Age 7-18 Pathway

Caries Risk Assessment	Page 2
Modified Bass Technique	Pages 3-4
Modified Plaque Score	Page 5
Diet Diary	Pages 6-8
Eatwell Guide	Page 9
Sugar Swaps	Pages 10-12
Smoking Cessation Advice	Pages 13-32
Smokeless Tobacco	Pages 33-34

Age 7-18 Caries Risk Assessment

	Low Risk	Moderate Risk	High Risk
Contributing Conditions			
Fluoride exposure	Yes	No	
Sugary Foods or Drinks	Primarily at mealtimes		Frequent or prolonged between meal exposures/day
Caries experience of mother, caregiver and/or other siblings.	No carious lesions in last 24 months	Carious lesions in last 7-23 months	Carious lesions in last 6 months
General Health Conditions			
Special Health Care Needs	No	Yes	
Chemo/Radiotherapy	No		Yes
Eating Disorders	No	Yes	
Medications reducing salivary flow	No	Yes	
Clinical Conditions			
Carious Lesions or Restorations	No new within previous 36 months	1 or 2 new lesions in last 36 months	3 or more new lesions in last 36 months
Visible plaque	No	Yes	
Exposed root surface	No	Yes	
Dental/Orthodontic Appliances	No	Yes	
Severe Dry Mouth (Xerostomia)	No		Yes

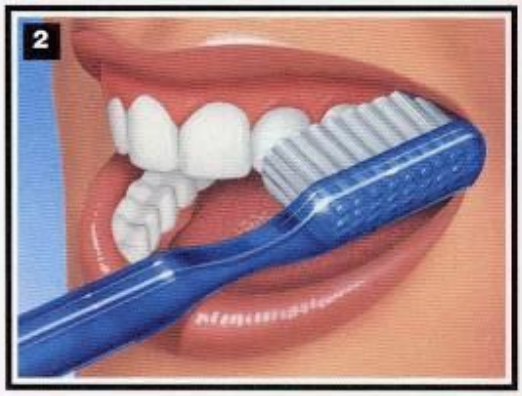
How To Brush

Modified Bass brushing technique:

- Hold the head of the toothbrush horizontally against your teeth with the bristles part-way on the gums
- Tilt the brush head to about a 45-degree angle, so the bristles are pointing under the gum line.
- Move the toothbrush in very short horizontal strokes so the tips of the bristles stay in one place, but the head of the brush waggles back and forth. Or use tiny circular motions. This allows the bristles to slide gently under the gum. Do this for about 20 strokes. This assures that adequate time will be spent cleaning away as much plaque as possible. Note: this is a very gentle motion. In healthy gums, this should cause no pain. Brushing too vigorously or with large strokes can damage gum tissue.
- Roll or flick the brush so that the bristles move out from under the gum toward the biting edge of the tooth. This helps move the plaque out from under the gum line.
- Repeat for every tooth, so that all tooth surfaces and gum lines are cleaned.
- For the insides of your front teeth, where the horizontal brush position is cumbersome, hold the brush vertically instead. Again, use gentle back and forth brushing action and finish with a roll or flick of the brush toward the biting edge.
- To clean the biting or chewing surfaces of the teeth, hold the brush so the bristles are straight down on the flat surface of the molars.
- Gently move the brush back and forth or in tiny circles to clean the entire surface. Move to a new tooth or area until all teeth are cleaned.
- You can clear even more bacteria out of your mouth by brushing your tongue. With your toothbrush, brush firmly but gently from back to front. Do not go so far back in your mouth that you gag. Rinse again.



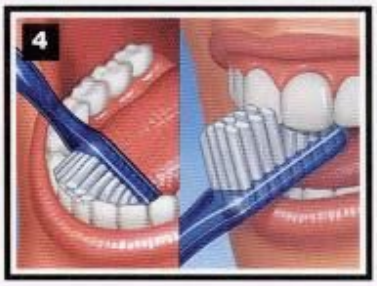
Place bristles along the gumline at a 45° angle. Bristles should contact both the tooth surface and the gumline.



Gently brush the outer tooth surfaces of 2-3 teeth using a vibrating back, forth & rolling motion. Move brush to the next group of 2-3 teeth and repeat.



