

Alternate worlds

General practitioners and dentists

Sophia Samuel

*Since January, 1945, the fluoride ion content of the public water supply in Grand Rapids, Michigan has been adjusted to 1.0 ppm ... Caries attack rates were lowered by 57 per cent in children 12 to 14 years old in 1959 ... compared with the caries attack rates in the control group of children in Muskegon.*¹

Oral diseases are a significant cause of reduced quality of life and of pain, disability and death worldwide.² Many are preventable, such as dental caries, which can be prevented through water fluoridation; many more are readily treatable in the early stages. In addition, the risk factors for poor oral health – such as a high-sugar diet, tobacco use and alcohol intake – overlap significantly with those of other common non-communicable diseases (NCDs). Untreated caries and gum disease may contribute to premature birth, type 2 diabetes, pneumonia, ischaemic heart disease and cognitive impairment.³

Therefore, a disinterested observer may be surprised that Australian medical schools and general practitioner (GP) training do not at least include ‘a rotation’ at a community dental service or dental emergency department. All doctors are taught the fundamentals of a history, examination and investigation of the eye or ear, but not of dentition. While many GPs are interested in and have managed acute dental presentations, these skills have usually been acquired following Fellowship.⁴

An immediate reason for this is that modern dental care is highly technical and specialised, and it necessitates that dentists, prosthetists and hygienists – not GPs – provide primary-, secondary- and tertiary-level intervention in the oral cavity. Australians who visited a dental professional overwhelmingly (>85%)

evaluated them as being respectful and good listeners, as well as spending enough time with them.⁵ However, only 50% of adults have had the recommended annual dental check-up. For comparison, approximately 70% of adolescents aged 13–14 years brush their teeth twice daily, and 90% of Australians have access to fluoridated drinking water.⁵

So which groups are less likely to see a dentist? People who experience the highest socioeconomic disadvantage, live in regional and remote Australia, have a disability, currently smoke, drink unsafe amounts of alcohol or rate their health as fair/poor. Children aged 2–14 years and adults aged >85 years are the least likely to have seen a dentist in the past two years.⁵

General practices have strong mechanisms in place that identify patients who are socioeconomically vulnerable, currently have or are at risk of NCDs, or are at the extremes of age. These are also likely to be the patients who will benefit from targeted preventive oral care – such as encouraging brushing and flossing, and inspection of the mouth, teeth and lips⁶ – integrated into their current care. The *Guidelines for preventive activities in general practice* also advise that pregnant women should have treatment of active caries and periodontal disease because of an increased incidence of gingivitis and flow-on benefits to the child.⁶

There are systemic contributions to how and how often people use dental services: availability and cost are commonly cited barriers; public dental waiting lists are lengthy, and patients there more commonly receive an extraction over a filling.⁵ In this issue of *Australian Journal of General Practice*, Sen Gupta and Stuart explore how the separate evolution of medicine and dentistry has resulted in distinctive service delivery, policies and even awareness of each other’s networks.⁷

Postgraduate education, such as the articles on oral presentations and orthopantomogram interpretation,^{8–12} is cited as one – albeit partial – solution.

Oral and dental health, as well as dental services, are important to our patients and need to be better integrated into our own thinking and practice.

Author

Sophia Samuel FRACGP, FARGP; Medical Editor, *Australian Journal of General Practice*; General Practitioner, Melbourne, Vic

References

1. Arnold FA Jr, Likins RC, Russell AL, Scott DB. Fifteenth year of the Grand Rapids fluoridation study. *J Am Dent Assoc* 1962;65(6):780–85. doi: 10.14219/jada.archive.1962.0333.
2. World Health Organization. Oral health. Geneva, CH: WHO [date unknown]. Available at www.who.int/health-topics/oral-health [Accessed 5 August 2020].
3. Dörfer C, Benz C, Aida J, Campard G. The relationship of oral health with general health and NCDs: A brief review. *Int Dent J* 2017;67 Suppl 2:14–18. doi: 10.1111/idj.12360.
4. Barnett T, Hoang H, Stuart J, Crocombe, L. ‘Sorry, I’m not a dentist’: Perspectives of rural GPs on oral health in the bush. *Med J Aust* 2016;204(1):26. doi: 10.5694/mja15.00740.
5. Australian Institute of Health and Welfare. Oral health and dental care in Australia. Cat. no: DEN 231. Canberra, ACT: AIHW, 2020. Available at www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/introduction [Accessed 5 August 2020].
6. The Royal Australian College of General Practitioners. Chapter 11: Oral health. In: *Guidelines for preventive activities in general practice*. 9th edn. East Melbourne, Vic: RACGP, 2018.
7. Sen Gupta T, Stuart J. Medicine and dentistry: Shall ever the twain meet? *Aust J Gen Pract* 2020;49(9):544–48.
8. Cosson J. Interpreting an orthopantomogram. *Aust J Gen Pract* 2020;49(9):550–55.
9. Sherring D. Surgical solutions to orofacial problems. *Aust J Gen Pract* 2020;49(9):556–61.
10. Wong T, Yap T, Weisenfeld D. Common benign and malignant oral mucosal disease. *Aust J Gen Pract* 2020;49(9):568–73.
11. Wong T, Yap T, Weisenfeld D. Common causes of ‘swelling’ in the oral cavity. *Aust J Gen Pract* 2020;49(9):575–80.
12. Bayetto K, Cheng A, Goss A. Dental abscess: A potential cause of mortality and morbidity. *Aust J Gen Pract* 2020;49(9):563–67.

correspondence ajgp@racgp.org.au