DENTAL HEALTH

2 In search of the perfect smile

National consciousness may now be focused on the perfect smile more than at any time in history



06 How to keep your teeth and gums healthy

One in three UK adults has tooth decay. so use preventative products at home

Private or NHS: is the choice really yours?

Finding an NHS dentist can be a postcode lottery, but some people prefer to pay

Fillers as well as fillings and crowns

Growing demand for Botox and fillers is revolutionising the dental practice $\,$



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In search of the perfect smile and good health

National consciousness may now be focused on the perfect smile more than at any time in history, but children from poor backgrounds still suffer tooth decay

♦ OVERVIEW

● REBECCA SMITH

cientists increasingly link oral health with general wellbeing, while popular culture is saturated with images of perfectly straight, white teeth, and offers of finance have brought cosmetic dentistry within the reach of many.

An explosion in interest in oral health should be a good thing, but there has been a corresponding ten-fold rise in claims against dental practitioners after allegedly "botched" cosmetic work.

This has led to concerns that some dentists are putting financial considerations above the best interests of their patients. Television programmes, such as The

> **Dentists increasingly** have a duty to warn

their patients of the

consequences of poor

oral health and the knock-on effect it can have on the rest of their bodies

second after the Netherlands as one of the most likely nations in Europe where people visit their dentist for a check-up



months and around 2% of the population have never been to a dentist

Source: British Dental



their patients, placing an over-reliance on digital systems in which the desired outcome is simulated on a computer screen before treatment, giving their patients a rose-tinted view of what essentially will be a limited result.

However, with increasing interest in the appearance of teeth, dentists are afforded the opportunity to educate their patients about the importance of good

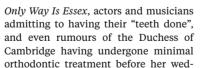
Dental practitioners and hygienists are well rehearsed in the arguments for regular brushing with fluoride toothpaste, as well as flossing to minimise the risk of decay and gum disease. But without tangible consequences of not heeding the advice, is the message really sinking in?

Cavities are easily resolved and patients seem to accept that fillings are just part of life. However, with a flood of scientific research papers linking gum disease with general health, including heart disease, miscarriage, dementia, rheumatoid arthritis and even prostate disorders, dental practitioners have more in their educational armoury.

The way gum disease affects the rest of the body is still being debated, but it is thought bacteria enter the bloodstream in the mouth and trigger inflammation in other areas.

Inflammation is a primary factor in a host of diseases. Chief executive of the British Dental Health Foundation Dr Nigel Carter says: "The link between oral health and overall body health is well documented, and backed by robust scientific evidence. Despite this, only one in six people realises that people with gum disease may have an increased risk of stroke or diabetes. And only one in three is aware of the heart-disease link."

Oral health has even been implicated in the performance of elite athletes as sports drinks and a diet high in car-



Advertisers are pushing "smile makeovers" with offers of finance deals with little or no mention of the long-term upkeep that is necessary.

There are particular worries about the

ding, have fuelled interest, and demand

for, affordable cosmetic dentistry.

use of "short-term orthodontics" with a rise in the number of products available. Consultant orthodontist and vice dean of the Royal College of Surgeons of Edinburgh's Faculty of Dental Surgery Robert Chate says: "The rise in complaints clearly shows that the benefits of these quick-fix treatments are undoubtedly being oversold, with little or no mention about their risks and limitations.

"There is a failure on the part of some dentists to manage the expectations of



Source: IBISWorld 2015







ECONOMICS OF TEETH



The quality of your smile not only creates a good impression at job interviews, research has shown it can affect the

chances of landing the role. University of California found that in mock interviews, applicants were more likely to be hired and created a more professional impression after they had undergone teeth whitening

Equally research for Oral B found white teeth made people look five years younger and gave the impression they earned £10,000 more than those with a yellowing, stained smile.

This means that poor oral health may

create an underclass of unemployable people with bad teeth.

There have been reports of an increase in the sales of temporary or emergency
DIY dental repair kits since the economic crash. And for those unable to find an NHS dentist or who cannot afford to see one, these temporary fixes are becoming permanent treatments.

The recession also saw the first ever

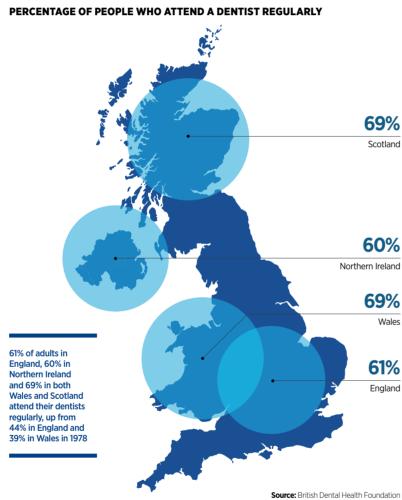
drop in expenditure on private dentistry. Lang & Buisson calculated there was a 7 per cent drop in real terms over 2008-09 and 2009-10, and a 22 per cent drop between then and 2014.

At the same time the share of dentistry expenditure going to the NHS grew as access improved and patients sought to save money.

However, overall spending on oral health has remained under pressure and a 2014 report that £5.8 billion was spent in 2013-14, which after adjustment for inflation was 13 per cent lower than its peak in 2009-10

It is not only the household purse strings that are affected by poor dental

health, but the national economy also.
It has been calculated that UK businesses lost a staggering total of £36.6 million in the last year due to people taking time off work because of



bohydrates increases the risk of decay which has a knock-on effect on their overall health.

A survey conducted at the London 2012 Olympics found 18 per cent of athletes said oral discomfort had affected their performance, while almost half had not been to a dentist in the past year.

In such circumstances the role of the dentist is expanding to include that of health adviser. Dental practitioners have long been able to spot patients, who might be anaemic because they have chipped a tooth while crunching on ice, a symptom of the condition, or noticed acid erosion in teeth at the back of the mouth, caused through excessive vomiting, by a patient with an eating disorder.

Dentists increasingly have a duty to warn their patients of the consequences of poor oral health and the knockon effect it can have on the rest of their

bodies. This means they can direct them to other healthcare professionals where early detection can lead to more effective treatment.

A wider acceptance that sugar is bad for health, not only for teeth but plays a significant role in the national obesity crisis, is good news for dentists.

