BADN President Jacqui Elsdon (centre) with retiring Chairman Jane Dalgarno (left) and former Chairman Dr Debbie Reed (right) at the BADN 80 + 1 Anniversary Drinks Reception

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From your President



Welcome to the Autumn Edition of the British Dental Nurses Journal.

I always think of Autumn as a time of transition, as we leave the warm summer days to meet the crisp, frosty mornings to plan for the months ahead. Instead of frosty mornings, however, October delivered several unusually warm days, which was a welcome treat.

Planning is nevertheless underway at BADN for several events across the next twelve months to celebrate our 80th +1/80th + 2 anniversary. Our AGM was held on 23 November and all members were invited to attend either in person or virtually.

If you want to know what's going on at BADN, then you can sign up to your BADN newsletter, which will keep you up to date with the latest news and events at <https://www.badn.org.uk/Public/Subscribe-to-BADN-Newsletters>.

I am continuing to represent you at numerous meetings related to our Campaign for the recognition of our Dental Nurse profession. I want employers and the NHS to recognise us for who we are and what we do and to award us accordingly – not with the minimum wage. It is important to use our voice professionally, which is why, which is why I avoid the use of social media for this important aspect of communication, and I would urge you to proceed with caution when using social media networks to comment upon this emotive subject because we want the dental profession to view us as fellow professionals.

A lot has happened since the last issue of your journal, including {my}dentist's statement announcing that, as of 1 August 2021, their dental nurses will receive an average pay increase of 5.5%, increased annual leave entitlement, payment of the GDC retention fee and medical indemnity insurance. Educational support includes an NEBDN-accredited student dental nurse training programme, and "Flourish" – a development programme for qualified dental nurses, in collaboration with BADN.

I am thrilled that {my}dentist have recognised the important role of dental nurses within the dental team and are providing both financial and educational support to their dental nurses, leading to a transparent structure and a clear career pathway, however, more work is needed with other dental corporates and primary care employers to effect change.

Similarly to last quarter, I have again been busy meeting with various external stakeholders such as the General Dental Council, Health Education England, The College of General Dentistry, {my}dentist, BUPA, The British Dental Association, The British Society of Dental Hygienists and Therapists, as well as a full agenda of internal BADN meetings and the dental press. We have contributed to both the Advancing Dental Care (ADC) Review Project:

Final Report (A Blueprint for Change): <https://www.hee.nhs.uk/our-work/advancing-dental-care>

And PHE's Delivering Better Oral Health Toolkit V4 which can be viewed here: <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

– both of which were published on 21st September 2021.

As always, I value your membership and continually work to find ways to enhance your membership experience. I am committed to championing the role of the dental nurse within the dental team and continue to push our Dental Nurse Recognition Campaign further forwards.

If you have any comments for me, please get in touch via enquiries@badn.org.uk

Let's stand together to support our dental nursing profession.

Jacqui Elsdon

BADN President

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Annual General Meeting

The BADN Annual General Meeting (AGM) was held at the Naval & Military Club in London on Tuesday 23 November 2021 – as well as via Zoom. This was the first time a hybrid (face-to-face and virtual) AGM had been held.

President Jacqui Elsdon, AGM Chair, introduced the Executive Committee members – new Chairman Joan Hatchard, new Treasurer Michelle Brand, new President-elect Debra Worthington and Education Rep Anita Stanforth – and paid tribute to retiring Chairman Jane Dalgarno. Glance right for biographies of our new Executive Committee members.

The Agenda and supporting documents are available in the members' only area; the Minutes of this AGM will be available there shortly.

80 + 1 Anniversary Drinks Reception



The delayed 80th Anniversary Drinks Reception was held after the AGM – as well as BADN members, guests included representatives from the GDC, BDA, CGDent, HEE, OHF, ONG, OTA, BADT, NEBDN, DTA, Simplyhealth, {my}dentist, BUPA, the dental press, the dental industry – as well as Parliament Hill, providers of the BADN Rewards Scheme, and CFC, underwriters of the BADN indemnity scheme.

Dr Debbie Reed, former BADN Chairman, was presented with the BADN Outstanding Contribution Award by President Jacqui Elsdon, and the FGDP(UK) Janet Goodwin DCP Award by the President of the new College of General Dentistry, Dr Abhi Pal.

Retiring BADN Chairman Jane Dalgarno was presented with flowers by President Jacqui Elsdon.



New Executive Committee Members

At the Annual General Meeting on 23 November 2021, Chairman Jane Dalgarno and Treasurer Joan Hatchard both finished their second terms of office in their respective roles and, in accordance with the Constitution, stepped down from those roles. Jane will continue as a member of the Education Committee, and on the Panel of Representatives as the sedation member; Joan takes on a new role as Chairman. President-elect Debra Worthington and new Treasurer Michelle Brand also joined the Executive Committee.

President-elect Debra Worthington

Debra has been a dental nurse for 42 years; working in General Dental Practice, Community Dental Service and Secondary Care. Debra holds post registration qualifications in Conscious Sedation, Radiography, Oral Health and Orthodontics. She also has qualifications in Leadership and Management and recently completed the NHS Senior Leadership qualification.



In March this year she joined Bridgewater Community Healthcare NHS Foundation Trust, where she is the Head of Dental Operations for the North East sector of Greater Manchester. Prior to this she was the Maxillofacial Unit Manager at Salford Royal Hospital; a busy unit comprising of maxillofacial surgery, oral surgery and orthodontics.

Debra is Immediate Past President of the Orthodontic National Group and was a committee member for 21 years. She works tirelessly at both a local and national level representing dental nurses in meetings with stakeholders including the GDC, BDA and the Royal College of Surgeons Edinburgh. She is also a member of the BADN Panel of Representatives.

Debra has received two national awards; one presented by the British Orthodontic Society and one by the British Dental Association, both for Outstanding Contribution to Dentistry.

Treasurer Michelle Brand BSc MA

Michelle qualified as a dental nurse in 1991, and also holds a BSc in Product Design and Development and an MA in Bioclimatic Design. She is currently a self-employed dental nurse, having previously worked in both general practice and at Manchester Dental Hospital, as a dental technical demonstrator and sales rep, and as an associate lecturer and research assistant at Manchester Metropolitan University. She also ran her own sustainable design agency whilst working as a dental nurse; and was awarded Arts Council funding to exhibit her work in London and in Hong Kong for a 1 month artist residency.



Michelle is a member of BADN's Panel of Representatives and of the Pride in Practice Board of Representatives. She received the BADN Exceptional Contribution to a UK Community Oral Health Care Project Award in 2019. She was also a key member "All I Want for Christmas" project team, providing mobile dental care for the homeless/those in recovery in Blackpool in 2018 and 2019.

Chairman Joan Hatchard FBADN

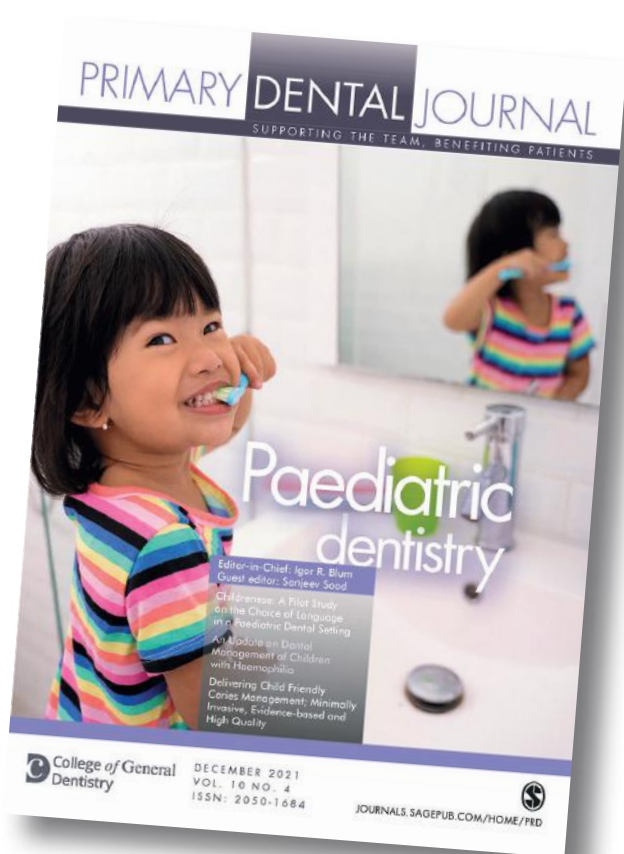
Joan gained her National Certificate in 1988, and went on to gain post qualification certificates in Oral Health Education, Radiography, and Conscious Sedation. She became the practice manager of two busy private general dental practices. Joan started teaching the National Certificate course in 1989. She also gained the FAETC and the Certificate in Education (FE), and holds the City and Guilds Licentiate in Dental Nursing. Joan was an examiner on the NEBDN Panel of Examiners for the National Diploma and the Certificate in Oral Health Education. She was the Chair of BADN Practice Managers' and Receptionists' National Group, and then Finance Officer; more recently, she has been a member of the Executive Committee, as Acting Chairman and as Treasurer. Joan is a BADN Fellow and received the 2013 BADN Award for Outstanding Contribution to Dental Nursing.