Maintain a 45° angle with bristles contacting the tooth surface and gumline. Gently brush using back, forth & rolling motion along all of the inner tooth surfaces.



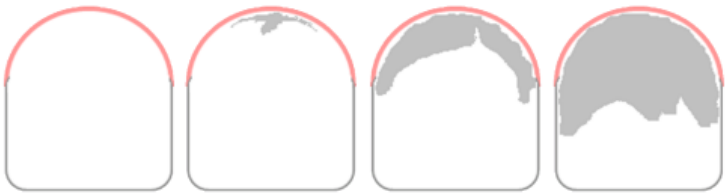
Tilt brush vertically behind the front teeth. Make several up & down strokes using the front half of the brush.



Place the brush against the biting surface of the teeth & use a gentle back & forth scrubbing motion. Brush the tongue from back to front to remove odor-producing bacteria.

3.4.8 Assessing toothbrushing

Gingival health is a useful indicator of tooth cleaning over time. Assessing and recording levels of visible plaque at each examination, and sharing this information with the child and their parent/carer, will help reinforce the importance of effective toothbrushing. An example of a quick method of recording plaque levels, and presenting the information in terms the child will understand, is to give marks out of 10 as follows.



perfectly clean tooth	plaque line around the cervical margin	cervical third of the crown covered	middle third covered
10/10	8/10	6/10	4/10

The worst score in each sextant is recorded, for example:

8/10	6/10	8/10
8/10	6/10	8/10

It is also important to assess the surface of open carious lesions for plaque that is visible or evident when an instrument is gently drawn across the surface of the lesion, particularly if considering managing the lesion with a prevention-alone approach (Section 10.1).

- Assess whether the gingiva appear healthy or whether there is inflammation indicative of poor plaque removal.
- Consider recording plaque scores at each examination, particularly if the child is assessed as at increased caries risk.
- Record the presence of plaque on the surface of open carious lesions at recall visits for lesions where the prevention-alone management strategy has previously been selected (see Section 10.1).

Diet Diary: Record of Food and Drinks Consumed by ……

Please write down everything you (or your child if completing on their behalf) eats or drinks and the time during the day when consumed – this will help us to advise you on how best to improve your diet. Please also include the time you brush your teeth and go to bed.

Time	Day 1

Time	Day 2

Time	Day 3

Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Check the label on packaged foods

Each serving (150g) contains

Energy	Fat	Saturates	Sugars	Salt
1046kJ 250kcal	3.0g	1.3g	34g	0.9g
	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Eat at least 5 portions of a variety of fruit and vegetables every day

Fruit and vegetables

Raisins, Chopped tomatoes, Frozen peas

Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Potatoes, bread, rice, pasta and other starchy carbohydrates

Potatoes, Whole grain cereal, Cous Cous, Porridge, Whole wheat pasta, Bagels, Rice, Spaghetti

Beans, pulses, fish, eggs, meat and other proteins

Lentils, Beans lower salt and sugar, Tuna, Lean mince, Plain nuts, Chick peas

Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat

Dairy and alternatives

Low fat soft cheese, Semi skimmed milk, Soya drink, Plain Low fat Yoghurt

Choose lower fat and lower sugar options

Oil & spreads

Veg Oil, Lower fat spread

Choose unsaturated oils and use in small amounts



Eat less often and in small amounts



Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Source: Public Health England in association with the Welsh government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

© Crown copyright 2016

Visit: https://www.nhs.uk/change4life for further information.

change 4 life | Food facts | Recipes | Activities | Your child's weight | Join Change4Life

Sugar swap ideas

All of these swaps are a great way to cut down on sugar, but always check the label or use the **Change4Life Food Scanner** to help pick the product with the lowest amount. And remember, the more swaps you make, the more sugar you save!