Food manufacturers are gradually reformulating their recipes to reduce

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added sugar, and the scrutiny of fruit juices by leading scientists and doctors has increased awareness of the problem.

There have been arguments that fruit juice should no longer count towards the five-a-day recommended portions of fruit and vegetables. While this has so far been resisted, the effect has been to educate the wider public of the dangers

of such sugary drinks, not only for teeth but for their wider health.

Fruit juice and fizzy drinks remain the primary cause of tooth decay in children. And while prevalence of visible signs of decay in children has reduced significantly since the 1970s, there remain pockets of the country where a third of three year olds have signs of tooth decay.

Levels of decay are dropping among older children too, with the latest statistics from the 2013 Child Dental Health Survey

showing 32 per cent of 12 year olds and 44 per cent of 15 year olds now have signs of dental decay, a reduction from $41\,\mathrm{per}$ cent and 55 per cent in 2003.

The survey showed the link between children's dental health and deprivation remains as strong as ever, leading to renewed calls for wider fluoridation of drinking water.

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Smile and the world smiles with you – if you have good teeth

Smiling is the outward sign of happiness and connects us to others – it helps bond people together

♦ PSYCHOLOGY

ALICE HART-DAVIS

smile is a good thing, a happy thing, a positive thing; we know this, because it is hardwired into our brains. We smile when we see loved ones and they smile back.

These days, though, what is really seen as a good thing is a good smile, one that

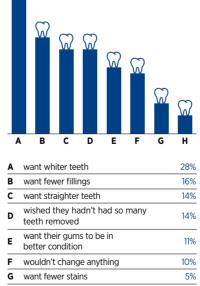
displays teeth that are white and even. And increasingly this is what we want and are prepared to pay for.

Even though the state of British teeth is no longer an international joke, almost one fifth of the population feel the need to conceal their teeth in photographs, according to researchers at Mintel. Put that together with our desire for a better smile and it's easy to see why business is booming for cosmetic dentists. In fact, a recent



The bright white smiles of stars on TV shows such as *The Only Way Is Essex* may influence young people to get their teeth whitened

IF YOU COULD CHANGE ONE THING ABOUT YOUR TEETH...



Source: Simply Teeth 2013

study suggests that the British cosmetic dental market will grow by 21 per cent in the next five years.

"It is becoming more and more culturally unacceptable to have discoloured, missing and crooked teeth," says Dr Mark Hughes, founder and clinical di-

rector of the Harley Street Dental Group. "Almost 50 per cent of us believe that a great smile is the most important feature in making a great first impression."

Several factors are driving this. "Celeb-

rities show people what can be achieved with dental work," says Dr Hughes. "We're all trying to preserve our youth and one of the most effective ways is to invest in maintaining a great smile or enhancing one that is breaking down. Then there is the old medical saying that the mouth is the mirror of the body, and medical research increasingly shows that having healthy teeth and gums is important for maintaining general health."

Dr Christopher Orr, past president of the British Association of Cosmetic Dentistry and director of postgraduate education at Advanced Dental Seminars, concurs. "Ten years ago, white teeth were still relatively uncommon, but the tide has turned and we now see yellow teeth as the thing that stands out. Some of the comments on social media sites during the recent election campaign about a certain politician's unacceptably yellow teeth shows just how much our attitudes have changed in recent years."

Still, people want to keep their smiles real. "My patients often mention the gleaming white teeth of the reality TV star as something they definitely don't want; they want something that looks believable."

As Dr Orr points out, it is becoming more socially acceptable among older people to admit to having had aesthetic skin treatments and minor plastic surgery. Many will also disclose when they've bleached their teeth, though some are still cagey about it. "But our younger patients are the opposite," he says. "They are very prolific users of social media and will post selfies of themselves in the dental chair."

Just why it is so important to have a good smile is because when people have a lovely smile you warm to them, according to psychotherapist and novelist Lucy Beresford. "Any child can tell you that when mummy smiles it is so much nicer than when she frowns," she says. "A good smile is also a powerful thing. In the animal kingdom, bared teeth is a sign of warning or dominance. In a mixed-up way, if someone has a strong smile, you feel they are a strong person and that is very attractive."

Another thing that's hardwired into our brains is that teeth mean youth. "Having good teeth is a sign of youth and fertility," says Ms Beresford, "so if you have a great smile, the chances are that you are younger than the toothless crone in the corner – in our psyche, good teeth equal fitness and vitality."

Another big change in the UK is how much people are prepared to spend on their teeth. How much people will pay depends on what is being done, as Dr Hughes points out. "Tooth whitening is the entry-level treatment and costs from £200 upwards. Orthodontic treat-

ments average £3,000 to £5,000. A full set of veneers can cost between £8,000 and £20,000, and a total mouth rehabilitation is even more."

It seems that we are catching up with the United States in view-

ing our teeth as an investment worth making. But, as Dr Orr points out, we are more reserved than both North Americans and Europeans when it comes to talking about it.

"What's different about the American attitude to teeth is the paradigm of what is considered to be beautiful," says Dr Hughes. "In the UK, we are much more in favour of a beautiful natural smile with small degrees of imperfection to allow the smile to look stunning yet real." And that, surely, is a good thing.

WORD OF MOUTH



80%

of people are more likely to talk to a strange if the person smiled at them



1st

rated most important body features are teeth



2nd

most important features after personality are teeth and



48%

of the population are unhappy with

If someone has a strong

smile, you feel they are a

strong person and that is

very attractive



64%

have discoloured teeth which is the main reason for being

COMMERCIAL FEATURE

BRING A HEALTHY SMILE TO YOUR WORKFORCE

Dental insurance and treatment is a benefit which staff value as part of their employment package, says **Bupa**



The business case for having a healthy and happy workforce is becoming well established. Not only will staff be more productive, but they are also more likely to join a business that cares for its people, will stick around and go the extra mile.

Yet there is considerable room for improvement in how organisations approach this. According to a study by Bupa, two-fifths of employees believe their business is "all talk but no action" when it comes to improving health, and 70 per cent believe their company does not invest in wellbeing initiatives at all.

This is having a detrimental impact on performance; nearly half of those questioned say they hold back on putting in extra effort at work, which the Centre for Economic and Business Research estimates costs costs the UK economy a potential £6 billion each year.