A complimentary copy of Primary Dental Journal for BADN members

To celebrate its launch, the College of General Dentistry is offering BADN members a complimentary print issue of Primary Dental Journal, its quarterly, peer-reviewed publication for the whole dental team.

CGDent is the UK's only college dedicated to primary dental care, and has assumed the functions of the Faculty of General Dental Practice (FGDP). Membership is open to all registered dental professionals, with dental nurses automatically qualifying for Associate Membership at a concessionary rate of £33, and eligible for full membership if they hold a postgraduate qualification. Benefits include professional recognition, access to over 900 hours of CPD, and an annual print subscription to the Primary Dental Journal (PDJ) with access to the complete archive online.



Unique in its dedication to general dental practice, three themed issues in each annual volume of PDJ explore topics of interest and relevance to the primary care dental team, led by an invited Guest Editor who is a renowned expert in the field, with one 'general issue' per volume covering a wide range of topics. The College is offering BADN members the December 2021 issue, which explores paediatric dentistry.

Featuring clinical articles, editorials and updates from the College, the journal is a leading resource for all those working in general dental care, and has as its Clinical Editor and Editor-in-Chief Dr Igor Blum, Professor in Primary Care Dentistry & Advanced General Dental Practice at King's College London. Current and past issues can be explored online at <https://journals.sagepub.com/home/prd>.

BADN members are invited to register for their free print copy of the next issue at <https://cgdent.uk/free-copy-of-the-primary-dental-journal/>

Orthodontic National Group
Spring Hybrid Study Day
Saturday 19th March 2022
London BOS HQ.
9.00am -4pm






Lectures :

- Dental Monitoring
- Lets talk about the M word
- Supporting Patients with Behaviour Changes
- Orthodontics & Changes in Self-Esteem
- Orthodontic Mechanics
- The Orthognathic Patient Journey

Members Rate £45.00 after early bird special £50.00
Non Members £70.00

Book online now at our Facebook page Orthodontic National Group via Eventbrite link below:



Joe Bell is a DCT 2 his lectured is titled
'Lets talk about the M word "(menopause)



Koula Asimakopoulou is a Chartered Psychologist, her lecture is
"Supporting patients with behaviour change".



Deirdre Coffey Postgraduate in Orthodontics, her lecture is
Orthodontics and Changes in Self-Esteem and Oral Health -
Related Quality of Life : what do we know ?



Michelle Woolridge Specialist Dental Nurse & Direct
Monitoring Co-ordinator, Michelle's lecture will be based
on her role in digital dentistry and the dental monitoring
system that she uses in Queensway orthodontic practice
alongside Guy Deeming.



Joe Tyson Orthodontic Therapist, he will be presenting a
talk on "An Overview of Orthodontic Mechanics".
Joe works at Helix House Orthodontic practice in
Nottingham.



Liam Monaghan Post -CCST in Manchester, is going
to present his lectured on
"The Orthognathic Patient Journey"

Please book early to avoid disappointment, please beware that those who want to attend the face - face session at BOS Head Quarters, 12 Bridewell Place , London EC4V - 6AP the places will be limited.

If you are attending the virtual session then you will receive your link nearer the event to log-in live online.
Note there will be no refunds for cancellations

We will be sponsored by TOC for this event





<https://www.eventbrite.co.uk/e/orthodontic-national-groupspring-hybrid-study-day-19thmarch-2022-tickets-76113129419>

New GDC Chair and Council member start in post

Planned changes to the membership of the GDC Council took effect from Friday 1 October. Angie Heilmann MBE, a former BADN President, joins the Council as a registrant member, and Lord Toby Harris joins as Chair.

The role of the Council, as a collective, is to set strategic direction and scrutinise the work of the organisation. Both new members joined the September Council meeting as observers and participated fully in the Council meeting on 20 and 21 October.

GDC Chief Executive and Registrar, Ian Brack, said: "We welcome our new Chair and Council member, who both bring valuable skills and experience to the GDC as we continue to focus on delivering our statutory objectives whilst navigating the complexities of regulatory reform."

Lord Toby Harris said: "I'm looking forward to working with the professions to ensure that our approach to regulation is proportionate and focused on our core purpose of patient safety and public confidence."

College of General Dentistry hosts official launch event

As Lord Toby Harris, Baron Harris of Haringey, was preparing for office as the new Chair of the GDC, the Faculty of General Dental Practice (FGDP) completed its long-planned separation from the Royal College of Surgeons of England, transferring into the new College of General Dentistry (CGDent).

It was therefore fitting that Lord Harris made his first public address to the dental industry since taking up the post as the keynote speaker on Thursday 21 October at a reception marking the birth of CGDent, the formation of which has realised the ultimate ambition of the FGDP's founding members to establish an independent college for general dental practice.

The College assumed the Faculty's remit on 1 August, and as well as publishing its guidance and standards, has already launched two postgraduate qualifications, offers membership benefits which promote and reward professional development, and has announced that it is developing a professional framework and career pathways for the whole dental team.

Speaking ahead of the event, Lord Harris said: "The creation of a dedicated College - for the whole dental team - is a significant moment and I am really pleased to join in celebrating this. The College of General Dentistry is an important partner for the GDC in supporting our role assuring education standards and ensuring patient safety and confidence in the professions."

Short-term vacancy at OCDO/E

This is an external/internal recruitment via Trac for a fixed term contract secondment until 31st March 2022 with applications closing on 14th November.

More information about the role and the Job Description can be found here: <http://jobs.england.nhs.uk/job/v3586836>

Please note that individuals who apply for this position will need to be GDC registered.



How Dental Nurses can remind patients that their hands are the safest pair of all

By Dr Nigel Carter OBE,
chief executive of Oral Health Foundation

Over several decades we have seen dentistry make strides to greatly improve the patient experience.

Modern dentistry now promotes a pain-free experience and has witnessed a shift in attitude from one of treatment to that of prevention. Dental nurses have also worked hard to improve and nourish patient relationships by being active voices online and have made good progress in removing some of the barriers that have previously made relationships beyond the dental chair difficult.



However, with advanced solutions, come new problems. In a way we are almost victims of our own success. A flawlessly white smile has never been more accessible or affordable. Patients might be forgiven for taking dental care for granted and having the perception that the act of dentistry itself is relatively simple.

It is this notion that has played a part in patients being willing to take more risks with their oral health, particularly by seeking treatment outside of the safe confines of a dental practice.

Cutting out dental professionals from the process of dental treatment can have dire consequences for patient safety and oral health, which is why we need your support for our new campaign – Safe Smiles.

Safe Smiles

Launched in September, Safe Smiles aims to highlight the benefits of safe dentistry and cosmetic treatment when carried out in dental practices by trained and registered professionals.

Safe Smiles is an industry response to concerns about the growth of direct-to-consumer alternatives. We are extremely worried about patients performing treatments at home, with DIY solution or direct-to-consumer alternatives – potentially putting themselves in danger.

The campaign focuses on five main areas: tooth whitening, adult orthodontics, dental tourism, sports, and accessories (like tooth jewellery or mouth tattoos). In all these areas, we have seen increases in patients taking matters into their own hands. Driven by social media, this problem is only going to get worse unless we start to tackle the issues and address the misconceptions about performing dentistry away from the practice setting.

Dental nurses have such an influential role to play by helping to share advice and information about the importance of having dental treatment in the right hands. It is only through a unified voice that we can truly make strides to tackling the rise in DIY dentistry.

You can help spread the vital messages of Safe Smiles by supporting the campaign both in practice and online. On the campaign website, www.dentalhealth.org/safesmiles, you can find a host of free downloadable resources which include social media graphics and banners. You can also find a digital toolkit created especially for dental healthcare professionals. The toolkit acts a step-by-step guide on how you can get involved in all aspects of the campaign including raising awareness on social media, writing to your MP, and working with your local media.

However you decide to support Safe Smiles we hope you take the opportunity to shout about the importance of safe dentistry. The fantastic work of dental nurses can often go under the radar; Safe Smiles gives you an opportunity to remind the public of the vital role you play in providing safe and effective dental care.



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*Source: A survey of 201 dental hygienists in the UK, Ipsos (2019)

Experience in ITU – Janaki Maharjan

During the first and second waves of Covid-19, my manager asked for volunteers to be redeployed to support the Trust in its response to the pandemic. We were aware that the ITU department was getting busier and busier so I volunteered to help out there. I am always very keen to learn new things, so I thought this was a good opportunity to increase my knowledge whilst supporting the Trust during a challenging time. I was a bit scared because I had never worked on hospital wards and definitely not in an ITU department.

On my first day in ITU, one of the senior nurses explained everything, including my role in the department, the working system, where the store rooms are located and more. My first role was to help in the donning and doffing station, assisting the staff with their PPE. After that, I was allocated to the patient bays where I helped to care for ventilated patients with Covid. It was very different to what I was used to and it took some time to get used to the environment and ways of working.