Cereal swaps





Swap from:	Swap to:
frosted flakes	wheat biscuit cereal
honey crunch cereal	shredded wholegrain cereal
chocolate cereal	porridge
	no added sugar muesli

Drink swaps





Swap from:	Swap to:
cola	water
juice drinks	lower-fat milks
milkshakes	sugar-free drinks
fizzy drinks	no added sugar drinks

Yoghurt swaps





Swap from:	Swap to:
split pot yoghurts	lower-sugar fromage frais pots
higher-sugar yoghurts	lower-sugar yoghurts
	plain natural yoghurt

Pudding swaps





Swap from:	Swap to:
cake bars	sugar-free jelly
chocolate pudding pots	lower-sugar yoghurt
doughnuts	fresh or tinned fruit (in juice)
muffins	lower-sugar rice pudding
	lower-sugar custard

Snack swaps





Swap from:	Swap to:
chocolate bars	a slice of malt loaf
biscuits	a scotch pancake
doughnuts	a crumpet
muffins	crackers and lower-fat cheese
other sugary snacks	plain rice cakes
	fresh or tinned fruit salad
	chopped veg and lower-fat hummus
	a lower-fat, lower-sugar yoghurt
	sugar-free jelly
	bread or toast

SMOKING CESSATION

BRIEF ADVICE A A A

Did you know giving up smoking significantly increase your chances of living a longer healthier lifestyle, even if you have smoked for 40 years!

It is never to late to think about stopping, it will make a drastic improvement to your lifestyle and health in ways you might not expect.

Benefits of quitting

- After 20 minutes your blood pressure and pulse return to normal
- After 24 hours your lungs start to clear
- After two days your body is nicotine-free and your sense of taste and smell improve
- After three days you can breathe more easily, and your energy increases.

Very Brief Intervention

Ask | Assist | Act

Act

NATIONAL SUPPORT

- Call the free Smokefree National Helpline to speak to a trained, expert adviser on 0300 123 1044. All lines are open Monday to Friday 9am to 8pm and Saturday and Sunday 11am to 4pm*.
- Smokefree has lots of free support this includes a **smartphone app**, email programme or text messages that will keep you focused wherever you are.
- You can also speak to your doctor, pharmacy team or local Stop Smoking Service for expert advice on stop smoking medicines.

SELF CARE

- Download the NHS **Smokefree app** from itunes or google play
- Get further information from the National Health Service **www.nhs.uk/quit**
- Consider using e-cigarettes to stop smoking
- Millions have used Smokefree support to help them stop smoking. Choose from an app, email, SMS and face-to-face guidance.

Emphasise that quitting will the best thing they will ever do and the NHS Smokefree service can provide the friendly and helpful support they need to quit for good

Very Brief Intervention

Ask | Assist | Act

Assist

> **State that the best way of stopping smoking is with a combination of medication and specialist support**

- Studies show that you are four times more likely to quit smoking if you do it through a specialist support service.
- Services are free and they provide one to one support.
- Local stop smoking services staffed by expert advisers provide a range of proven methods to help you quit.
- Its totally free

> **Do you think you would benefit from the services your local stop smoking service can offer?**

Very Brief Intervention

Ask | Assist | Act

Ask

> **Have you ever thought of stopping or tried to stop before?**

> **The average smoker could save £140 each month (£1680 per year) by quitting, what would you do with that extra money?**

Remember to personalise the benefits. Is the person saving for a holiday, or a new home? Do they have children or grandchildren they would like to runaround with?

Very Brief Advice on Smoking for Dental Patients



NCSCT

Authors: Sophia Papadakis and Andy McEwen

First edition October 2018

© 2018 NCSCT. No part can be distributed or reproduced in any format without permission of NCSCT.

What is Very Brief Advice on Smoking?

Very Brief Advice on Smoking (VBA) is a simple piece of advice that is designed to be used opportunistically in less than 30 seconds in almost any situation with a smoker. What may be surprising is that you do not advise smokers to stop, and you do not ask how much they smoke or even if they want to stop.

The figure overleaf shows the three elements to VBA: establishing and recording smoking status (**ASK**); advising on how to stop (**ADVISE**) and offering help (**ACT**).

Offering VBA is the single most cost effective and clinically proven preventative action a healthcare professional can take[1] and it is important to keep giving advice at every opportunity, as smokers may take several attempts to stop smoking successfully.[2]

In addition, by referring a patient to a local stop smoking service, they are four times more likely to stop smoking.[3] Research shows that 95% of patients expect to be asked about smoking and a short intervention can make all the difference.[4,5]

Very Brief Advice on Smoking

30 seconds to save a life

ASK

AND RECORD SMOKING STATUS

"Do you smoke?"

