

# CONTINUING EDUCATION AND TOOTH WEAR

Professor Andrew Eder explores the significance of continuing education in relation to tooth wear to build on undergraduate knowledge, in order to meet the growing needs of patients suffering from pathological surface loss.

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We've all been there. After five years of hard work (and some fun), there's little to match the sense of achievement when you receive word that you've passed your final examinations and are ready to be let loose on the world, to contribute to the improvement of the nation's oral health.

For most of us, the next step came in the form of dental foundation training (DFT) and vocational training (VT) (or the equivalent at the time of your graduation), which is a steep learning curve to say the least!

It is at this point that reality of our patients' needs really hit home and, whilst we all learned so much as undergraduates, there is still more to knowledge to absorb and apply in practice if we are truly to meet our career goals.

For me that, in part, came in the form of specialisation in restorative dentistry and prosthodontics, with a particular interest in tooth wear. You may ask – why? Because over the years, I have noticed an increase in tooth wear beyond that which would be expected in relation to my patients' ages, and it's something that needs to be addressed not only because it causes pain and an unsightly dentition, but also because the NHS can in no way can afford to meet the growing needs of these patients if left unchecked – with restorative treatment both extensive and expensive.

## The facts and figures

Recognising that tooth wear has the potential to be a serious issue, its incidence and significance was recorded in the Adult Dental Health Survey (ADHS) for the first time in 1998, and repeated in the 2009 edition. In each, tooth wear was assessed at three stages:

1. Any wear
2. Moderate wear – wear that has exposed a large area of dentine on any surface
3. Severe wear – wear resulting in exposed pulp or secondary dentine.

Comparison of the two surveys shows that in just 11 years the incidence of tooth wear in England increased by 15% in those aged 16 to 24, 10% in the 25 to 34 cohort, and 13% between the ages of 35 and 44.

The trends identified in the last two surveys strongly suggest that those in the younger age groups need preventive treatment beyond what is generally already being offered if their dental health is to be secured over the long term.

This idea was further reinforced by the results of the 2013 Children's Dental Health Survey, which indicated that just over a quarter of children in the UK aged 12 have tooth wear on their molars and on the buccal surfaces of their incisors. What's more, by 15, 31% of children had tooth wear on the occlusal surfaces of molars (compared to 25% at 12 years old).

## What needs to be done?

As a group of professionals dedicated to caring for our patients, clearly the increasing prevalence of tooth wear does need to be addressed – preferably in its earliest stages. To be successful, preventive care and the ability to communicate effectively with patients – so that they can understand their responsibilities and be motivated to meet them – are essential.

For dental professionals, the key is to build on our undergraduate knowledge,

not only to understand fully the care and treatment that these types of patients need, but also to be able to overcome any psychosocial impediments to patients acting on their own behalf to improve the situation.

There are online resources – both paid for and free of charge – such as GSK's distance learner module on tooth wear and the Basic Erosive Wear Examination (BEWE) (at <http://bit.ly/2n0oQAt>), offering a valuable foundation.

To build upon this, check out what NHS Health Education England has to offer in your area. As just one example, Kent, Surrey and Sussex offers a module entitled 'BDA Clinical Management of Pathological Tooth Wear in General Dental Practice', offering delegates the opportunity to '...attain a better understanding of tooth wear and will learn strategies to achieve a conservative solution avoiding further loss of healthy tooth structure in order to achieve a functional and predictable outcome.'

Also invaluable are hands-on courses, some privately run and others catered for by some NHS Health Education England providers, including HEKSS, with its day-long event looking at the restoration of teeth worn down due to various types of erosion and attrition, using a range of techniques applicable to general practice. Not only that, but the psychology of care is also addressed, alongside record keeping, teamwork and when to refer.

On that note, from a practical standpoint, the London Tooth Wear Centre® offers an evidence-based and comprehensive approach to managing tooth wear, using the latest clinical techniques and an holistic approach in a professional and friendly environment. So, if you have any concerns about your patient's tooth wear, please visit [www.toothwear.co.uk](http://www.toothwear.co.uk)