I experienced some things that I found difficult and which will stay with me for the rest of my life but the staff in ITU were supportive and helped me to come to terms with these difficult experiences. I came to realise that working in ITU can be difficult but is also very rewarding.

With the support of the ITU nurses, I learnt how to do various important tasks and they made me feel part of the team. They were always helpful whenever I needed assistance. I was able to do some tasks independently such as taking hourly observations, providing personal care, helping to prepare drugs for administration, taking PCR Covid swabs, arterial blood gas sampling and running gases, assisting bedside nurses, changing tracheostomy dressings and many more things. They made me feel so at home that I didn't feel that I was working in a different place.

Being a Dental Nurse, I was delighted to perform oral care to patients but it was a bit different to what I normally do. With ventilated patients it was not easy. Sometimes I could use a toothbrush and toothpaste,

otherwise I had to use pink lollipops and mouthwash every 4-6 hours. This was one job I did very confidently and proudly.

I enjoyed the opportunity to work a different shift pattern with long days, short days and night shifts. The nights were not easy for me because I had never worked a night shift in my life. I came to realise that I had the ability to work night shifts. During one night shift, I had the opportunity to work with the Trust's Chief Nurse. We worked well together and that was one of the best moments for me.

I worked in ITU for 2 months in the first wave and another 2 months in the second wave. After working in ITU, my confidence level has increased. I became confident to support ventilated patients who were very sick and approaching end of life. I have taken this confidence back to my role as a dental nurse and feel that I can work with any patient in any situation. I coped well during my redeployment to ITU and surprised myself that I had the ability and inner strength to work in such a stressful and busy environment.

Overall my experience in ITU was very positive. I learnt a lot and found out that I was capable of more than I realised. I hope my contribution made a small difference.

I am very proud that I was able to be part of the ITU team at UCLH during the pandemic.

About the author

Janaki Maharjan is a dental nurse at the Eastman Dental Hospital within UCLH NHS Foundation Trust where she has worked for 4 years. She currently is based in the multi-specialty procedure zone having previously worked in restorative dentistry. She is undertaking a post qualification course in conscious sedation.



PCR Testing (swabbing) – Sam Norfolk

When the country went into the first lockdown, the dental nurse team were given an opportunity to volunteer to support the Trust's response to the pandemic as many of our clinics were cancelled. As soon as I became aware that support was needed to set up the swabbing service, I decided to volunteer. The Covid-19 PCR swabbing team was initially set up to test UCLH staff in the early days of the pandemic. At this time, our services were stretched and when medical and nursing colleagues developed symptoms they were required to self-isolate for 14 days. By swabbing them shortly after the onset of symptoms, we could rule out Covid which would allow them to return to work on the front line more quickly.

Before I could start swabbing, I completed thorough training in the new PPE requirements and learnt how to effectively obtain nose and throat swabs from patients. It was important to maintain the highest standards of infection control to keep us all safe.

Those initial first weeks were pretty overwhelming, what with everything going on in the world. London was a ghost town. There were no cars on the road, no commuters on the tube or people walking the streets. No one really knew what to expect and everyone seemed on edge. Despite that, coming into work every day gave me a sense of purpose. My colleagues and I could rely on each other to keep our spirits up and support each other.

From day one, we were seeing over a hundred patients a day. It was tough, a conveyor belt of patients coming through seven days a week. Our patients, who were colleagues working on the front line, were themselves anxious and struggling as they too

had been redeployed and were finding the situation difficult. Although I was carrying out a swab test, I did my best to give each of them my time and listened to them. I put them at ease as best I could and tried to be a friendly face behind the mask.

Over time, we introduced self-swabbing for staff and the swabbing service changed its focus to patients awaiting surgery who needed a negative swab to enter the green pathway. It became a drive-through service away from the hospital. This provided an interesting experience, not only having to contend with the lovely British weather but working remotely and managing our site and our own welfare.

Over the past year, although challenging at times, it has been a privilege working within the Trust and working with my amazing colleagues during this time. Everyone adapted so quickly to our new roles. I know when I look back in the future, whether it be next year or many years from now, I will have a sense of pride knowing we helped to make a difference.

About the author

Sam Norfolk is a dental nurse working at the Eastman Dental Hospital within UCLH NHS Foundation Trust. She specialises in orthodontics where she has worked for more than 5 years.



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Brush up on CPD



Hello and welcome to Brush up on CPD. This program, produced by Purple Media Solutions, provides you with clinical features from which you can claim up to two hours of Continuing Professional Development (CPD), a mandatory part of registration with the General Dental Council. Each article offers an hour verifiable CPD on subjects.

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Brush Up on CPD appears in *The Probe* throughout the year. All certificates are issued online. Readers must be registered with www.the-probe.co.uk in order to gain access to the CPD questions and multiple choice answers. Once you have logged in, click on 'Brush Up' to see the question and answer options. When you have submitted the correct answers for both articles, you will be able to print out your two hours' verified CPD certificate.

To answer the questions below, visit www.the-probe.co.uk and log in.

Click on the 'CPD - Brush Up' tab.

The questions for this Brush Up will appear under 'Brush Up – BDNJ Autumn 2021'.

CPD questions – Getting patients to put a little heart into their oral health

1. How many people die from CVDs annually in the UK?

- a) 100,000
- b) 120,000
- c) 130,000
- d) 160,000

2. What is the most prevalent type of heart disease in the UK?

- a) TIA
- b) Coronary heart disease
- c) Peripheral arterial disease
- d) Aortic disease

3. What are some of the modifiable risk factors for CVD?

- a) Smoking
- b) High cholesterol
- c) Inactivity and being overweight
- d) All of the above

4. What impact does the meta-analysis cited in the article suggest that current periodontal disease has on risk of cardiovascular events?

- a) It decreases the risk of cardiovascular events
- b) It increases the risk of cardiovascular events
- c) It has no impact
- d) It causes strokes

5. Has a causal relationship between oral health and CVD been established?

- a) Yes – definitely
- b) Yes – but only for strokes
- c) No – more research is needed
- d) No – there is no relationship

6. What can help to reduce risk of developing CVDs?

- a) Nothing
- b) Drinking more water
- c) Tooth brushing and regular dental visits
- d) Visiting the doctor more

CPD questions – The dental managers of the future

1) What areas can dental nurses progress into as part of their career development?

- a) Additional skills
- b) Practice management
- c) Lead decontamination
- d) Any of the above

2) How many principles of management did Henri Fayol suggest?

- a) 5
- b) 10
- c) 14
- d) 21

3) Which principle of management describes working together for a common goal?

- a) Unity of command
- b) Unity of direction
- c) Stability
- d) Initiative

4) What does the management principle surrounding 'Stability' refer to?

- a) The importance of job security for individuals
- b) Achieving stable treatment outcomes
- c) Never implementing changes in the workplace
- d) Strong leadership

5) According to the WHO, what should managers be appointed and promoted based on?

- a) Connections in the industry
- b) Likeability
- c) Merit
- d) Time in the profession

6) What attributes make a good manager?

- a) Being happy to take the lead
- b) Able to raise staff morale
- c) Being decisive and assertive
- d) All of the above



Getting patients to put a little heart into their oral health

Learning objectives

- To be aware of the basic statistics for cardiovascular diseases in the UK
- To understand some of the potential relationships between cardiovascular disease and oral health
- To appreciate the importance of oral hygiene education and support in minimising the risk of cardiovascular diseases, among other systemic conditions

GDC Development Outcome: C

Cardiovascular diseases (CVDs) are among many systemic health conditions claiming lives around the world. Though there are several known risk factors, a growing body of evidence points to a correlation between oral health and development of heart disease. It's important for the dental team to be aware of the current landscape and the latest literature in the field so that they may advise and support patients to better oral and general wellbeing.

The current landscape

CVDs are the leading cause of death globally, taking the lives of approximately 17.9 million people in 2019 – that accounted for over 30% of all deaths.ⁱ In the UK alone, an estimated 160,000 people die from heart and circulatory diseases annually, which equates to one person every three minutes.ⁱⁱ The most prevalent type of heart disease in the nation is coronary heart disease (CHD), which stresses the heart and can cause angina, heart attacks and heart failure. Other common types of CVDs include strokes and transient ischemic attacks (TIAs), peripheral arterial disease and aortic disease.ⁱⁱⁱ

As you will know, the risk factors of CVD are multifactorial, though many are modifiable with behaviour, including high blood pressure, smoking, high cholesterol, diabetes, inactivity, being overweight, diet and alcohol consumption. Some non-modifiable risk factors also play a role, such as family history of CVD, ethnic background, age and gender.ⁱⁱⁱ



Another area of concern is, of course, oral health and its impact on CVD risk and development. While an association has been established, there is still some debate as to whether a causal relationship exists between periodontal disease and CVD due to the number of risk factors each condition shares.^{iv}

A gateway to the heart

We often talk about the mouth as the gateway to the body, but there is evidence demonstrating a direct link between the oral cavity and the heart. There is evidence to show that history of periodontal disease or tooth loss significantly increases the risk of peripheral arterial disease in men.^v A meta-analysis also supported the concept that presence of periodontitis raised the risk of cardiovascular events.^{vi}

The exact mechanisms of how oral health may impact heart health are still being

researched, but several studies already available provide some useful insight. For example, it has been postulated that the pathogenic effect of periodontal disease on the cardiovascular system is the result of bacteria entering the blood stream. *P.gingivalis* – the main aetiological agent associated with chronic periodontitis^{vii} – has been identified in endothelial cells (which form the lining of blood vessels) and atheromatous plaques (abnormal accumulation of material on the inner artery wall). There is also some research to suggest that the rise in reactive oxygen species occurring alongside periodontal disease may be associated with systemic inflammation.^{viii}

Though there is growing evidence of a strong correlation between oral health – particularly periodontitis – and cardiovascular diseases, more research with larger sample sizes and more consistent findings is needed to confirm a causal relationship.^{ix}



What can we do?