Businesses need to invest in measures that will not only help to improve the health of their employees, but also benefits which will be highly valued. According to a separate study by Bupa, dental insurance is the second most valued health and well-being benefit after health insurance, ranking it ahead of measures such as on-site gyms and free fruit.

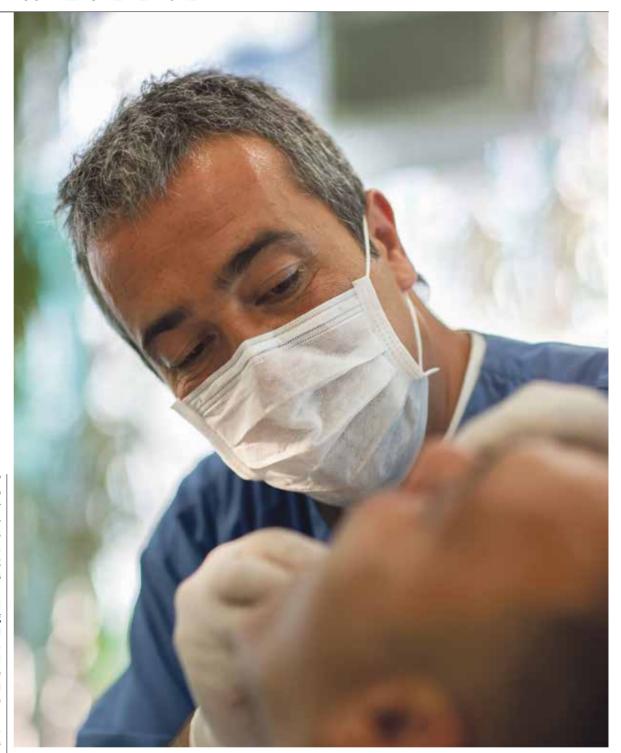
There are a number of reasons why dental insurance and treatment are so popular, both for businesses and their staff, says Patrick Watt, corporate director for Bupa UK. The fact that this is a benefit from which everyone can gain, through annual check-ups and hygienist appointments, as well as care when things go wrong, is particularly appealing.

Another advantage is the peace of mind that comes with knowing they are getting quick and easy access to reliable dental treatment, at the time when it is needed, without having to cope with unexpected and potentially significant bills. "People want reassurance on the quality of dental treatment they get," he adds. "They need to know they are in safe hands."

The relatively low cost is also attractive. While businesses can choose to pay for this benefit on behalf of their people, generally it is deducted from employees' pay making it more affordable, says Mr Watt. Plans start from as little as £5 a month and even the most comprehensive cost no more than £30.

Not only do they benefit from lower-cost healthcare as a result of their employer's buying power, it also allows them to spread the cost each month and avoid any unexpected shocks should treatment be required.





"Most people are now aware of the need to go private otherwise they may have to wait a long time, so people are much more comfortable with the notion of private dentistry," says Mr Watt.

In addition, there are clear benefits to businesses in offering dental insurance and treatment to their people "It's a great way to attract, retain and motivate staff," adds Mr Watt. "We're now seeing much more competition for talent. The UK has turned into a nation of knowledge-based industries so the quality of your people is essential. Businesses know that dental benefits are highly valued and that's why we're seeing such growth."

People with access to high-quality and easily accessible dental treatment provided through their employer are more likely to put in additional discretionary effort, he says, because they feel they have been well cared for.

In some cases, such as law firms, accountancy practices or professional services firms, organisations are even starting to provide space for providers such as Bupa to run clinics on-site, helping them to stand out as employers who take the health and wellbeing of their people seriously.

This can also help to reduce the amount of time people have to take off work to go to the dentist, with Bupa figures showing that

Dental insurance is the second most valued health and wellbeing benefit after health insurance, ranking it ahead of measures such as on-site gyms and free fruit

two in five people who use on-site dentists save between one and three hours. "When any employee needs to take time off work for an appointment, having convenient access to dental services clearly makes that time out of the office much shorter," says Mr Watt.

This generally tends to be more of an option for organisations with more than 1,000 people, he adds, although there are a growing number of companies on business parks or multi-use offices that are setting up similar initiatives.

As well as working with organisations wanting their own on-site facilities, Bupa is currently investing in a number of its own dental clinics. It is on track to own 75 by the end of this year, making it one of the country's largest providers, and has also developed a new dental network with trusted

partners throughout the UK, which offer a 20 per cent discount on the cost of general dental treatment to Bupa customers.

There are a number of other advantages to this, says Mr Watt, including providing clinics near people's homes as well as work, ensuring family members can benefit too.

Bupa's own research suggests half of employees say they would be more productive if they felt healthier, and dental insurance and treatment is an easy and cost-effective way for businesses to demonstrate their commitment to the wellbeing of their people.

"Health and wellbeing is very high up on businesses' agendas," says Mr Watt. "In the past businesses have used salary as the principle attraction tool, but now we're seeing them being much more creative around benefits packages and recognising that as an employer they can negotiate some really attractive rates of health and dental services for their employees. Dental is very much part of that."

Bupa insures more than 130,000 employees through employer dental health plans and offers a range of packages for employers of all sizes. For more information visit www.bupa.co.uk/business/business-dental-plans

How to keep teeth and gums healthy

As one in every three adults in the UK has tooth decay, using preventative products at home is vital

♦ PREVENTION

LYNNETTE PECK

e spend £800 million a year on dental cleaning products, but still 29 per cent of UK adults do not use toothpaste, 50 per cent don't use mouthwash and 68 per cent don't floss.

For good dental health this has to change and Dr Adam Thorne, co-founder of Harley Street Dental Studio, says there are four key product areas that are vital for oral health.

"Use an electric toothbrush and aim it into the tooth gum and use for five seconds on each tooth. Floss or use an inter-dental cleaner to get rid of food between teeth. Use an advanced tooth-paste, which helps restore enamel and finally rinse with a mouthwash that is alcohol-free but contains fluoride."

Brushing your teeth is, of course, central to good dental health and Dr Uchenna Okoye, clinical director of London Smiling Dental Group, says: "One of the biggest mistakes people tend to make is to brush too hard – it damages gums and may erode enamel on the teeth. Plus, you must change your toothbrush or toothbrush head every three months otherwise it will be less effective at plaque removal."

