

HEALTH

PROMOTION

AUDIT

ORAL HEALTH

Oral health

Background

Oral health was the subject of a report *An Oral Health Strategy for England*, as well as figuring in the Scottish and Welsh health strategies.

Over the last three decades there has already been an improvement in the nation's dental health, largely due to the impact of fluoride, either in the water supply or from the use of fluoridated toothpaste and other products. There is still a great deal that can be done: for example on average adults purchase only 1.25 toothbrushes each year yet an average toothbrush has a useful life of only two to three months.

In auditing what you do you may wish to first consider the different elements of your practice:

- ◆ the customers / patients
- ◆ the products
- ◆ the other health professionals involved
- ◆ hygiene (what to do)
- ◆ diseases and infections and their prevention and treatment.

1 The customers

These include babies, children, teenagers, adults including pregnant mothers, and the elderly.

2 Products

Remember the 'negative' products as well as the positive products. There is little point in stocking a wide range of first-class dental products if you then keep lollipops at points of sale!

Products include:

- toothbrushes
- toothpaste
- flosses
- denture preparations
- mouth washes
- fluoride tablets, drops and rinses.
- medicines and their effects on oral health

Other things to consider include:

- product knowledge
- marketing
- merchandising
- layout

3 Diseases and infections

This includes early identification, and prevention.

You could consider: Dental pain, ulcers, oral carcinoma, thrush, halitosis, gingivitis and so on.

4 Oral hygiene

How to

- clean teeth properly,
- use denture fixatives
- use dental floss/ tape correctly
- use mouthwashes correctly

and so on.

5 Health professionals: teamwork

Who else is involved?

Pharmacists, pharmacy assistants, dentists, dental receptionists, dental hygienists, school staff, etc.

Health promotion opportunities:

Good liaison with dentists and their staff is crucial - there should be consistency of advice and good referral.

- Pregnant mothers should be encouraged to eat healthily in pregnancy to help the baby's bone and tooth formation. In pregnancy, the gums may be more prone to problems and pregnant mothers should be encouraged to visit their dentist regularly and to attend to oral hygiene to prevent gum problems setting in and causing lasting damage.
- Encourage a healthy diet for babies and young children; discourage the use of sugary drinks and suggest milk as a better alternative.
- Discuss fluoride policy with your local dentists so that everyone receives consistent advice. Check whether your local water supply is fluoridated and have a protocol in place for dealing with requests for fluoride supplements - if the local water contains fluoride above 0.7 mg per litre then supplements are not advisable and will cause mottling and discoloration of teeth. Remember that topical use of fluoride is thought to be better than systemic so encourage mothers to use fluoridated toothpaste for their young children, or if supplements are to be recommended, they should be sucked or chewed, preferably last thing at night. The BNF contains useful information on fluoride.
- Stock a wide range of products and ensure that you and your staff fully understand their use. Toothbrushes should be changed regularly, once every three months at least. They are essential health care items and should be regarded as such in your pharmacy instead of simply toiletry items. Disclosing tablets will help people to find out whether they are brushing properly and

provide a 'fun' way for children to learn.

- Stock sugar-free chewing gum which has been shown to improve dental decay by removing food debris from the teeth and by neutralising plaque.
- Stock leaflets on oral health and display them near the oral health products.
- Ensure that people taking certain medicines understand the need for good oral hygiene; e.g. phenytoin can cause gingival hyperplasia, tricyclics can cause dry mouth and antibiotics or inhaled corticosteroids can cause oral thrush. Children on long-term medication may benefit from sugar-free medicines. Where medicines are used that aren't sugar free the mother should be encouraged to get the child to rinse their mouths with water after taking a dose.
- Systemic disease can cause problems with dentures e.g. diabetes can cause oral candidiasis and denture stomatitis (inflammation of the oral mucosa). Drug-induced dry mouth (e.g. with tricyclic antidepressants) can also cause stomatitis. Encourage people with dentures to remove them overnight to allow oral tissues to rest and to clean the dentures regularly with a denture brush and immerse in a proprietary cleaner.
- Be alert to signs of oral cancer. Persistent mouth ulcers or white patches in the mouth that cannot be removed should be referred to the GP.

Three audits

1. Sweets sold in the pharmacy

Criterion

Sweets should not be available in pharmacies. Customers should be encouraged not to eat sweets or to buy them for their children. 'Tooth-friendly' sweets and sugar-free chewing gum may be sold, and in the latter case promoted.

(Note: The Council of the RPSGB gives as guidance that sweets should not be displayed at points of sale.)

Action

- Check current stock levels and range of sweets
- Decide on standards
- Take action - move sweets from points of sale. Decide on policy for sugar-free sweets, no sweets, etc.
- Collect data: from EPOS or by monitoring sales over a week.

	Sales of:		
	Sweets	Sugar-free sweets	Sugar- free gum
Before action			
After three months			
After six months			

Outcomes

- more professional image in the pharmacy
- rationalisation of stock without losing profit
- increased awareness in customers and parents about harm caused by sweets and the benefits of gum.

2. Sales of dental products

Criterion

Customers should have information allowing them an informed choice about dental products and oral hygiene.

Action

- Check current stock levels and product ranges
- Decide on extra training required:
 - ◆ Ask expert such dentist, oral hygienist or health promotion officer with oral health knowledge to train pharmacy staff about oral hygiene
 - ◆ Check available training/education sources, e.g. CPPE distance learning courses on oral health, medicines counter assistants training courses.
- Rationalise stock
- Provide information leaflets about good oral health practices, e.g. regular changes of toothbrushes, good flossing techniques, etc.
- Set standards (see below for suggestions)
- Maybe employ the services of an oral hygienist for a session (maybe paid for by company sponsorship?) to advise the public and increase awareness
- Maybe write an item for the local newspaper about oral health (let the dentists know what you are doing)
- Monitor sales of dental health products for example over two-week period before provision of information and start of campaign
- Monitor sales of products after agreed periods.
- Conduct audit campaign in conjunction with other local pharmacists.

Possible standards

- 1 To increase sales of toothbrushes by #% in # months and by #% in one year
- 2 To have in place an effective protocol about the sale of fluoride treatments within three months in agreement with local dentists etc.

3. Information / advice about oral infections and diseases

Criterion

Pharmacists are well placed to offer advice about the treatment of mouth infections and problems and can refer people with more than minor problems to doctors and dentists

Action

- Examine current knowledge about infections and other problems - both yours and your staff
- Rectify shortcomings in knowledge (CPPE courses and others, medicines counter assistant courses etc.)
- Prepare protocols for treatment and advice about:
 - ◆ dental pain (toothache)
 - ◆ mouth ulcers
 - ◆ gingivitis, thrush, halitosis, candidiasis, stomatitis, etc. including first line choice products for sale for treatment and when to refer to doctor/dentist
- Provide leaflets about the various infections if available
- Monitor:
 - stock levels of leaflets
 - sales of relevant products
 - referrals to dentists and doctors.

Possible standards

- 1 All relevant staff will have sufficient knowledge to refer customers to the pharmacist for mouth ulcer treatments, and the pharmacist will have sufficient knowledge to know when to refer customers to the doctor. Doctor referrals will be documented, and data collected.
- 2 A protocol for the sale of medicines used to treat mouth infections will be produced within three months and data relating to all sales of these products will be monitored.

Resources

- CPPE distance learning course, Oral Health, parts I and II.
- NPA information leaflet: Sugar free medicines.