The links between periodontal disease and CVDs make oral health promotion even more important. In educating patients on the benefits of effective oral hygiene not only for their mouths but also for their bodies and general wellbeing, the dental team can have a significant impact on their health and quality of life.

Reinforcing basic oral hygiene standards, encouraging good behaviours and facilitating effective at-home oral health routines is a simple but essential place to start. All members of the dental team, including dental nurses, play a role in impressing upon patients the importance of looking after their teeth and gums. In fact, the more times that a patient hears the same message, the more likely there are to appreciate its magnitude.

One study* tentatively suggested that toothbrushing alone could decrease the risk of specific causes of mortality, including CVD, compared with never brushing. This is supported with others that associate regular oral hygiene habits such as tooth brushing and dental visits with a lower risk of CVD in otherwise healthy adults.^{xi}

Oral health education is often an area that dental nurses excel in. You have the clinical training and understanding of dental health matters, combined with exceptional communication skills and the ability to connect with patients on a personal level. In addition, patients often feel comfortable asking you questions and seeking further explanations, which they might not wish to trouble the dentist about. This puts dental nurses in a unique position to build invaluable relationships and rapport with a number of patients that frequent the practice.

Furthermore, taking on an official role as an oral health educator for your practice may be an exciting step in your career, providing access to challenges and opportunities for professional growth. You could even think about taking the show on the road and visiting local schools or community groups to spread the word even further and help more people understand the links between oral health and systemic health conditions such as CVDs. A hugely fulfilling position for you, it could also help to bring more patients into the practice, supporting colleagues and business growth for a bright future all-round. Perhaps as we approach National Heart Month in February 2022 you could see about introducing a new service for your practice or community? Working with a dental provider like Colosseum Dental UK can make way for opportunities to engage with local businesses and organisations in this way, promoting oral health and ensuring your job satisfaction alongside.

A healthier future

Though more research is needed to better understand the exact associations between oral health and CVDs, it is safe to say that looking after teeth and gums should be a priority for all patients. Anything that can reduce the risk of cardiovascular issues, especially at a time when the health service is already stretched, should be communicated to and encouraged among the general population. Dental nurses and the entire dental team have an important role to play in supporting patients in their journeys to oral and general health.

For more information, please visit <https://www.colosseumdental.co.uk/careers/job-opportunities/dentists>

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References

- i. World Health Organization. Cardiovascular diseases (CVDs) Fact sheet. June 2021. [https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds)) [Accessed November 2021]
- ii. British Heart Foundation. Facts and Figures. <https://www.bhf.org.uk/what-we-do/news-from-the-bhf/contact-the-press-office/facts-and-figures> [Accessed November 2021]

- iii. NHS. Cardiovascular disease. <https://www.nhs.uk/conditions/cardiovascular-disease/> [Accessed November 2021]
- iv. Dhadse P, Gattani D, Mishra R. The link between periodontal disease and cardiovascular disease: How far we have come in last two decades ?. *J Indian Soc Periodontol.* 2010;14(3):148-154. doi:10.4103/0972-124X.75908
- v. Hung HC, Willet W, Merchant A, Rosner BA, Ascherio A, Joshipura KJ. Oral Health and Peripheral Arterial Disease. *Circulation.* February 2003. 107(8):1152-1157 <https://doi.org/10.1161/01.CIR.0000051456.68470.C8>
- vi. Blaizot A, Vergnes JN, Nuwwareh S, Amar J, Sixou M. Periodontal diseases and cardiovascular events: meta-analysis of observational studies. *Int Dent J.* 2009 Aug;59(4):197-209. PMID: 19774803.
- vii. How KY, Song KP, Chan KG. *Porphyromonas gingivalis*: An Overview of Periodontopathic Pathogen below the Gum Line. *Front Microbiol.* February 2016. 9(7):53. doi: 10.3389/fmicb.2016.00053. PMID: 26903954; PMCID: PMC4746253.
- viii. Mathews, M.J., Mathews, E.H. & Mathews, G.E. Oral health and coronary heart disease. *BMC Oral Health* 16, 122 (2016). <https://doi.org/10.1186/s12903-016-0316-7>
- ix. Fisher MA, Borgnakke WS, Taylor GW. Periodontal disease as a risk marker in coronary heart disease and chronic kidney disease. *Curr Opin Nephrol Hyertens.* November 2010. 19(6); 519-526 doi: 10.1097/MNH.0b013e32833eda38
- x. Vogtmann E et al. Oral health and mortality in the Golestan Cohort Study. *International Journal of Epidemiology*, 2017, 2028–2035 doi: 10.1093/ije/dyx056
- xi. Park SY, Kim SH, Kang SH, Yoon CH, Lee HJ, Yun PY, Youn TJ, Chae IH. Improved oral hygiene care attenuates the cardiovascular risk of oral health disease: a population-based study from Korea *European Heart Journal.* April 2019. 40 (14); 1138–1145 <https://doi.org/10.1093/eurheartj/ehy836>

The dental managers of the future

Learning objectives

- To appreciate the benefits of moving from dental nursing into practice management
- To develop a basic understanding of the 14 principles of management
- To consider what types of people are best suited to dental management roles

GDC Development Outcome: B

There are many areas that dental nurses can branch out into when looking to expand skills and progress in their careers. The nature of the job means that you have experience in and knowledge of various aspects of the practice while performing routine duties and this will serve you well as you extend your responsibilities. Some of the main avenues that dental nurses follow for career development include incorporating additional skills, advancing your clinical or oral health education capabilities, or moving into management and leadership roles.

For the latter, understanding what a dental management role entails and what options are available to you will help you to transition into a relevant position. In many cases, dental nurses are well placed to take on the duties of the practice manager – you already know how the team works, what challenges they may be facing and what they need to meet patient demands. From here, consider focusing your skill development in business management and leadership to become better prepared for this type of job. For example, being familiar with the principles of management is a good place to start.

Principles of Management

According to Henri Fayol – a French mining engineer commonly acknowledged as the founder of modern management methods and concepts – there are 14 principles of management, which can still be applied to businesses today.¹

1) Division of work

The team should be assigned roles to focus on and develop proficiency within, improving their skills and encouraging seamless teamwork without the manager having to do all the work.

2) Authority and responsibility

With authority comes responsibility, so

managers should be guiding the team in their work while utilising their own experience and expertise to remain helpful and encourage respect from colleagues.

3) Discipline

Most rules are implemented in the dental practice for the health, safety and happiness of the team, as well as patients. Ensuring these protocols are followed, identifying issues and providing support to improve where necessary is a crucial aspect of the manager's duties.

4) Unity of command

Each team member should know who their manager is and therefore receive direction from that person only. As a manager, you'll need to stay within your specified remit and recognise who you are responsible for helping.

5) Unity of direction

Understanding and promoting common objectives is an important way for managers to unify and coordinate the team for maximum success and optimal patient experiences.

6) Subordination of individual interest

In setting goals, it's important to put personal targets and ambitions aside. In the dental practice, the needs of the patients and the business as a healthcare provider should be the priority.

7) Remuneration

The team should be rewarded for their talents, dedication and hard work. Though lead dental nurses and practice managers may not have direct influence over salaries, being aware of the situation and opportunities for growth can help you to support your team and earn their trust.

8) Centralisation

Business decisions should be made from a neutral stand point, but finding a balance that encourages team engagement and autonomy in the dental practice is important.



Those in management roles can oversee and help to maintain this balance.

9) Scalar chain

Everyone in the team should understand the hierarchy within the practice or wider organisation so that they know who to turn to with any concerns or questions.

10) Order

A structured approach to daily activities in the workplace will encourage productivity and efficiency.

11) Equality

Treating all team members fairly and with respect is the cornerstone of equality and inclusivity in any workplace today, including the dental practice. The manager or team leader is no exception and should treat everyone without discrimination.

12) Stability

Job security is important for individuals to do their best work. The manager should be offering reassurance that roles are stable and help to minimise staff turnover to ultimately deliver the best experience for patients.

13) Initiative

The manager should be encouraging team members to use their own initiative to help improve the practice environment or patient services. This engagement from people with different ideas and perspectives is vital for business growth.

14) Esprit de Corps

Team spirit and morale – especially in such a high-stress profession as dentistry – is



crucial for a happy and successful practice team. It starts at the top, so managers should be promoting unity within their team.

Are you a manager?