Some 47 per cent of adults in the UK don't even know how to brush their teeth correctly and only 11 per cent brush for the dentist-recommended two minutes, twice each day. And four million UK adults skip brushing their teeth in the morning.

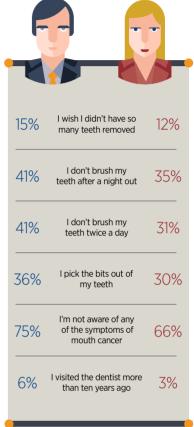
Aesthetic and restorative dentist Dr Mark Hughes says that the timing of when you brush your teeth is just as important as how you brush them. "Brushing is all about removing plaque and not about removing food, so therefore it is best to brush your teeth just before breakfast."







MEN AND WOMEN'S DENTAL HEALTH





Source: Simplyhealth 2013

OLDER PEOPLE AND ORAL HEALTHCARE



The UK population is ageing, and increased life expectancy and mortality, along with a falling birth rate, means the demands for dental care in the older age group will increase. By 2020 the proportion of people aged 65 and above is expected to be 18.9 per cent of the population.

At this age teeth have been subjected to more wear and tear and enamel erosion, plus underlying conditions, such as diabetes, blood pressure and digestive disorders, can cause gum and teeth issues.

The move in technology to electric toothbrushes and flossers is particularly useful for people with limited movement, such as disabled or elderly people, who often find using a manual toothbrush does not allow them to clean thoroughly.

Dr Mark Hughes, an aesthetic and restorative dentist, says: "We see a lot of older patients and that part of the population have relied on NHS dentistry. Luckily there is no excuse anymore to have all your teeth pulled out. We replace wear and tear and use bonding, a filling material so teeth can be naturally restored."

Teeth-whitening products are increasingly popular on the high street and one in five who had whitening in the last 12 months did it via at-home whitening kits or at a beauty salon. One in four brides this summer plan to have their teeth whitened before their big day.

Dr Payman Langroudi, clinical director at Enlighten, says: "In terms of teeth whitening, dentists will completely clean teeth first, but when you buy off the shelf you will have existing stains to deal with before the teeth can be lightened."

But Dr Ayee-Marie McGrath, director of Knightsbridge Dental Care, says we can trust high street products. "Firstly, all high street retail and pharmaceutical shop-bought dental products can be trusted to be safe and harmless due to rigorous testing and compliance with the drug and cosmetic standards agencies. However, this does not mean all products are equal or effective. There are at-home whitening kits available, but these are not professional products and can be abrasive."

Around 53 per cent of UK adults suffer with gum disease and Elaine Tiling, a member of the British Society of Dental Hygiene and TePe's head of clinical education, says this can be prevented simply by cleaning between teeth. "Standard brushing only cleans 60 per cent of the tooth's surface, whereas cleaning between teeth, with inter-dental brushes, helps prevent gum inflammation, cavities and bad breath."

Some 47 per cent of adults in the UK don't know how to brush their teeth correctly and four million skip brushing in the morning

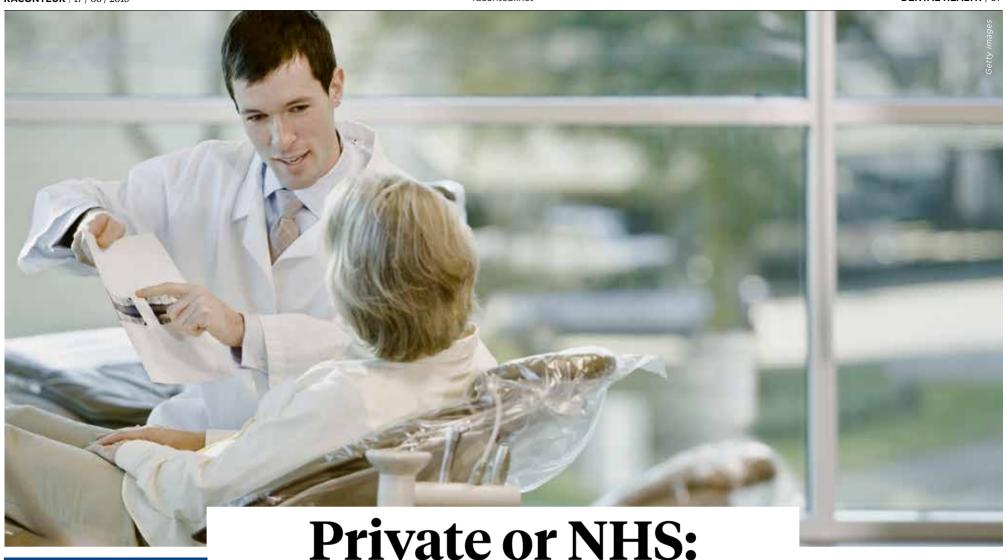
Dr Tim Bradstock-Smith, head dentist at the London Smile Clinic, also recommends inter-dental cleansers. "There are several products, which stop plaque building up in-between the teeth, plus investing in a high-quality toothbrush and using mouthwash will help fight plaque and signs of decay."

Technology, such as the new ultrasonic electric toothbrushes and flossers, are being developed all the time and this is good news for healthy mouths. Manoj Vijay, a director at Evodental, is working with new technology that is enhancing dental implant techniques and performance, such as 3D printing.

He says: "Sonic toothbrushes promote bone growth because of the pulses and we encourage that to our patients. These toothbrushes vibrate plaque whereas the old manual toothbrushes caused more damage."

Another innovative development is a toothpaste and serum to halt acid erosion by rehardening the soft enamel on the surface of teeth. This is the first high street product to do this and it took nine years of research. Regenerate, developed by Unilever with academic dentists in universities around world, rebuilds and reconstitutes the enamel surface on a microscopic level.





◆ PRIVATE DENTISTRY

DANNY BUCKLAND

th charges scaling from £18.80 to £1,800 and beyond for single visits, it is hardly surprising that NHS and private practice dentistry inspires polar opposite opinions. It appears a stark choice between the conveyer belt of a busy NHS dental practice and the cosseting warmth of a well-appointed private service – factory fillings versus cosmetic smiles.