ADVISE

ON THE MOST EFFECTIVE WAY OF QUITTING

"Did you know that the best way of stopping smoking is with a combination of medication and specialist support. If you are interested I can refer you to our local friendly stop smoking service that many of my patients have found useful?"

ACT

ON PATIENT'S RESPONSE

INTERESTED	NOT INTERESTED
Give information. Prescribe medication and refer to local stop smoking service. Patients are four times more likely to quit with support	*"It's your choice of course. Help will always be available. Do let me know if you change your mind."*
REFER to local stop smoking service	**REASSESS at future visits**

The important role of dental team in smoking cessation

Dental professionals have a unique opportunity to address smoking with patients in a manner that will make a difference and won't damage your relationship with patients.

Brief advice from a dentist or member of the dental team has been shown to increase your patient's motivation to quit and can double a patient's success with quitting.[6]

Addressing tobacco use with patients should be a priority for all members of the dental team and will result in improved oral health and outcomes for patients. It is important for dental professionals to be aware of simple techniques for motivating your patients who smoke to quit and informing them of the availability of evidence-based treatments such as quit smoking medications and counselling support.

How does smoking affect the mouth?[7]

- Tar deposited in the mouth causes discolouration to teeth enamel, a coated tongue and halitosis
- Alterations in taste and smell
- Impairment of salivary function, immune responses and blood flow
- Reduced periodontal blood flow results in a change in oral microflora composition, favouring the presence of anaerobic bacteria
- Changes in bone metabolism such as an increased secretion of the bone resorbing factors
- PGE2 and IL-iB74 or a decrease in intestinal uptake of calcium
- Carcinogens present in tobacco smoke can cause changes that give rise to oral cancers

What is the relationship between smoking and oral health?

Research has shown that, compared to those who have never smoked, smokers have an increased risk of developing:

- **Oral cancer** – smoking causes 80 – 90% of oral cancers (mouth, tongue, lips, and throat use).[7,8] Cancer risk is significantly associated with the amount of cigarettes smoked.[7] Tobacco smoke works synergistically with alcohol to increase the risk of oral cancer.[7]
- **Oral leukoplakia and epithelial dysplasia**[9,10]
- **Periodontal disease, dental caries and tooth loss** – cigarette smoking is a major risk factor for periodontal disease onset and progression.[7,11–16] The risk of tooth loss is about two to four times greater in current smokers compared to never smokers and there is a dose dependent association between the amount smoked and risk of tooth loss.[7,11–16] Rate of bone loss almost four times greater than in non-smokers.[13]
- **Oral candidosis**[7]
- **Impaired treatment response and healing**[7] – smoking causes a lack of oxygen in the bloodstream, leading to the infected gums not being able to heal.

Effects of smoking on oral health

- Increased risk of oral cancer
- Higher risk of periodontal disease
- Teeth discoloration
- Reduced blood supply to mouth
- Increased build up of dental plaque
- Delayed healing following tooth extraction, periodontal treatment or oral survey
- Bad breath (halitosis)
- Alterations to taste and smell

Benefits of stopping smoking to oral health

Successfully stopping smoking will not only benefit a patient's long term health by reducing the risk of developing other disease,[17] abstinence from smoking may help a patient heal faster by eliminating the acute effects of smoking on the body and stopping smoking has also been associated with improved dental outcomes.

The clinical case for providing stop smoking support to dental patients

Stopping smoking will:

- Improve composition of oral microflora and periodontal health.[7,18–21]
- Reduce risk of tooth loss.[22–24] Risk reduces after stopping smoking, but it takes at least 15 years to return to that of a non-smoker.[25]
- Reduce risk of implant failure.[26] Patients who stop smoking one week before treatment and eight weeks following have success rates identical to non-smoking patients.[27]
- Significantly reduce risk of heart disease, stroke, lung, mouth and throat cancers, other cancers, respiratory disease including and COPD, emphysema, and bronchitis.[8]

Delivering better oral health: an evidence-based toolkit for prevention[28]

Delivering better oral health is the evidence-based toolkit for prevention, developed by Public Health England, and contains a chapter on smoking and tobacco use.

It can be accessed online:
https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention

Carbon monoxide (CO) testing in dental practice

Carbon monoxide (CO) testing can be used in dental and other clinical settings to assess patients smoking status.

