

Oral and facial presentations to general practice

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ECONOMIC DRIVERS have changed the way in which patients seek attention for oral and facial conditions.¹ General medical practitioners are increasingly being asked to assess, diagnose and treat these problems. This is likely to manifest even more so during the COVID-19-related restrictions, which have resulted in a significant shutdown of dental practices in a number of regions.

Some of the most common general practice presentations revolve around regionally related structures such as the ear, nose and throat, so it is assumed by patients that general practitioners (GPs) can also manage problems of the mouth, jaws and teeth. However, medical practitioners' actual knowledge and confidence to treat orofacial conditions varies considerably in Australasia.²

Unfortunately, university education in medicine and dentistry has diverged over recent years. In the past, students in both disciplines shared common basic science and health streams in the early years of their degrees. Changes in the principles of health education have resulted in far less crossover of these disciplines. This has led to the two health professions becoming more isolated from each other and less aware of the issues and conditions each treat.

Australian Journal of General Practice has a long history of filling this educational void for its readers through the publication of case studies and review articles related to conditions of the mouth, jaws and teeth.³⁻⁷ This issue of the journal takes the commitment one step further by providing short, scientifically based reviews of some of the most common presentations. The topics presented in this edition⁸⁻¹³ were chosen to encompass issues that have not

received review in the journal recently but may be of particular interest to GPs.

During the COVID-19 restrictions on dental services, GPs are likely to manage more people with dental pain, infection or other oral and facial conditions. GPs may also rely on oral and maxillofacial surgeons to advise or assist with such patients. Oral and maxillofacial surgery is a speciality of both medicine and dentistry. As such, it is the logical bridge between the two health professions. Despite the expansion of oral and maxillofacial surgery in Australia over the past 20 years, it remains a relative niche surgical specialty. Access to services in public and private practice in some locations can be challenging, particularly for patients who are underprivileged and those in rural and remote regions.¹⁴ These compounding problems further amplify the need for GPs to be comfortable assessing and managing oral and facial conditions.

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