The everyday reality is more complex with many practices offering both, and tailoring treatments to a number of health and social factors.

Private dentistry is on the rise after a static period, fuelled by the recovering economy and the desire for a perfect smile, while NHS services exist within a limited public healthcare budget.

The UK spends £5.8 billion a year on dental treatments with £3.6 billion generated by NHS services and 60 per cent of the nation visiting the dentist once a year, according to health analysts LangBuisson's 2014 dental survey.

But demand varies individually, geo-

graphically, by age and social grouping. Younger generations, who have benefitted from improved techniques and performances, have different problems to their elders who are known in the trade as the "heavy metal brigade" because of their profile of multiple fillings.

Only 2,500 of the UK's 29,500 dentists are private with no restrictions on their charges, while NHS work is charged at three set bands. The British Dental Health Foundation advises comparing a few before selecting a

Time and affordability are the big factors influencing the choice of NHS or private, says Mervyn Druian, a pioneer of teeth whitening who runs the London Centre for Cosmetic Dentistry, in Hamp-

stead. He believes the

current government

private practice.

contract with NHS dentists makes it difficult for them to squeeze enough time for patients.

"People who go private generally feel their mouth is worth that much to them that they are prepared to make an investment in its care,"

Dr Druian, who has 40 years' professional experience and has been behind many high-profile smiles, left the NHS in 1990 because he felt the financial return was not keeping pace with the profession's soaring costs and technological advances.

is the choice yours?

Finding an NHS dental practice can be a postcode lottery, but

private dental practices afford more time to provide a service some

are prepared to pay more for

"You could invest £30,000 for a scanning machine to take digital impressions of patients' teeth, but if you are only getting a nominal amount for a crown on the NHS, then you have to work so fast or opt not to do it on the NHS because it is not cost effective," he says.

"Price is obviously on patients' minds, but private is not that expensive and not everything has to be done at the same time. My patients are not all wealthy. I get them from all over the place and many plan for any work they may have. If they need a crown, then they will put something away for it.

"A patient is told what they need and given a print out of everything. We talk them through it and there are no surprises. It can still cost you £200 a time

if you keep having to go back to an NHS dentist.

"One of the great aspects of private treatment is the time. We are on first name terms and regard patients as friends. We hug when we greet each other and celebrate family events."

Although seeing a clear benefit for the private pathway, Dr Druian is concerned that preventative care and dental health education needs to be strengthened in the UK.

"People still don't pay enough attention to oral health and they should see a hygienist three to four times a year, and the dentist only once. I'd like to see more funding put into real preventative measures. Hygienists and basic dentistry should be well funded, but none of the major political parties had dentistry in their manifestos."

The Department of Health is trialling a new system of funding NHS dentists in an attempt to reduce the pressures from a system that pays them by every piece of treatment.

"The current contract is measured by activity so there is a suggestion that it leads to dentists having to turn things round quickly," says Dr Nick Stolls, who works at a busy NHS practice in a market town in south Norfolk. "But that doesn't mean the work is going to be done badly. However, sometimes a patient will leave a practice feeling they haven't had sufficient explanation about their treatment plans. There is nothing, of course, stopping them going back for clarification."

NHS treatments are divided into three cost bands, starting at £18.80 for examinations, X-rays and polishing, through a second tier of £51.30 for fillings, extractions and root canal work, advancing to £222.50 for more complex procedures such as crowns, dentures and bridges.

Dr Stolls believes NHS dentistry has contributed to a huge upswing in the nation's oral health over the last decade. "It is getting better and that is partly because the profession has done a very good job of prevention and improving general dental health," he says. "The majority work tirelessly and are extremely skilled technicians performing under difficult conditions."

A restructured service has dissipated the long queues that used to form at NHS dentists' doors, but there is still concern over access in some areas and treatment for housebound elderly patients, says Dr Stolls

"If you go private, you may expect to see your dentist when you want and we feel that element is disappearing from the NHS a bit because of the contract," he adds. "But you are entitled to a full range of treatments on the NHS and it is a relatively inexpensive way of getting your teeth fixed compared to private."

People who go private generally feel their mouth is worth that much to them that they are prepared to make an investment in its care

66

PAYING FOR DENTAL HEALTH



of adults have no dental insurance



use NHS dentists for cost reasons



51% have tooth decay



fillings on average for



29.9m

patients were seen in the 24-month period ending June 2014, up 1.8m

COMMERCIAL FEATURE

STRAIGHT TALKING

See the smile not the braces – thanks to the **Invisalign** system, teeth-straightening is now so discreet, the secret's yours



Since 1999, a dazzling three million of the world's most radiant smiles have come courtesy of a truly discreet teeth-straightening system. Something of a revolution in orthodontic terms, Invisalign clear aligners have turned goofy, gappy, tight-lipped smiles into open-mouthed displays of delight – and transformed lives in the process.

That the Invisalign system treats a range of orthodontic cases is all the more remarkable when you consider these aligners are virtually invisible. There are no visible brackets or wires, in fact, because these aligners are so discreet they have

become an ideal choice for adults who want to achieve the beautiful, straight smile of their dreams – with hardly anyone knowing they are having treatment. Instead Invisalign patients exude a secret innerconfidence that spontaneous outbreaks of laughter won't give away.

To create a complex treatment system which is virtually invisible takes technological sophistication and the Invisalign system has evolved over 15 years during which time huge advances, in both the design of the aligners themselves and the digital devices used to plan each case, have been achieved.

Below: Mikala French, Kirsty Roberts-Milmar











Pioneering research into the biomechanics of moving teeth and new materials to achieve this have meant that Invisalign aligners have been engineered to help treat an increasingly wide range of complex tooth misalignments. The clear, custom-made aligners are manufactured from medical-grade plastic with none of the highly visible brackets and wires associated with traditional braces. As well as remaining virtually invisible, their biocompatibility makes them an excellent alternative for patients allergic to metal.

Also behind Invisalign's remarkable success story is sophisticated 3D ClinCheck® software, a treatment planning tool which visualises each patient's treatment stage by stage. This allows your dentist to review and approve your treatment journey while you'll be able to see the 3D progression of your Invisalign treatment and the series of movements your teeth are predicted to take. So you'll know what to expect from each set of aligners.

