

Editorial

Obesity

Obesity is an escalating global health problem. It is defined in terms of “abnormal or excessive fat accumulation that may impair health” (World Health Organisation, 2012). This condition is preventable and yet over 2.8 million deaths worldwide each year are directly attributable to being overweight and obese. Whilst previously considered a problem for high-income countries, there is now evidence that obesity is increasing in low and middle income countries, adding to the burden of disease and widening health inequalities.

The 20011/12 Health Survey for England (Joint Health Surveys Unit NatCen Social Research Department of Epidemiology and Public Health UCL (University College London), 2012) found that a quarter of all adults were obese and 60% were overweight. In children, the 2011/12 National Childhood Measurement Programme (The Health and Social Care Information Centre Lifestyles Statistics, 2012) also found that 19% of 10-11 year olds in England were obese and 34% were overweight. Obesity levels amongst the least affluent children are twice that of the most affluent and the inequality gap is widening (Ridler et al., 2013). The impact upon health services is considerable, obesity related problems are estimated to cost £5 billion per year and these costs are expected to double over the next 40 years (The Royal College of Physicians, 2013).

A concern for the dental profession is how to address the dental needs of an increasing number of overweight and obese patients (Levine, 2012). Obesity is a major risk factor for a range of health problems such as diabetes, cardiovascular disease and some cancers (Reilly et al., 2009). As a consequence of these conditions, providing dental care for these patients can be a challenge. As the population of these patients increases, shaping care to meet these challenges will require a robust evidence base underpinned by research for clinical practice, training, equipment, workforce, infrastructure, communications and logistics.

Many patients with severe and complex obesity cannot be treated in a standard dental chair and the costs of providing a suitable surgery and transport for these patients can be considerable. As funding for health is scarce, strategic planning and joined up working will be needed to ensure bariatric dental services are available at strategic locations. To be effective, these services will need a supporting infrastructure to transport patients to facilities, protocols for patient management, and pathways for care. Despite the difficulties, these challenges may provide opportunities, for example the chance to develop centres of expertise for bariatric dental care.

With the rising problem of obesity, dental professionals will need to reflect upon their roles and responsibilities

in relation to the prevention of this disease on a global, national and local level. A working party of the Royal College of Physicians recently outlined recommendations for the UK in the Action on Obesity report (The Royal College of Physicians, 2013). Recommendations include the education of health professionals, multidisciplinary joint working, research and specialist services for the care of patients with severe and complex obesity issues. The Academy of Medical Royal Colleges (AoMRC) (Academy of Medical Royal Colleges, 2013) also set out recommendations for the ‘obesity epidemic’ which include a tax on sugary soft drinks, a watershed for advertising unhealthy foods, nutritional standards for hospitals and schools, developments to services for obese patients and training for health professionals.

These reports from the Royal College of Physicians and the AoMRC both recommended that health professionals were trained to identify overweight and obese patients and then give appropriate advice. In dentistry, there are a number of identified barriers to giving this advice, for example, fear of offending the patient, appearing judgmental, a lack of patient acceptance of such advice from dental personnel and a lack of suitably trained personnel. The British Society of Disability and Oral Health (BSDH) has produced best practice guidance for many areas of oral health care and its members are well placed to support the development of dental guidance for these delicate conversations, awareness raising and training for dental professionals to fit with national obesity guidance (National Institute for Clinical Excellence, 2006).

The global picture of obesity may seem an insurmountable challenge far beyond realms of dentistry but obesity shares risk factors with oral disease. A common risk factor approach, (Sheiham and Watt, 2000) working with other health care professionals to address these common risks would help improve both obesity and oral health problems. The expertise and experience of BSDH members may help the dental profession to achieve this and it should not be forgotten that, beyond dentistry, there are opportunities close to home. All members of the dental team can encourage and support healthy nutrition and active lifestyles, at home, in the workplace, in schools and in local communities and in this way, we can all contribute to the action to address this global health problem.

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