Importantly, CO monitoring can serve as a valuable motivational tool for smokers and takes just a few minutes to conduct. These simple devices are easy to use and allow patients to understand the harm smoking is causing to their health. CO testing can assist with introducing discussions about quitting smoking with patients and can also be used to track progress after patient's stop smoking.

CO has a short half-life and is usually undetectable around 24 hours after the last cigarette.



Image supplied by MD Diagnostics Ltd. www.mdd.org.uk

How to conduct CO testing in dental settings

Explain that carbon monoxide (CO) is a poisonous gas contained in cigarette smoke and that there is a simple test that can be carried out to determine CO levels.

"Carbon monoxide is a poisonous gas inhaled by smokers when they smoke a cigarette. Carbon monoxide reduces oxygen levels in the body and causes heart disease, stroke, reduced lung function and can also affect your dental health. The good news for you is that shortly after stopping smoking the level of carbon monoxide in your body returns to that of a non-smoker. This machine measures the amount of carbon monoxide in your lungs in parts per million and if you have not been smoking then we would expect it to be below 10 parts per million. Would you like to measure your carbon monoxide levels?"

It is worth emphasising that patients should hold their breath for a minimum of 15 seconds before blowing into the CO monitor. This allows the pressure in the lungs to equalise and for the carbon monoxide in the blood to pass into the air in the lungs; it is this that is then measured by the monitor in parts per millions.

"What I am going to ask you to do in a minute is to take a big deep breath, hold your breath and then exhale into this machine. You will need to hold your breath for about 15 seconds. After you have taken your breath I will hand the machine to you, the machine will count down and I will then tell you when to exhale into it."

After the test:

If reading was 10 parts per million or above:

"The monitor is showing a reading of over 10 parts per million. The normal range for a non-smoker is between 1 and 5 ppm and so you can see that your reading is ... times higher than what we would expect from a non-smoker. These levels of carbon monoxide are considered poisonous – they are ... times the levels that are considered safe. High levels of carbon monoxide affects the amount of oxygen in your body and causes serious disease. The good news is quitting smoking you can get this down to the levels of a non-smoker."

If reading was below 10 parts per million (and the patient is known to be a smoker):

"This reading is classed as that of a non-smoker; although the normal range for a non-smoker is between 1 and 5 ppm. However, carbon monoxide accumulates in the body and I'm sure that if we were to repeat the test later today or sooner after you've smoked it would be much higher. The good news is if you stop smoking then you can get this permanently down to the levels of somebody who doesn't smoke."

How to use the CO monitor



1. Both the client and the stop smoking practitioner should use non-alcoholic sanitiser gel on their hands before the test
2. Attach a clean, disposable filtered mouthpiece (a fresh one for each client) to the monitor
3. Turn the machine on
4. Ask the client to take a deep breath
5. The monitor will count down 15 seconds
6. The client needs to blow slowly into the mouthpiece aiming to empty their lungs completely
7. The parts per million (ppm) of carbon monoxide in the lungs will be displayed on the screen
8. The mouthpiece should be removed by the client (for infection control reasons) and disposed of in a refuse sack, which is tied before being placed in another bag for collection (double bagging) to prevent domestic staff touching the mouth pieces
9. The CO monitor should be cleaned between tests using a non-alcoholic wipe

Our bodies produce small amounts of carbon monoxide and there is also carbon monoxide in the atmosphere around us, e.g. in car exhaust fumes, so the reading will almost never be zero; it will also fluctuate slightly depending upon what air you have been exposed to. A reading of below 10 parts per million is considered to be that of a non-smoker.

Readings above 10 parts per million are not normally caused by being in the company of smokers; this can increase exposure to carbon monoxide, but does not normally push the reading above 10.

What else can raise CO?

- Exposure to CO fumes from a faulty gas boiler, car exhaust or paint stripper.
- Lactose intolerance where the high reading is a consequence of consuming dairy products that can produce gases in the breath.
- Exposure to passive smoking. Although readings above 10 ppm are not normally caused by being in the company of smokers.
- Unusually high ambient CO concentrations due to weather conditions or air pollution.

Other resources

The NCSCT offers a variety of online training and face-to-face courses, and resources in smoking cessation.