In addition, many Invisalign providers are also using the latest intra-oral scanner to take digital impressions and create an on-screen simulation of what your teeth could look like post-treatment.

So what can you expect during treatment? With Invisalign, straightening is safe and gentle. Your teeth will move at a gradual speed of 0.25mm every two weeks, when you will be fitted with a new pair of aligners. As you progress through the series of aligners, your teeth will begin moving, little by little, towards the projected final position.

Invisalign is no "fast fix" and a typical case takes on average 18-24 months. Yet for those needing minor tooth correction, such as slight overcrowding or that "stickyout" tooth that has become irksome,

Invisalign i7 could be an ideal, discreet solution which could provide results in as little as three-and-a-half months. Perhaps you've undergone traditional straightening in the past and your teeth have begun to shift again or maybe you want to ensure that the smile in your wedding pictures really does come from the heart.

I use every opportunity
to show off my
beautiful straight
teeth – my smile has
completely changed
me as a person

Not only are Invisalign aligners comfortable to wear, they're designed to fit in with your lifestyle. Typically worn for 20 to 22 hours daily, the aligners can be removed for short periods during meals and most importantly for cleaning so you can continue to maintain your oral hygiene routine as normal.

With Invisalign, you can continue to work, play sports and even play a wind instrument as you would normally. The Invisalign system is the orthodontic treatment that's so comfortable and discreet hardly anyone will know you're wearing it, making it ideal for those who want to keep their treatment private.

Olympic cyclists Laura Trott, 23, and her fiancé Jason Kenny, 27, are both delighted with their Invisalign treatments. "Being in the public eye, I wanted to be able to smile with more confidence. But I also wanted something that didn't affect my mouth when training and competing," says

Laura. She still remembers the chaffing and discomfort of the metal braces she wore as a child. Now on her sixth set of Invisalign aligners, she's impressed.

"At first I was conscious of the aligner in my mouth and felt I was lisping. By the time I was on my second set of aligners two weeks later, I couldn't feel them at all. Now I'm so used to wearing them, my speech is perfect. In fact I don't give them a second thought," she says.

Celebrity status is by no means the prerequisite to craving that perfect smile. For years, her "mouthful of crooked teeth" meant Kirsty Roberts-Milman, 27, would only smile with her lips together. "Invisalign is the best investment I've made in myself," she says. "Replacing deep insecurity, I now have the confidence to be me. I use every opportunity to show off my beautiful straight teeth – my smile has completely changed me as a person."

While Mikala French, 30, explains: "Before my treatment I was nervous about my smile and hated many photographs of myself because I felt my teeth looked terrible. I didn't enjoy romantic meals with my new boyfriend because I was sure he would think my teeth looked awful when I spoke and I became constantly worried about the way my teeth looked.

"However, after nine months with Invisalign I feel transformed. Treatment was simple, nobody knew I had the aligners because they were clear; it did not affect my life and there was minimal discomfort. Having nice straight teeth is priceless for me. I am no longer nervous, my smile is confident and I would recommend Invisalign to everyone."

For more information about Invisalign and to find an Invisalign provider in your area. visit www.invisalign.co.uk

Now the only way is... whitening

Teeth whitening has overtaken Botox as the most popular cosmetic treatment – so what price that dazzling Hollywood smile?

◆ COSMETIC DENTISTRY

VICCI BENTLEY

heesy, probably. Yet in this selfie-obsessed era, a broad bright smile is every bit a sign of success as a designer bag and shoes.

At Wimpole Street Dental, Dr Richard Marques accredits the almost 80 per cent increase in demand for teeth whitening over the past five years not only to the influence of red carpet stars, but also to the rise of the metrosexual male whose grooming habits have intensified.

"In an ultra-competitive city like London, there's the need to gain an edge – having a great smile is a huge asset," he believes. Indeed, a recent New Zealand study found that whiter teeth can make you 10 per cent more employable and 20 per cent more attractive, while shaving five years off your looks into the bargain.

That said, very few people have naturally brilliant white teeth – a fact which even Americans are beginning to heed by toning down the gleaming Hollywood smile in favour of a more British natural look.

Known for his "conservative" touch, Dr Marques points out that fetchingly gaptoothed models Lara Stone and Lizzie Jagger are proof that dentally speaking less than perfect has its charms.

Still, it seems there's a division over how white to go. "Chelsea clients prefer the London look, while those from Essex and Liverpool love an all-American smile." he says.

What drives us into the bleach? Smoking and a penchant for red wine, tea and coffee stain the surface enamel, while antibiotics, such as tetracycline and doxycycline, can cause sub-surface stains. Calculus (tartar) can also dim tooth colour – a further reason for regular dates in the hygienist's chair.

Teeth also yellow and darken with age as the brownish dentine at the tooth's core thickens and deepens, while thinning surface enamel shows it up even more. Individual teeth may also darken once the root is removed.

Not surprisingly, hundreds of thousands of "whitening" toothpastes are sold in the UK each year. Yet it's a moot point whether these, or the home-whitening kits and strips which claim clinical results, can do anything more than remove surface staining.

Some claim to lighten teeth by up to eight shades, but here's the catch. Under European Union law, over-the-counter whitening products are only deemed safe if they contain a maximum of 0.1 per cent hydrogen peroxide (the gold-standard whitening agent), a level which dentists say is too low to whiten teeth. Stronger products containing

SMILE SUPPORT



Vitint Safe & White Whitening Kit is the only gel-tray whitening system approved by the British Dental Health Foundation to keep your new smile. Its peroxide-free, hydrocarbon formula claims to lighten teeth by up to seven shades in two weeks, but it works best for mild staining or maintaining clinical whitening. Cost £29.99.



Eye and Lip Peel at EF Medispa beauty therapy clinics is a "lunchtime" treatment that smooths pucker lines and fades "melanin moustache" caused by frequent hot waxing. A carrier solution controls the release of trichloroacetic (TCA) and lactic acids into the skin, improving penetration and ensuring even distribution. Acetyl glucosamine helps boost hyaluronic acid, so plumps and firms the lip surrounds. A course of four peels costs £1.200.