The World Health Organization (WHO)ⁱⁱ defines leadership in healthcare as “creating a vision”, while management is ‘getting things done’. It suggests some conditions that should be met to lay the foundations for effective management, which include:

- Managers must be selected based on merit
- Managers need to earn respect from their colleagues, superiors and patients
- They need to be sufficiently knowledgeable and skilful to complete the daily tasks they are charged with
- Managers should ensure good basic support systems are in place, with maintenance and logistics covered

This is all easily applicable within the dental setting, and in many cases, dental nurses can achieve the majority of these conditions before even moving into an official management role. Simply asking questions and taking on new roles and responsibilities when you’re able is a great way to gain experience in new areas of the business. Perhaps you could become the decontamination lead, or oversee dental nurse training for your practice or local practices? Alternatively, you might support your current practice or area manager in some of the administrative tasks to find out what they entail.

If you are thinking of moving into a management role, whether that be as

lead dental nurse or a practice manager, there are various attributes you should possess, including:ⁱⁱⁱ

- Skilled at coaching and counselling staff
- Happy to take the lead
- Comfortable resolving conflicts and addressing negative situations with solutions
- Like to raise staff morale
- Able to assess performance and provide constructive feedback
- Happy to suggest and implement changes effectively
- Clear thinker
- Assertive, decisive and communicative
- Good time management
- Results driven
- Organised

Your next step

If this sounds like you, it may be time to take the leap into a management role. Finding a positive working environment that is conducive to and encouraging of your development is crucial. Aside from providing plenty of opportunities for growth, Colosseum Dental UK ensures a great place to work for all members of its practice teams. We will listen to your career ambitions and actively help you achieve them with an array of highly experienced managers available for you to learn from.

Of course, management is only one area that modern dental nurses can

move into as they progress in their career. For the right people, it offers a challenging yet highly rewarding option that utilises their experience and dedication to date, while offering exciting new roles and responsibilities. Can you see yourself in management?

For more information, please visit <https://www.colosseumdental.co.uk/careers/job-opportunities/dentists>

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References

- Onyinye H. Application of the history of management theory to contemporary organisations. Unicef University. December 2020. R2007D11101572 https://www.academia.edu/49733549/APPLICATION_OF_THE_HISTORY_OF_MANAGEMENT_THEORY_TO_CONTEMPORARY_ORGANISATIONS [Accessed November 2021]
- WHO. Chapter 10: leadership and Management. https://www.who.int/hiv/pub/imai/om_10_leadership_management.pdf [Accessed November 2021]
- What makes a good manager? Management Advisory Service. <http://www.mas.org.uk/management-advisory-service/what-makes-a-good-manager.html> [Accessed November 2021]



The journey continues

In the summer, following all the wonderful support I have received from within the dental community, I set up the Raisin Awareness Advisory Board, made up of a panel of highly regarded dental professionals with an incredible breadth and depth of experience to offer input on steering the project forward. I was honoured when Pam Swain (BADN), Nigel Carter OBE (Oral Health Foundation), Ingrid Perry MBE (co-founder of Teeth Team), Simon Hearnshaw (NHS England), Caroline Holland (BSPD) and Melanie Pomfrett (Philips Oral Healthcare) accepted the offer to get involved.

After giving an update on the project and future plans, I listened to the ideas floated and have been working through the suggestions ever since. It's been quite a roller coaster, with moments of anticipated rejection amidst real momentum. But all the way I've been meeting new people and expanding the network. Discovering amazing things happening in different areas that overlap (from school food initiatives to growing projects and environmental/sustainability activities) run through a myriad of councils, social enterprises, and charities. I've also personally had to learn new skills outside my Dental Nurse experience (some of the technical abilities require further input!).

As part of this continued reaching out, I have now been offered the opportunity to contribute to developing resources aimed at Out-of-School settings (OOS), preschools, nurseries, childminders and reception teachers (EYFS), and Holiday Activity and Food programmes (HAF) in my local area, thereby extending the positive oral health messages deep into the community.

Like the publication of Version 4 of the Delivering Better Oral Health Toolkit, the EYFS statutory guidance became effective in September. So now all these settings have an increased awareness of the need to promote oral health to their children and families. This means that they are more receptive than ever to dental professionals offering involvement. As an extension of Raisin Awareness in primary schools, the associated early years settings could easily, and for very little cost, be incorporated to receive the e-version OHE and any staff linked to the sponsoring practice will have further opportunities.

What does this mean to you as a Dental Nurse?

Are you passionate about improving children's oral health in your community? Would you like to expand your role to extend beyond the surgery? Would you like your practice to link up with a local primary school and get personally involved in classroom education? Are you already connected to a local school or

preschool and feel that being part of a national project would bring extra benefits? For more information, register your interest here: <https://bit.ly/3qdEv2r>

Have you heard about an initiative local to you that has been well planned, and should be shouted from the rooftops? Email me directly on info@awesome-oral-health.com and tell me all about it.

What I've learned over the last 6 months is the power of collaboration and how rewarding developing partnerships is, both personally and for oral health outcomes. By working together, we not only have wider reach but, by saving time and money in avoiding duplication, could also offer additional opportunities for those precious funding pots to be used for greater impact.

As dental nurses, we have knowledge and skills that we can use to input into existing schemes as well as creating our own new projects. By the time this goes to press, Victoria Wilson's Smile Revolution 5th Oral Health Promotion course will have started. A wonderful opportunity for any dental professional (whether dentist or DCP) to investigate and develop any ideas they may not even have had yet. Philips generously sponsored my place last year and I can't recommend it highly enough. As well as the five weeks of intensive learning, it is followed up with on-going mentoring and additional support. In my case, it is thanks to this support that Raisin Awareness has a page hosted on the Smile Revolution website: <https://smilerevolutiongrowthhub.com/who-we-work-with/>

Exciting news: Watch out for my own website launching soon - www.awesome-oral-health.com - where dental practices and schools will be able to access more information and understand the many benefits of collaboration by partnering a social enterprise with integrity and purpose.

And the cycle of project development continues with the next Raisin Awareness Advisory Board meeting fast approaching.

About the author

Jo Dawson is a Dental Nurse and Oral Health Educator. For the last 13 years, she has been working at Devonshire House Dental Practice in Cambridge. As a mum, she is passionate about improving children's oral health and refuses to let her own technical inability get in her way. Since beginning the Raisin Awareness project, she has somewhat haphazardly braved Facebook, Instagram and Twitter but realised she must get serious and get on LinkedIn! In the meantime, her allotment continues to be relegated to almost total neglect but, luckily, Mother Nature is even more determined than Jo is and has provided wonderful harvests and colourful displays of inspiration despite this limited input.



Turning a negative into a positive



When I heard that the school PTA were doing a pop-up doughnut shop to raise money, I was horrified! It was too late to dissuade so I asked if I could supply paper bags then it would give kids and parents a real choice to eat after school or save for pudding. Hastily, I got 200 bags and printed stickers to seal, plus the head teacher agreed to mention it in assembly. I was really

surprised and delighted to see so many children resist the immediate temptation and choose to take them home instead. Save for pudding, kind to teeth.



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Fit-Lip

Dental nurses working in a clinical setting play a vital role not only in the smooth running of the surgery but also helping to detect serious conditions such as lip cancer in patients (1). Survival rates are good if caught early, and a nurse's conversations with patients can prove invaluable and help to ensure that the patient, and not just the team, are thinking about just how fit their lips are.

Definition of lip cancer

At present, lip cancer is defined as a form of mouth cancer occurring at the junction between the oral cavity and the skin (the outer lip). However, the epidemiology of lip cancer supports the proposal that the lip should be regarded as a distinct cancer site, rather than being included with other forms of mouth cancer (2).

Most lip cancers are squamous cell carcinomas, which means they begin in the thin, flat cells in the middle and outer layers of the skin called squamous cells. These cancers tend to spread quickly and need to be caught early.

With an annual rate of 0.2 per 100,000 in the United Kingdom (UK) it is far less common than other forms of mouth cancer (including the inner lip) but in many cases it is a preceding factor (3). However, any case is one case too many as it can be devastating not only for the patient but also their friends and family.

Clinical manifestations of lip cancer primarily involve the lips but can also occur on adjacent areas in the mouth and, in the early stages, are often asymptomatic (4). Indeed, many patients mistake it for a cold sore and other people often don't comment for fear of causing offence. Thus, it can proliferate easily without early recognisable symptoms or pain. If not caught early, treatment for lip cancer can have many functional and cosmetic consequences, resulting in difficulty with speech, chewing, and swallowing. Also, surgery may result in disfigurement of the lips and face.

Aetiology

Lip Cancer is often described as multifactorial and poorly understood, as is the case with many malignant diseases (5). Nonetheless, we need to familiarise ourselves with common risk factors. They include:

Tobacco use: Risk factors for lip cancer include the traditional carcinogens for head and neck cancer such as betel nut, cigarette and pipe smoking, cigarettes in particular contain various carcinogens, which damage the lining of the lip and cause abnormal cells to proliferate (6). The more frequent and greater the consumption of these, the larger the risk is.