For further training in Very Brief Advice on Smoking you may access the NCSCT Online Training Module

http://elearning.ncsct.co.uk/vba-launch

If you are interested in learning more about providing behavioural support to assist with quit attempts you should access the NCSCT Online Practitioner Training: Core competencies in helping people stop smoking

http://elearning.ncsct.co.uk/practitioner_training-registration

Electronic cigarettes (e-cigarettes)?[29]

What are e-cigarettes?

E-cigarettes are devices that deliver nicotine within an inhalable aerosol by heating a solution that typically contains nicotine, propylene glycol and/or glycerol, plus flavours. There is a wide range of e-cigarettes and people may need to try various types, flavours and nicotine dosages before they find a product that they like.

What is the evidence on the safety of e-cigarettes?

Short-term exposure to e-cigarettes appears to pose few if any risks. Mouth and throat irritation are most commonly reported symptoms and these subside over time. Low levels of toxicants and carcinogens have been detected in e-cigarette liquid and vapour, but these are much lower than those found in cigarette smoke. There are no high quality safety data from long-term e-cigarette use, but there is no good reason to expect that their use would be anywhere near as risky as smoking. Although some health risks from e-cigarette use may yet emerge, there is no good reason to expect that their use would be anywhere near as risky as smoking. This is because e-cigarette vapour does not contain the products of combustion (burning) that cause lung and heart disease, and cancer.

What do I recommend to my patients who ask about using e-cigarettes?

Some people find e-cigarettes helpful for quitting, cutting down their nicotine intake and/or managing temporary abstinence. While combining quit smoking medications and behavioural counselling has the strongest evidence for increasing quit rates, Public Health England supports the use of e-cigarettes as a quit smoking aid, ideally in combination with a first line quit smoking medication and counseling support.[30] For any patients who are using or are planning to use e-cigarettes to quit smoking or cutback on their smoking it is recommended that they also be referred to their local stop smoking service to give them the best chances of quitting.

References

1. Anczakj, Nogler (2003). Tobacco cessation in primary care: maximizing intervention strategies. Clinical Medicine & Research 2003; 1: 201–216.
2. Fu S, Partin M, Snyder A, An LC, Nelson DB, Clothier B, Nugent S, Willenbring ML, Joseph AM. (2006) Promoting repeat tobacco dependence treatment: are relapsed smokers interested? American Journal of managed Care 2006; 12 235–243.
3. Smoking Toolkit Study (2001) Available at: http://www.smokinginengland.info/
4. Slama KJ, Redman S, Cockburn J, Sanson-Fisher R. Community views about the role of general practitioners in disease prevention. Family Practice 1989; 6: 203–209.
5. Department of Health (2009), Stop Smoking Interventions in Secondary Care. Available online: www.ncsct.co.uk/Content/FileManager/documents/NCSCT-CIC-Delivery-Projects/Secondary-care/stop-smoking-interventions-in-secondary-care-guidance-oct09.pdf
6. Carr AB, Ebbert J. Interventions for tobacco cessation in the dental settings. Cochrane Database of Systematic Reviews 2012, Issue 6. Art. No.: CD005084. DOI: 10.1002/14651858.CD005084.pub
7. Warnakulasuriya S, Dietrich T, Bornstein MM, Casals PE, Preshaw PM, Walter C et al. Oral health risks of tobacco use and effects of cessation. International Dental Journal 2010; 60(1):7–30.
8. The health consequences of smoking – 50 Year of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf
9. Morse DEK. Smoking and drinking in relation to oral epithelial dysplasia. Cancer Epidemiology Biomarkers and Prevention 1996; 5(10):769–777.
10. Kulasegaram R, Downer MC, Jullien JA, et al. Care-control study of oral dysplasia and risk habits among patients of a dental hospital. Eur J Cancer B Oral Oncol 1995; 31B(4):227–231.
11. Bergstrom J. Periodontitis and smoking: an evidence-based appraisal. Review. J Evid Based Dent Pract 2006;6:33–41.
12. Johnson GK, Guthmiller JM. The impact of cigarette smoking on periodontal disease and treatment. Periodontol 2000 2007;44:178–94.
13. Chatzopoulos G. Smoking, Smokeless Tobacco, and Alcohol Consumption as Contributing Factors to Periodontal Disease. Northwest Dent. 2016 Jan–Feb;95(1):37–41.
14. Tomar SL, Asma S, Tomar SL, Asma S. Smoking-attributable periodontitis in the United States: findings from NHANES III. National Health and Nutrition Examination Survey. Journal of Periodontology 2000; 71(5):743–751.
15. Ismail AI, Burt BA, EKlund SA. Epidemiological patterns of smoking and periodontal disease in the United States. J Am Dent Assoc 1983; 106:617–612.