Juvéderm tailor their hyaluronic acid fillers to give subtle, natural results. Violift fills naso-labial folds or smile lines, while Volbella subtly plumps lips, smoothing wrinkles. The gel is smooth, feels soft and natural, and results last up to 15 months. Prices start from around £250.

own teeth are taken and the trays are custom-built to fit. You then follow your dentist's instructions for two to four weeks.

Can't wait that long? The quickest methods are "laser" whitening where hydrogen peroxide gel is painted on to teeth, then activated by a light lamp in two or three 15 minute stages. In another system, carbamide peroxide

home-bleaching trays are worn for 15 nights to prepare teeth for in-clinic deep-bleaching with stronger hydrogen peroxide.

Teeth are lightened by up to 14 shades with results lasting around three years. However, the price tag, starting from £500 to well over £1,000, might wipe the smile from your face.

Nevertheless, the British Dental Association (BDA) urge caution over cutprice whitening in high street clinics and beauty salons which may offer treatments illegally. Under the Dentists Act 1884, only dentists or dental health professionals, such as hygienists, dental therapists and clinical dental technicians, working to a dentist's prescription can carry out teeth whitening.

Earlier this year, a series of Trading Standards Office raids revealed salons operating illegally, some using more than 200 times the permitted level of hydrogen peroxide. Stuart Johnson of the BDA says: "Non-dental professionals are not trained to consider a patient's wider health and detect problems, such as gum disease, that impact on the suitability of an individual to have their teeth whitened. We are also concerned that some non-dental professionals carry out whitening treatments using inappropriate and potentially dangerous chemicals."

The BDA's advice is to check your dental professional is registered with the General Dental Council, the UK's dental regulator, by visiting www.gdc-uk.org.



up to 6 per cent hydrogen peroxide are only available for home use following an examination and first treatment at a dentist's practice or under their supervision.

In order to circumvent legislation, some manufacturers use alternative whitening agents, such as chlorine dioxide and hydrocarbon compounds. But

In an ultra-competitive

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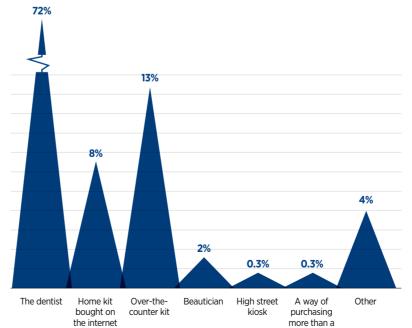
- having a great smile is a

huge asset

according to dedicated whitening dentist Dr Wyman Chan, results are disappointing. "There needs to be more independent clinical studies to show whether chlorine dioxide can be a credible alternative to hydrogen peroxide," he says.

Having carried out more than 10,000 whitening procedures over the past 20 years, Dr Chan believes the tried-andtested home-whitening trays dispensed by dentists give consistently good results. You'll also have a fair idea of what you're signing up for. For £300 to £700, after an examination to check teeth and gums are healthy and your projected shade identified, impressions of your

IF YOU WERE TO HAVE YOUR TEETH WHITENED, WHERE WOULD YOU HAVE IT DONE?

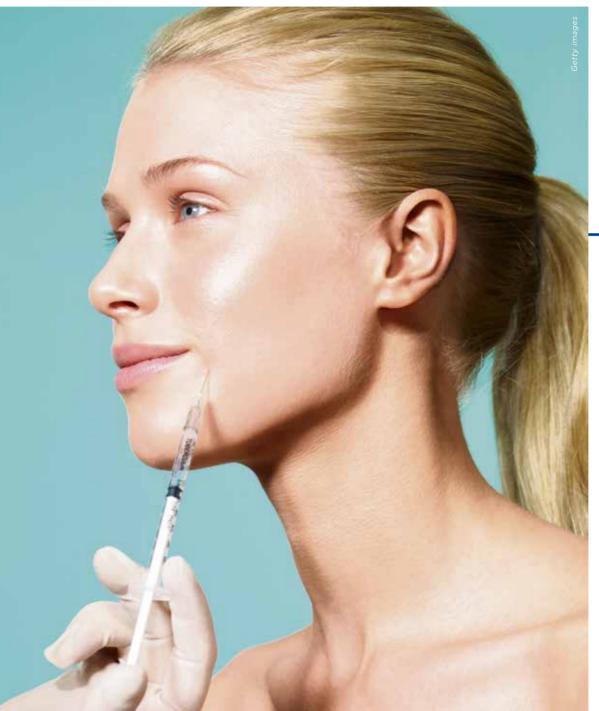


Source: British Dental Health Foundation 2013

method

Fillers as well as fillings and crowns

Improved technology and materials, alongside growing demand for treatments including Botox and fillers, are revolutionising the dental practice



♦ DENTIST'S CHANGING ROLE

REBECCA SMITH

entists are facing a constant revolution in their practice. They are treating an ageing population who are more knowledgeable about oral care and more determined than ever to keep their own teeth into old age.

Meanwhile, the affluent young are seeking cosmetic treatments to straighten, whiten and rejuvenate, not just their smiles, but their whole faces at the dentist's surgery.

New technology has meant patients are now often spared multiple trips to the dentist and increasingly routine care is being delegated to more junior staff.

The whole experience is changing with many surgeries now offering treatments ranging from osteopathy and

More and more dentists are diversifying, offering Botox, fillers and facial rejuvenation treatments alongside fillings and crowns

physiotherapy to Reiki, acupuncture and nutrition advice.

Martin Nimmo, a dentist at the Chelsea Private Clinic, in London, says surgeries are now taking a more holistic approach to patient wellbeing.

"I had a lady who had just finished a body wrap come to me afterwards for whitening. We offer non-surgical fat removal, colonics, Botox and fillers because there is more demand for services that benefit overall health," he says.

"Patients are not willing to accept treatments that their parents had – big metal fillings and dentures – they want implants, invisible braces and teeth whitening.

"With finance it brings treatments that would have been for the rich and famous within the scope of the working person on a moderate income."

More and more dentists are diversifying, offering Botox, fillers and facial re-

juvenation treatments alongside fillings and crowns.

Britain is the only country in the European Union where dentists and nurses are allowed to provide "injectables", but Mr Nimmo argues that dentists are ideally placed because of the extensive knowledge of facial anatomy, greater hands-on experience and understanding of facial muscles.