Alcohol: Excessive alcohol is harmful, but a combination of alcohol and tobacco presents the highest risk.

Medical history: We need to pay attention to our patients' medical history as evidence suggests that both the Human Immunodeficiency Virus (HIV) and Human Papilloma Virus (HPV) – especially types 16 and 18 – infections may increase the risk of lip cancer. However, although HPV has been associated with lip cancer, its role in the pathogenesis of the disease is not as defined as with other areas in the mouth (7).

Studies also demonstrate that patients who are being treated for immunosuppression have a higher risk of developing squamous cell carcinomas (such as lip cancer) mainly due to the medication that includes cyclosporine and corticosteroids. Indeed, lip cancer is described as a common consequence of renal transplantation (8).

Lip trauma: Repeated trauma by self-inflicted injury (e.g. with a toothpick or pen) or habitual chewing can act as a potential trigger for carcinoma of the lip (9).

Oral Hygiene: Patients with poor oral hygiene seem to have increased risk of lip cancer, irrespective of any proven risk factors.

Familial tendency: It has been suggested that there is a familial tendency, which is thought to be due to a genetic component, but there is no real evidence to support this.

Gender: Traditionally, lip cancer was seen mainly in male smokers, but incidence rates are now generally stable or falling amongst men throughout the world but rising in many female populations including those in the UK.

But perhaps the most well-known aetiological factor is sunlight. Indeed, prolonged and cumulative sun exposure is the most significant carcinogen involved in the development of melanoma and non-melanoma lip cancers. Approximately a third of lip cancers are associated with excessive sun exposure in patients, especially those with outdoor occupations and fair skin. This helps



explain why almost 90% of lip cancers occur on the exposed vermillion of the lower lip which is at higher risk for skin cancer because it is usually more prominent and has a higher level of sun exposure than the upper lip which is protected by the nose and angled slightly downwards (8).

Therefore, it is no surprise that lip cancer has a definite geographic pattern relating to sun exposure that is notably different from mouth cancer and 30% of patients with lip cancer have outdoor occupations (9).

You could be excused for thinking that we do not need to worry in the UK because the incidence of lip cancer is not so high, but that does not mean it is non-existent. The risk is going to increase, compounded by climate change, including stratospheric ozone depletion, global warming, and ambient air pollution. We have also recently noted a change in behaviour following Covid with people taking up new hobbies such as running, walking, cycling, gardening and water sports, all leading to greater susceptibility to UV radiation-induced carcinogenesis, hence the need to continue raising awareness (10).

So, to summarise when assessing patients, high-risk factors include:

- Tobacco use
- Alcohol use
- Combination of alcohol and tobacco consumption presents highest risk
- HPV types 16 and 18
- Chronic trauma (e.g. biting of tongue and cheek)
- And perhaps most important of all: Sunlight

Screening

Dental nurses can play a key role in helping the clinician detect this deadly disease. While updating or obtaining new medical and dental histories, or just by having casual conversations with patients while waiting for the clinician in the surgery, you can obtain valuable information by recognising signs and symptoms that may indicate lip cancer caused by carcinogens such as tobacco and alcohol or viruses such as HPV or HIV.

Discussing the medical history can be difficult for both the patient and the team. However, approaching it with a professional and friendly attitude will make patients feel a lot more comfortable. Dental nurses can do a great job of informing patients why it is important to do a mouth cancer screening at every check-up, creating an environment the patient can feel comfortable in and trust.

The screening stage of the appointment often leaves patients holding their breath, but they don't need to! Creating a genuine connection by asking engaging and specific questions will allow your patients to literally 'open up' which is vital to a thorough check-up and can help save lives. Invite them into a conversation about their health, including their risks, instead of just running on autopilot. November is Mouth Cancer Awareness Month and having some knowledge of the disease provides a great opportunity to engage our patients.

External screening

Dental nursing often involves sitting at a different angle to the clinician so if you notice an abnormality, gently enquire about it with the patient and discuss it with the clinician.

During the initial examination, the patient's face should be checked for asymmetry, swellings, skin blemishes, moles, and pigmentation. The vermillion border of the lips and corners of the mouth need to be examined for changes in colour or texture and the lymph nodes of the neck palpated in order to detect any enlargement/nodal metastases (11).

The sensation of the lower lip and chin on each side of the midline of the mandible should also be assessed. This is because even in early stages, lip cancers can gain access to the mental nerve, involve the mandible, and even spread into the mental foramen (12).



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Signs & symptoms to look out for include:

- An open sore that does not heal
- Bleeding
- Lumps or wart-like growths
- Thickening
- Discoloration
- Swelling
- Pain
- White plaque/erosions
- Tingling sensation or numbness
- A red patch that becomes crusty and itchy
- Pale skin area that looks like a scar

Protocol

If any suspicious lesions are detected they should be photographed, measured, and included in the patient's records. This ensures that any findings are both monitored and managed appropriately. To aid continuity of care, assessment, and support, a follow-up appointment should be booked.

Urgent referrals

Adult patients with a clinically evident suspicious lesion, or symptom(s) suggestive of malignancy, ought to be given an immediate urgent referral to a specialist, which should ensure an appointment within two weeks. (13).

Prevention

Prevention is better than cure, and it is essential when it comes to lip care. Obviously, there is little we can do about many of the causative factors but there are a range of preventive measures aimed at reducing their impact. They are as follows:

Smoking cessation

When checking the medical history form, we need to ask patients if they have ever used, or currently use, alcohol or tobacco and advise them of the harmful effects, primarily the increased risk of lip cancer. We can joke about being nosy to help put them at ease. If they say, "Yes, but it was a long time ago," try to pin them down as everyone's perception of "a long time" is different.

If the patient is high risk, assessment of their motivation towards quitting should then be carried out and tobacco cessation resources provided for when they are ready to reduce their risk. Assistance can include guidance to using counselling services, or information about nicotine gum and patches.

Alcohol

Patients should be advised not to drink more than 14 units of alcohol per week. In cases of high alcohol intake, support services can be suggested or a referral to their general practitioner.

Viruses

We need to let patients know that smoking isn't the only risk factor. Informing them that the human papilloma virus (HPV), in particular variants HPV16 and HPV18 have also been linked to lip cancer (albeit tenuously), is essential as is raising awareness about the HPV vaccine (14).

Diet & lifestyle advice

A poor diet leads to nutritional deficiencies, which compromises the immune system. The dental nurse can support in emphasising the value of a balanced and healthy diet to patients. Increased consumption of fruits and vegetables is associated with a lower risk of all cancer (15) and the antioxidant vitamins A, C and E and carotenoids (beta carotene) scavenge potentially mutagenic free radicals from damaged cells. A good natural source can be found in red, yellow, and green fruits and vegetables. Current advice is to eat up to ten servings of such foods a day.

Fit-Lip is a campaign aimed at encouraging people to wear SPF lip balm in order to protect their lips, prevent lip cancer and generally keep their pout healthy. The campaign was founded by Ali Lowe, a dental hygienist and student on Victoria Wilson's Smile Revolution course. Ali has a keen interest in facial aesthetics and is passionate about maintaining the wholesome appearance of the lips.

Ali has noted that people diligently apply sunscreen to their face but forget to do their lips the same justice by protecting them with an SPF lip balm, which is a worry as UV damage can lead to lip cancer. No matter what the occasion, there is an SPF lip balm out there to suit all eventualities. After all, do our patients really want lips to die for?

Ali can be contacted via Instagram @fitlipuk or email on ali.lowe687@gmail.com.



OHI

Providing oral hygiene advice and reinforcing prevention subsequently helps patients to improve their oral health and reduce risks. This includes brushing twice daily with a fluoride toothpaste and use of interproximal aids.

Sun exposure

But by far the most important preventative measure is advice regarding sun exposure. A certain amount of sunlight is necessary for production of vitamin D, but it is useful to familiarise ourselves with the NICE guidelines regarding the risks and benefits, which recommends avoidance of sunburn, e.g. by seeking shade when outside for a prolonged period, especially in the middle of the day (11am to 3pm), wearing a wide brimmed hat offering shade to the lips and face and use of an SPF lip balm with a minimum sun protection factor of 15. We should also advise against the use of sunbeds and tanning salons (16).

Conclusion

The dental nurse has a vital role in raising awareness about lip cancer and helping to detect it early. They can educate patients about its appearance, encourage them to regularly inspect their mouths and lips and seek immediate help if concerned about anything they discover. Treatment is far more successful if the cancer is caught early, the lesion is small and there is no lymph node involvement or distant metastasis.

Patients often ask questions about their treatment plans after they leave the surgery. A well-informed nurse not only shows the depth of his or her knowledge, but also increases patients' trust in the practice and helps ease any anxiety (17). By working together, we can keep that smoothest muscle fit!

