Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Cefnogi pobl sydd â chyflyrau cronig

This response was submitted to the Health and Social Care Committee consultation on supporting people with chronic conditions.

CC20: Ymateb gan: | Response from: BDA Cymru Wales

Consultation on Supporting People With Chromic Conditions

1. BDA Cymru Wales is pleased to provide a response to the consultation on Supporting people with chronic conditions. The British Dental Association (BDA) is the voice of dentists and dental students in the UK. We bring dentists together, support our members through advice, support and education, and represent their interests. As the trade union and professional body, we represent all fields of dentistry including general practice, community dental services, the armed forces, hospitals, academia, public health and research.

2. The British Dental Association (BDA) welcome this inquiry and propose that oral health is considered an essential factor for prevention in health and social care. Dental public health experts provide leadership and critical strategic advice in areas such as disease prevention and the surveillance of oral health. There is strong scientific evidence showcasing the role dentists and the dental team have in managing chronic conditions, such as diabetes and oral cancer. In addition, there is emerging evidence of the role oral health plays in other chronic conditions, such as cardiovascular disease[1] and dementia[2] and the need to improve preventative and early detection measures.

3. *Diabetes and Periodontal Disease*

   A wealth of evidence demonstrates the link between diabetes and oral health problems, particularly periodontal disease. Studies have shown that people with diabetes, especially poorly controlled diabetes, have a significantly higher prevalence of severe periodontitis[3]. As well as periodontal disease, diabetes is also a risk factor for gingivitis, candidiasis, oral lichen planus, premalignant lesions like leucoplakia, and oral malignancies.

   Poorly controlled and increased duration of diabetes are associated with more severe periodontal disease[4]. This highlights the need for people with both Type I and Type II diabetes to ensure good oral hygiene and adequate ongoing dental care.

   There is also evidence that periodontal disease itself may actually contribute to systemic inflammation and worsening insulin resistance and diabetes[5]. The evidence supports diabetes having an adverse effect on periodontal health, and periodontal infection having an adverse effect on glycaemic control and incidence of diabetes complications[6]. It is therefore important for diabetics to maintain good oral health, as evidence suggests poor oral health could form part of a cycle of worsening health if not properly looked after.

Risk factors for periodontal disease include smoking, diabetes, stress, drugs, systemic disease, and nutrition, and risk determinants are genetics, socioeconomic status, and gender[7]. Epidemiological data suggests that over 50% of periodontitis cases can be attributed to smoking and diabetes is the second big risk factor for periodontal disease.

4. *Oral Cancer*

Oral cancer is one of the fastest rising types of cancer and claims more lives each year than car accidents. 8,846 people in the UK were diagnosed with mouth cancer in 2021 – an increase of 34% in the last decade[8]. In Wales, the number of new diagnoses of mouth cancer continues to rise, with mouth cancer rates higher in Wales and England compared with the rest of the UK (17 per 100,000). In 2021/22, the spend on cancer accounted for nearly 7% of NHS expenditure[9].

Incidences of oral cancers look likely to double by 2035 in the UK, with people in the most deprived communities significantly more likely to develop and die from it than those in more affluent areas. Oral cancers (cancers of the mouth, throat, larynx and oesophagus) are some of the most preventable; around 90% of all oral cancer cases could be avoided. The three main causes of oral cancers are: smoking, drinking alcohol and the human papillomavirus (HPV). Around 70% of oropharyngeal cancers are linked to HPV (types 16 and 18) and more than one-in-ten (12%) oral cavity and hypopharynx cancers[7]. In recent years there has been an increase of HPV positive oropharyngeal cancer[10].

Limited access to dental services means that fewer oral cancer cases will be detected early, which will lower the survival rate and further widen the inequalities gap in oral cancer outcomes.

5. *Role of dentists and the dental team in prevention*

The dentist is often the first health care professional to encounter an individual with undiagnosed or untreated conditions, such as diabetes or cancer. It is important they are aware of the impact chronic conditions can have on oral health and vice versa and are able to notice the signs and symptoms suggestive of uncontrolled or poorly controlled diabetes.

It is important therefore that continuous high-quality care is provided for patients with chronic conditions, with shared information and strong preventive and ongoing care messages.

Sufficient resources, funding and training is necessary to ensure effective treatment services are available and that dental patients can be appropriately referred. To support practitioners, identify oral cancers, the BDA, working in conjunction with Cancer Research UK, developed an oral cancer toolkit.

6. *Population prevention interventions*

Prevention of ill health, appropriate management of chronic conditions and the reduction of health inequalities require concerted Government action to address the social determinants. There is a need to reduce poverty, which is strongly linked to poor health outcomes – including oral health – in people of all ages.

There is strong evidence that diabetic patients lack information on the increased risk of periodontal disease[11] and in Wales and Scotland, where incidence rates are highest, nine-in-ten (90%) adults claim they have not seen any education or awareness materials on mouth cancer[12].

Pharmacists are well placed to deliver oral health messages and signpost to dental services. They come into contact with members of the public who do not routinely access dental care, as well as a range of other vulnerable individuals. In addition to oral hygiene advice, they can support patients with information on healthy diet, smoking cessation and oral side-effects of medications, and can recommend sugar-free versions of medicines. They can also help to promote breastfeeding and immunisation.

The BDA acknowledges the positive outcomes from the Designed to Smile scheme in Wales, which seeks to encourage good oral hygiene and address oral health inequalities. Dental access is essential for timely referrals and early diagnosis for oral cancer and can play an important role in identifying undiagnosed or untreated conditions. As a growing population, coupled with reduced capacity in NHS dentistry, it is important that challenges to accessing NHS dental services are addressed.

The HPV vaccination plays an important role in protecting against risk of oral cancer. The BDA has been a key member of the HPV Action coalition, instrumental in securing the commitment to extend HPV vaccination to boys. We were delighted that the Welsh Government also extended the

vaccination those who missed it, up to the age of 25 years. For national screening programmes to reach their potential, uptake needs to improve and a combination of raising awareness and more acceptable testing is required. There needs to be evidence-led activity to address the barriers to participation, and targeted action in areas of high social deprivation where uptake of screening is at its lowest.

The BDA supports measures to minimise uptake, and promote cessation, of smoking, at every opportunity, particularly among young people. We acknowledge the use of smoking cessation interventions and aids, such as e-cigarettes, however, are concerned about the rise in their use among people who don't currently smoke, especially in children and young people. We would stress that government should take a guarded approach to their promotion as an alternative to smoking given the current gaps in science and ensure sufficient advertising controls are in place to prevent uptake by young people. There is also the need to emphasise the importance of minimising exposure to second-hand smoke, particularly with children. We agree that effective communication with the public and provision of support to communities are of paramount importance.

Other cessation programmes, such as those targeted at alcohol, can have a positive impact in supporting patients to reduce their intake. Dentists have a role to play, through encouragement and signposting patients to programmes.

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