16. Bergstrom JE. A 10-year prospective study of tobacco smoking and periodontal health. Journal of Periodontology 2000; 71(8):1338–1347.

17. Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ 2004; 328:1519.

18. Preshaw PM, Heasman L, Stacey F, Steen N, McCracken GI, Heasman PA et al. The effect of quitting smoking on chronic periodontitis. Journal of Clinical Periodontology 2005; 32(8):869–879.

19. Hilgers KK, Kinane DF, Hilgers KK, Kinane DF. Smoking, periodontal disease and the role of the dental profession. International journal of dental hygiene 2004; 2(2):56–63.

20. Delima SL, McBride RK, Preshaw PM, Heasman PA, Kumar PS, Delima SL et al. Response of subgingival bacteria to smoking cessation. Journal of Clinical Microbiology 2010; 48(7):2344–2349.

21. Fullmer SC, Preshaw PM, Heasman PA, Kumar PS, Fullmer SC, Preshaw PM et al. Smoking cessation alters subgingival microbial recolonization. Journal of Dental Research 2009; 88(6):524–528.

22. Bolin A, Eklund G, Frithiof L, Lavstedt S, Bolin A, Eklund G et al. The effect of changed smoking habits on marginal alveolar bone loss. A longitudinal study. Swedish dental journal 1993; 17(5):211–216.

23. Krall EA, Dawson-Hughes B, Garvey AJ, Garcia RI, Krall EA, Dawson-Hughes B et al. Smoking, smoking cessation, and tooth loss. Journal of Dental Research 1997; 76(10):1653–1659.

24. Arora M, Schwarz E, Sivaneswaran S, Banks E, Arora M, Schwarz E et al. Cigarette smoking and tooth loss in a cohort of older Australians: the 45 and up study. Journal of the American Dental Association 2010; 141(10):1242–1249.

25. Krall EA, Dietrich T, Nunn ME, Garcia RI, Krall EA, Dietrich T et al. Risk of tooth loss after cigarette smoking cessation. Preventing chronic disease 2006; 3(4):A115.

26. Hinode D, Tanabe, S, Yokoyama M, et al. Influence of smoking on osseointegrated implant failure: a meta-analysis. Clin Oral Implants Res 2006; 17(4):473–478.

27. Bain CA. Smoking and implant failure – benefits of a smoking cessation protocol. Int J Oral Maxillofac Implants 1996; 11(6):756–759.

28. Public Health England. Delivering better oral health: an evidence-based toolkit for prevention. Third edition (2014). https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention

29. National Centre for Smoking Cessation and Training. Electronic cigarettes: a briefing for stop smoking services, 2016. ISBN 978-0-9565243-4-8

30. McNeill A, Brose LS, Calder R, Bauld L & Robson D (2018). Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. London: Public Health England.