"If someone asks my patient where they had their Botox or filler, then I have not done a good job because it should be a subtle result that gives the face back the structure and support it has lost with time," he says.

"The controversy over injectables is decreasing and the younger generation of men as well as women now see it as part of their grooming. New standards are being introduced and Health Education England are working on a training framework for injectors."

Dentists are seeing an increasingly elderly population, but the teeth of today's grandparents are much simpler to treat than tomorrow's will be, Mr Nimmo says.

"Dentures are very easy to clean, metal fillings can be removed and replaced, and modern adhesives mean we need to remove much less of the tooth with each restoration than in the past," he says.

"But implants need to be kept incredibly clean which is much more difficult as sight and dexterity fail. They will need help as they will probably have a mouth of quite complex work."

The current focus on preventing tooth decay in children will hopefully mean they will have fewer missing teeth and have healthier mouths than any other generation as they age, he adds.

Practice-based technology is expanding at an exponential rate allowing dentists to offer a wider choice of treatments that may previously have required anaesthetic or hospital visits.

Digital X-rays offer almost instant onscreen results and lower exposure to radiation, while intraoral cameras mean dentists can take detailed photographs from different positions inside the mouth, displayed on a screen in front of the patient for real-time feedback and analysis.

The iTero intraoral scanner negates the need for impressions, which make some patients gag, and CT scanners in surgeries mean images can be taken for the preparation of implants without the need for a hospital visit.

Greater use of fluoride varnishes,



fissure sealants and ozone mean tiny faults in the tooth can be prevented from turning into cavities, while lasers and lights can kill bacteria and detect abnormalities.

Ben Atkin, who has nine practices across north-west England providing high street dentistry as well as emergency services and care for the homeless, is also using new technology.

"We use technology to educate our patients not just to fill holes in their teeth," he says. "Sometimes we have to say we aren't restoring your teeth until you improve your oral hygiene. We use text reminders, online booking and YouTube videos to help improve patient trust as many people are nervous about visiting the dentist."

Mr Atkin, whose practices treat patients in deprived areas of Greater Manchester and Merseyside, adds: "Tooth decay is decreasing nationally, but it is concentrated in deprived areas. A patient in Chelsea probably won't need any fillings, but one in Salford would need five – and that is our core business.

"We offer Botox and whitening, but we use that as a tool to get people to come in. Dentistry has changed dramatically in the last 20 years – we have to keep up with the times."





Inequality and the future of dental care

Health inequalities across the UK are well documented and are represented in oral health, where there has been a long-standing disparity between people with good and poor dental health

DR NIGEL CARTER
Chief executive, British Dental Health Foundation

Inequalities in oral health are often unjust, related to social status, wealth and education. While, as a population, it has steadily improved over the last generation, we still have a subset of those who display significantly higher levels

of disease than others.

With the evidence suggesting that dental health is strongly linked to areas of deprivation, we are at a critical point whereby the government's wider public health policy must address all key factors which could lead to poor oral health.

While potentially avoidable, however, these inequalities are far larger than general health strategy, instead expressive of our broader society as a whole. The task of government agencies, associations and other health bodies must be to work collaboratively to produce and integrate a series of cohesive messages, focusing on prevention, which feeds into the education and health and social care sectors.

The unacceptable factor here is that dental disease is entirely preventable. Adopting a simple daily oral health and hygiene routine should be sufficient to develop and maintain good oral health. Brushing last thing at night and at one other time during the day with a fluoride toothpaste, cutting down on how often we have sugary foods and drinks, and visiting our dentist regularly, as often as they recommend, are three effective ways to protect our oral health.

But it is clear that not enough of the population are following these guidelines. Communication and motivational methods from the health professional to the patient must also improve in order to engage and encourage that change.

Despite the burdens in dental disease, which still exist throughout some areas of the country, there has been much to applaud over recent years. The commitment to drive up standards of care show that we're moving in the right direction, while the introduction of Direct Access has meant that more people than ever before can see an NHS dental professional, meaning the days of overstrained waiting lists are far behind us.

Educational methods have also evolved, but there has been another change, an even more significant one, which has had a hugely positive effect on the nation's oral health.

The change has come from within ourselves.

The most important aspect to recognise is that it is us, the people, who can make the biggest contribution towards improving our own oral health. As a population we are more health conscious than ever before and this has fed

through into our oral health. While policy and investment are critical to outcomes of health, particularly in addressing inequalities, it is our own mindset that is most likely to determine whether the nation's oral health improves.

So far the signs are positive. The first Adult Dental Health Survey in 1978 showed that one in three Brits had none of their natural teeth. From today's standards that's a truly staggering thought and, despite today's ageing population, that figure has now reduced to around one in twenty.

The oral health of children in the UK tells a similar story. The amount of decayed, missing or filled teeth in 12 year olds averaged 4.8 a generation ago – an unthinkable scenario for today's standards. Latest figures have shown this average has reduced to as little as 0.7 and, alongside Germany, is the best in Europe.

Both of these examples, and there are plenty more, demonstrate that evolving policy, standards of care and public attitudes towards oral health are changing for the better. What needs to happen now, as we work towards a brighter future, is that the entire population benefits from these changes.

The social and financial burden of oral diseases, and the barriers that create inequalities need major investment, initiatives and actions, which focus on a consistent approach and ensuring all our population receive the right care, in the right place and at the right time.

Dentistry is not always reflected in the most positive light but, alongside the other organisations and people working within it, I am fully committed to building a bright and successful future. By delivering oral health care to those that need it most, supporting an increasingly polarised society with added financial struggles and ensuring that prevention is at the forefront of our dental care system, we can work towards building

a network which ultimately stamps out these inequalities.



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Patricia's story (age 62, Evodental patient)

Patricia suffered for years with her teeth but her problems had escalated to needing upper and lower dentures supporting several front teeth.

"My lifestyle became regimented in a negative way as everything was based on what I had in my mouth. Aside from problems eating, my biggest nightmare was that my dentures would come out in public and this actually happened. I was fed up and didn't want to go through the rest of my life with this debilitating issue."



After a free consultation at Evodental, Patricia decided to go ahead with the Evo 1-Day Smile.

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