A PIECE ON PAEDIATRIC DENTISTRY FOR APEX MAGAZINE MAY 2011

I started to write this piece unsure whether it would end up being political, an attack on big business in general or a diatribe on dentists' attitudes. The result is to mention all three points and to accept that they are there and suggest what an individual can do.

First up the politics. No government of any hue has bothered to investigate fully let alone embrace a policy of prevention, correctly targeted to the individuals at risk by the professionals who understand the diseases and the means by which they might be controlled. In spite of the Scottish experience (www.child-smile.org.uk) it's not going to change.

The biggest corporations in the world are willing to spend millions of dollars promoting the sales of sugared water in spite of the overwhelming evidence on the effects of consumption. Several generations of physicians have been giving dietary advice on dubious scientific evidence. (Please read The Diet Delusion).

So what can the individual professional do facing the odds that seem to conspire against our young people? Plenty.

It's a great shame that the teaching of Paediatric Dentistry has not resulted in it being as sexy as Cosmetic Dentistry or as heroic as MaxilloFacial Surgery. It's tarred with the same brush as perio, undoubtably important but somebody else's responsibility. Yet what other area of dentistry is ultimately more important than that of our future generations?

There are the fundamentals - let's prevent or at least control caries and so reduce the need for intervention which can vary from the judicious application of a glass ionomer to a full blown hospitalisation with general anaesthetic.

However, I suggest that it's a paradigm switch that is required. In this age of niche markets accept that your paediatric practice is a separate entity from your adult practice and needs a different approach. Within this niche are several sub-niches including the new born, the pre-schools, 6-11, and secondary school. Cutting across these sub-niches come the risk factors which determine

the best way to decide when to review, what messages are appropriate, when, what and if preventive measures are indicated.

As it is with every element of child growth the aim is to produce adults who are capable of reaching their full potential, whether that be physical, intellectual or emotional. Don't we as dentists owe it to our patients to do our share?

In the wake of the 1990 NHS contract I was both pleased and apprehensive to find myself with 800 patients under the age of 18. This came about firstly because I had a practice on a new, and rapidly expanding, suburban development and secondly because I enjoyed looking after children and welcomed one and all.

My introduction to dental care was typical for the baby boomers whose parents celebrated the removal of sugar rationing by spoiling us with sweet treats. At the age of 7 I was taken with a fat face to the dentist that my family "used". Like a lot of practices in those days there were daily GA sessions. I was pinned in a chair, a black rubber gas mask was applied, a tumble into a few minutes of oblivion and I woke spitting blood minus 5 deciduous teeth and one permanent molar.

The result one very frightened little boy and another 4 years of dentist-free existence. The next time I struck lucky I was seen by Mrs Denise O'Leary, at a practice local to our home. Denise, like my mother, was from Cork and the pair of them would gossip about mutual acquaintances during my repeated visits for repair.

What made her special was that she never once talked down to me, I was, in her eyes, just a younger person not a "child". At the first visit she explained that one of my teeth (I now know it was my lower left first molar) was beyond saving and would need to be removed. I was offered the choice of a GA or local anaesthetic, having been terrified by my last encounter with the rubber mask I chose the local. I can still remember her skillfully "palming" the extraction forceps and the way she supported my mandible whilst giving the tooth a couple of squishy lateral movements before it was out and away and I was spitting copious amounts of blood into the white porcelain spittoon.

Visits thereafter were 6 monthly and usually, but not always, seemed to involve treatment, that said the work she did was pretty good and more than four decades later the amalgams are still functioning.

It was my visits to her, the way that she gained and (more important) never lost my trust that inspired my interest in dentistry. The fundamental lessons I learned consumed and provided the basic ground rules for my practice.

•People are individuals whatever their age.
•You only get one chance to make a good impression.
•It's not the child's fault that they have cavities, it's the fault of the person who either buys or provides the cash for the sugar.
•Habits can be changed but it's easier if they are never started.
•Dental practices can be intimidating places for small people.
•Caries is not inevitable and it can be controlled.
•Too many parents think that caries isn't important - how can the disease responsible for the largest number of paediatric hospital admissions in the UK not be important?
•Dentists don't take children's dentistry seriously and are using the same excuses now that they did a quarter of a century for their behaviour.
•Dentist's children get cavities, how come?

Solutions
•Identify the micro-niches in your practice.
•See children on separate visits from parents otherwise you are asking the parent to bring all their baggage to every visit. There will be confusion about messages given as there is no "one size fits all".
•Delegate the vast majority of the time spent during children's "routine" appointments. But remember it's never routine for them it's always special.
•Make the visits memorable for all the right reasons.
•Never attempt active treatment an under 11 after school. Why? They're knackered that's why, possibly so are you so it's hardly the best start to a session where you both need to be at your best.
•Tailor the preventive advice given to the individual and change the way that the advice is given to include all learning styles.

Remember that the disease controlled, dentally confident children of today become the dental consumers of tomorrow who are able to choose the benefits of elective dentistry without having to consider the baggage of their past. I think that's what's called a Win/Win.