Source: Delivering Better Oral Health: an evidence-based toolkit for prevention

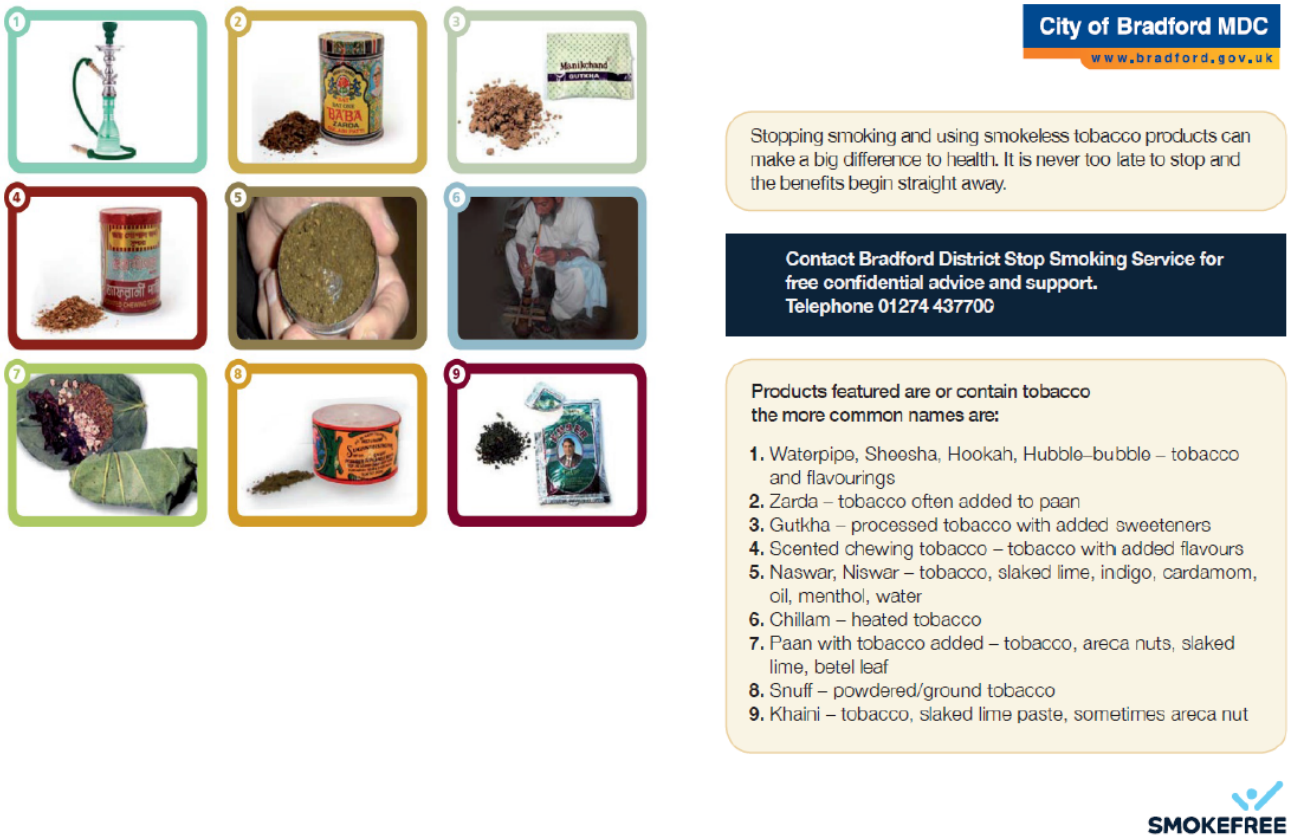


Figure 7.2 Niche tobacco tesource developed by Bradford & Airedale stop smoking service

Among certain ethnic minority groups, chewing tobacco and/or areca nut (paan) is a common cultural practice. Evidence indicates that chewing tobacco and other products is associated with the development of oral cancers and other oral pathologies (Carr and Ebbert, 2012, Tsai et al., 2009). A recent Cochrane systematic review showed that advice delivered in dental surgeries is effective in helping patients who chew tobacco to stop. Current NICE guidance
(National Institute for Health and Clinical Excellence, 2012), regarding smokeless tobacco users in South Asian communities, recommends dental teams:
Ask people if they use smokeless tobacco, using the names that the various products
are known by locally. If necessary, show them a picture of what the products look like, using visual aids. (This may be necessary if the person does not speak English well or does not understand the terms being used). Figure
7.2 gives an example of a resource that could be used, with details of each product on the reverse. This resource also provides information on shisha (water pipe top left image on resource below) use. Shisha is not a smokeless tobacco product and can be as damaging as smoking cigarettes or chewing any of the smokeless tobacco products listed. Users of shisha, who wish to stop smoking, should be referred to the stop smoking service in the same way as other users of tobacco. Advise the patient of the health risks (eg, the risk of lung cancer, respiratory illness and periodontal

disease) (Akl et al., 2010) associated with tobacco use and advise them to stop. Where services exist locally, refer people who want to quit to local specialist tobacco cessation service. Record the outcome in the patient's notes. VBA (ask, advise, act) is the same method you would apply to smokers or smokeless tobacco users.