References

1. Bland, K. Oral Cancer Detection: the dental assistant's role (2015) American Dental Assistants Association. Accessed 20/10/21.
2. Moore S, Johnson N, Pierce A, Wilson D. The epidemiology of lip cancer: a review of global incidence and aetiology. Oral Dis. 1999 Jul;5(3):185-95. doi: 10.1111/j.1601-0825.1999.tb00300.x. PMID: 10483063
3. <http://www.cancer.gov/types/head-and-neck/patient/lip-mouth-treatment-pdq> accessed 1/10/21
4. Scully, C., Narendran, A Robinson. in International Encyclopaedia of Public Health (Second Edition) (2017).
5. Stebbins W, Hanke CW. Lip cancer: Not uncommon, often overlooked. Skin Care Foundation. <https://www.skincancer.org/skin-cancer-information/lip-cancer-not-uncommon>. accessed 3/10/21
6. Hashibe M, Sturgis EM. Epidemiology of oral-cavity and oropharyngeal carcinomas: controlling a tobacco epidemic while a human papillomavirus epidemic emerges. Otolaryngol Clin North Am. 2013 Aug;46(4):507-20. doi: 10.1016/j.otc.2013.05.001. Epub 2013 Jun 25. PMID: 23910467.
7. Greenspan, J.S. Greenspan, D. Oral complications of HIV infection in Sande's HIV/AIDS Medicine (2012).
8. Van Leeuwen, M.T. et al (2009) Immunosuppression and Other Risk Factors for Lip Cancer after Kidney Transplantation. DOI: 10.1158/1055-9965.EPI-08-0919 Published February 2009.
9. Kerawala C, Roques T, Jeannon JP, et al. Oral cavity and lip cancer: United Kingdom National Multidisciplinary Guidelines. J Laryngol Otol 2016;130: S83-9. [Crossref] [PubMed]
10. Domanski, C. (2021) <https://www.philips.co.uk> accessed 16/10/21
11. Wilkins, Ester M., BS, RDH, DMD., Clinical Practice for the Dental Hygienist. Publisher: Lippincott Williams & Wilkins Published January 30th, 2012
12. Kennedy, K. (2014) The details of oral cancer screening. <https://www.rdhmag.com> accessed 2/10/21
13. Delivering better oral health an evidence-based toolkit for prevention Public Health England, Department of Health and Social Care, NHS England, and NHS Improvement last updated 21 September 2021
14. Coates, K. (2012) Oral cancer and the dental nurse's role. <https://www.dentalnursing.co.uk> accessed 15/10/21
15. Delivering better oral health: an evidence-based toolkit for prevention Public Health England, Department of Health and Social Care, NHS England, and NHS Improvement last updated 21 September 2021
16. Sunlight exposure risks & benefits. NICE guideline (NG34) Published:09 February 2016
17. Bland, K. Oral Cancer Detection: the dental assistant's role (2015) American Dental Assistants Association. Accessed 20/10/21.

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The link between gum health and whole body health

Johnson & Johnson Ltd. is delighted to bring you this article, with the aim of supporting the ongoing Enhanced CPD needs of dental healthcare professionals in improving and maintaining the oral health of their patients.

Aims and objectives

The aim of this article is to revisit the found links between gum health and whole-body health, looking at causation versus correlation, offering advice in terms of the current situation for dental professionals in everyday practice.

On completing this Enhanced CPD session, the reader will:

- Understand that the oral cavity is a complex microbial ecosystem that provides the gateway to the human body
- Understand that, in a diseased state, host-microbial networks may have a systemic impact that extends beyond the mouth
- Understand the importance of whether the link between periodontal disease and other inflammatory diseases is correlative or causal
- Understand that a possible association between COVID-19 and periodontal health / disease is in its infancy and needs further investigation
- Understand how to address the issue of systemic association in practical terms, given the current level of understanding.

Learning outcomes: C,D

This article revisits the found links between gum health and whole-body health, looking at causation versus correlation, offering advice in terms of the current situation for dental professionals in everyday practice.

Kleinstein and colleagues (2020) wrote that, 'The oral cavity is a complex microbial ecosystem that provides the gateway to the human body. The human oral microbiome contains upward of 2,000 bacterial, archaeal, viral, and fungal species. The majority of oral microbiota are considered to be commensals, although the oral cavity can also harbour opportunistic pathobionts.'¹

They further suggested: 'In a healthy state, the oral microbiome is composed of commensals, and their genes and phenotypes may be selected by the immune system to survive in symbiosis. These highly regulated signals are modulated by a network of microbial and host metabolites. However, in a diseased state, host-microbial networks lead to dysbiosis and considerable burden to the host prior to systemic impact that extends beyond the oral compartment.'¹

Gingivitis and periodontitis in focus

Dysbiosis in the oral cavity can result in the development of oral conditions, such as periodontal disease, which is the most common human inflammatory disease present in the mouth.¹

Exploring periodontal disease further, Genco and Sanz (2020) stated: 'It has been clearly accepted that gingivitis and periodontitis are independent conditions, and while a patient with gingivitis can revert to a state of health, a patient with periodontitis will remain as such for life, even following successful therapy.'²

They went on to consider that the causes and risk factors associated with the initiation and progression of periodontitis might also influence other systemic diseases.²

In line with this, it has been demonstrated that, 'The presence of periodontal diseases (PDs) often strongly correlates with other severe chronic inflammatory conditions, including cardiovascular disease, diabetes, and arthritis. However, the mechanisms through which these diseases interact are unclear.'³

Correlative or causal?

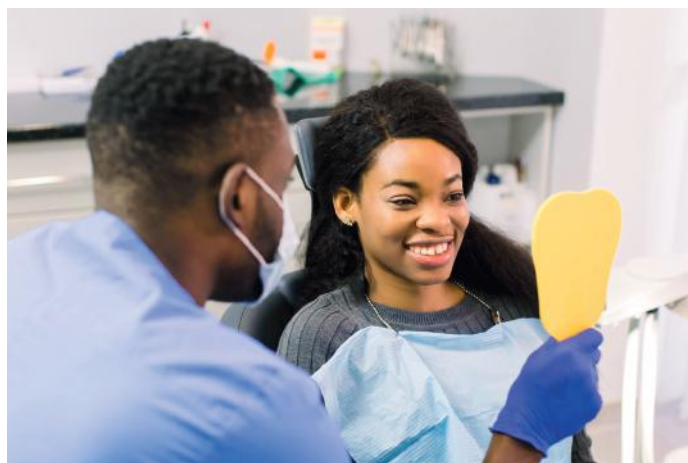
It is further acknowledged, as stated by Hajishengallis and Chavakis (2021), that, 'Whereas an imbalanced interaction between the periodontal microbiome/microbiota and the inflammatory response of the host can readily explain local tissue destruction in periodontitis, it has been largely uncertain whether and how this imbalanced relationship can causally link periodontitis and extra-oral comorbidities.'⁴

They continued: 'From a medical and therapeutic standpoint, it is imperative to understand whether the link between periodontitis and associated comorbidities is merely a correlative one or orchestrated by causal mechanistic interactions.'⁴

The systemic pathway

The European Federation of Periodontology's (EFP) manifesto on perio and general health provides a consensus of the outcomes reached by experts at the 9th European Workshop in Periodontology and offers advice based upon '[...] rigorous scientific analysis of the evidence base for reported links between periodontal and systemic diseases [...]'.⁵

For example, the manifesto indicates that there is robust evidence suggesting



periodontitis increases the risk of poor glycaemic control in diabetic patients and affects diabetes-associated complications and related morbidity.⁵

The document further states that, 'Periodontitis is also independently associated with cardiovascular diseases and adverse pregnancy outcomes in some populations. Additional emerging evidence also appears to link periodontitis with nosocomial pulmonary infections, certain types of cancer and rheumatoid arthritis.'⁵

The Royal College of Surgeons' Faculty of Dental Surgery also published a position statement on oral and general health, summarising the evidence associating oral health with other inflammatory diseases.⁶

The suggestion was put forward that dentists might get involved in a more holistic approach to patient well-being in a number of ways. For example:⁶

• Diabetes

'Given the impact that diabetes has on oral health, there is potentially scope for oral health professionals to play a role in supporting the diagnosis of diabetes, prospectively using gum disease as an indicator for the condition.'

• Cardiovascular disease

'...health professionals involved in the diagnosis and management of oral and cardiovascular diseases should be aware of the associations between the two conditions, and a concerted effort made to ensure that cross-referrals and risk assessments take place across both disciplines. It also proposed that oral health professionals "should provide health promotion advice and signposting for patients presenting with chronic periodontitis [gum disease] in the presence of other cardiovascular disease risk factors such as obesity, diabetes and increased age", for instance by encouraging take up of the NHS Health Check for people aged 40-74.'

A note about Covid-19

In April 2021, the EFP released a statement headlined 'Oral health may prevent severe Covid-19 disease.'⁷

Based upon the findings of a paper published in the Journal of Oral Medicine and Dental Research, there was a suggestion that, '... the virus enters the body through the upper airways (nose and mouth), collects in the saliva in the

mouth and enters dental plaque under the gums. It then crosses the gums into the blood vessels, where it travels to the arteries in the lungs – rather than travelling to the lungs via the airways. The biological basis for this route of infection is outlined. In addition, the authors put forward the idea that diseased or damaged gums could weaken the mucosal barrier in the mouth and allow the virus to more easily enter the bloodstream.⁷

As the authors of this study wrote: 'If confirmed, this hypothetical model may provide a rationale for understanding why some individuals develop Covid-19 lung disease and others do not.'⁸

They continued: 'It would also fundamentally change the way Covid-19 is managed, providing a new line of exploration into treatments targeted at the source of the viral reservoir, the mouth.'⁸

The authors add that, if that proved to be the case, 'Simple antimicrobial oral healthcare measures could be implemented not only with the aim of reducing the risk of transmission between individuals', as well as a way of 'mitigating the risk of developing lung disease, and therefore the most severe form of the disease.'⁸

Meanwhile, Marouf and colleagues (2021) concluded from their cross-sectional study into periodontitis and the severity of COVID-19 infection that, '... the risk of COVID-19 complications was significantly higher among patients with moderate-to-severe periodontitis compared to those with milder or no periodontitis. Periodontitis shares common risk factors with most chronic inflammatory diseases known to influence COVID-19 severity.'⁹

Ultimately, they concluded that patients with COVID-19 were three times more likely to experience complications if they also had periodontal disease.⁹

All of that acknowledged, current information regarding COVID-19 needs to be taken with caution, having its limitations. Further research is needed to consider any mechanism underpinning the relationship between periodontitis and COVID-19 complications, including any causal connections.⁹

Moving in the right direction

Offering an overview of the current situation, Kleinstein and colleagues (2020) wrote: 'There has been recent progress in understanding the role of the oral microbiome in local and systemic disease. However, many unresolved questions remain, including how immune dysbiosis affects microbial community perturbations, whether inflammation is a result or cause of microbial dysbiosis, and whether host-microbial interactions in the oral cavity are similar to other mucosal environments or unique.'¹

Adding to this picture, Hajishengallis and Chavakis (2021) concluded: 'Epidemiological, clinical interventional and experimental studies collectively offer sufficient evidence that periodontitis adversely impacts systemic health through biologically plausible mechanisms. Although clinical intervention studies suggest that local periodontal treatment decreases the serum levels of inflammatory factors and improves metabolic control, lipid profile and other surrogate markers of systemic disease, clear evidence that successful treatment of periodontal disease can reduce the risk or incidence of epidemiologically associated conditions is lacking.'⁴

Presenting further insight, Cecoro and colleagues (2020) indicated: 'LGI [Low-grade inflammation] and the subsequent onset of a systemic inflammatory phenotype can be considered the common substrate of many chronic inflammatory diseases including periodontitis, with multiple mutual connections between them. Understanding of the biological principles and mechanisms underlying such a complex interrelationship could lead to significant improvements in the field of personalised diagnostics and therapeutic protocols.'¹⁰

For practical purposes, Winning and Linden's (2015) statement may prove helpful: 'Whilst there is now good evidence for periodontitis associating with various systemic diseases (particularly atherosclerotic cardiovascular disease and diabetes), evidence for a causative role is still lacking. Many of the reviews in this area report that 'further studies are needed', but that should not prevent us taking a pragmatic approach in promoting a patient's good oral health benefiting their general health. Treating periodontal disease, where we also address shared modifiable risk factors such as smoking, diabetes control, and diet can only have a positive effect on related systemic disease and as dental professionals we are ideally situated as front line health staff to do this.'¹¹

References

1. Kleinstein SE et al. Inflammatory networks linking oral microbiome with systemic health and disease. *Critical Reviews in Oral Biology & Medicine*. *Journal of Dental Research* 2020; 99(10): 1131-1139

CPD Questions

1. The human oral microbiome contains upward of how many bacterial, archaeal, viral, and fungal species?

- a) 2,000
- b) 3,000
- c) 4,000
- d) 5,000

2. In a diseased state, host-microbial networks lead to what, placing considerable burden on the host that may result in a systemic impact that extends beyond the oral compartment?

- a) Commensality
- b) Symbiosis
- c) Dysbiosis
- d) Synonymity

3. According to Fine and colleagues (2021), the presence of periodontal disease often strongly correlates with other severe chronic inflammatory condition(s) such as what?

- a) Diabetes
- b) Cardiovascular disease
- c) Arthritis
- d) All of the above

4. As concluded by Marouf and colleagues (2021), patients with COVID-19 were how many times more likely to experience complications if they also had periodontal disease?

- a) Not at all
- b) Two
- c) Three
- d) Four

5. The EFP manifesto on perio and general health indicates that there is robust evidence suggesting periodontitis increases what?

- a) The risk of a reactive platelet count
- b) The risk of poor glycaemic control in diabetic patients
- c) The risk of leukocyte adhesion deficiency
- d) The risk of high protein salivary levels

2. Genco RJ, Samz M. Clinical and public health implications of periodontal and systemic diseases: An overview. *Periodontology* 2000 2020; 83: 7-13
3. Fine N et al. Periodontal inflammation primes the systemic innate immune response. *Journal of Dental Research* 2021; 100(3): 318-325
4. Hajishengallis G, Chavakis T. Local and systemic mechanisms linking periodontal disease and inflammatory comorbidities. *Nat Rev Immunol* 2021; 21: 426-440
5. EFP Manifesto. Perio and general health. European Federation of Periodontology, updated 2018
6. Position statement. Oral health and general health. Royal College of Surgeons' Faculty of Dental Surgery 2019
7. Oral health may prevent severe Covid-19 disease. EFP 2021. <https://www.efp.org/fileadmin/uploads/efp/Documents/Press/pressrelOralHealthPreventsSevereCovid19OK.pdf>. Accessed 13 October 2021
8. Lloyd-Jones Get al. The COVID-19 pathway: a proposed oral-vascularpulmonary route of SARS-CoV-2 infection and the importance of oral healthcare measures. *J Oral Med and Dent Res* 2021; 2(1): S1
9. Marouf N et al. Association between periodontitis and severity of COVID-19 infection: A case-control Study. *J Clin Periodontol* 2021; 48: 483-491
10. Cecoro G et al. Periodontitis, low-grade inflammation and systemic health: a scoping review. *Medicina* 2020, 56(6): 272
11. Winning L, Linden JG. Periodontitis and systemic disease. *BDJ Team* 2015; 2(15163) ■

This article is equivalent to one hour of Enhanced CPD. To provide feedback on this article, please contact dentalcpd@its.njn.com



2022 CALENDAR

January

- 4 Copy date for Winter 22 British Dental Nurses' Journal
- 14-23 NEBDN National Diploma OSCE exam
- 27 Winter 2022 edition of British Dental Nurses' Journal published

February

- 1 Closing date for NEBDN April 22 exam/June 22 OSCES
- 7 BADN Executive Committee meeting

March

- 5 Royal College of Surgeons Edinburgh DCP Conference, Edinburgh
- 11 NEBDN post-registration written exams
- 19 ONG Spring Study Day - contact Sally Dye ongeteam25@gmail.com
- 25-26 Dental Showcase, ExCel London

April

- 4 Copy date for Spring 22 British Dental Nurses' Journal
- 8 NEBDN National Diploma written exam
- 28 Spring 2022 edition of British Dental Nurses' Journal published

May

- 1 Closing date for provisional entry NEBDN Nov 22 written exam/OSCEs
- 3 BADN Executive Committee meeting
- 6 Royal College of Surgeons Edinburgh DCP Study Day, Edinburgh - Event/Course Details - DCP Study Day I RCSEd
- 9 Results of NEBDN written exam issued
- 13-14 The Dentistry Show, NEC Birmingham
- 14 BADN 80 + 1 Anniversary Afternoon Tea, NEC Hilton

June

- 17-26 NEBDN National Diploma OSCE exam
- 24-25 Scottish Dental Show, Braehead (tbc)

July

- 4 Copy date for Summer 2022 British Dental Nurses' Journal
- 28 Summer 2022 edition of British Dental Nurses' Journal published

August

- 1 Results of NEBDN OSCES issued
- 18 BADN Executive Committee meeting

September

- 1 Closing date for confirmation NEBDN Nov 22 written exam/OSCEs
- 9 NEBDN Post-Registration written exam
- 15 - 17 British Orthodontic Conference Birmingham ICC (contact ann.wright@bos.org.uk)

October

- 3 Copy date for Autumn 2021 edition of the British Dental Nurses' Journal
- 7-8 London Dentistry Show, ExCel London
- 27 Autumn 2021 edition of British Dental Nurses' Journal published

November

- 11 NEBDN National Diploma written exam (OSCEs 27, 28 January 2023)
- 12 BADN Executive Committee meeting

December

- 12 Results of NEBDN Nov 22 written exam issued (OSCE results 13 March 2023)

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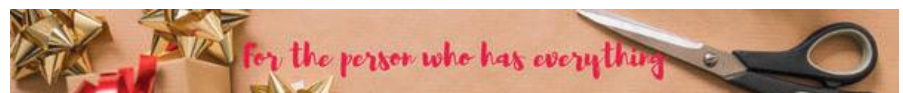
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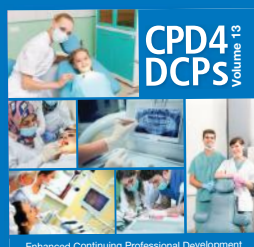
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