

## ADAVB, DHSV and PSA (Vic)

### *Joint Position Statement on Oral Health*

March  
2015

Good oral health is fundamental for general well-being, while poor oral health can lead to a cascade of other health problems. Pharmacists in the community can play an important role in oral health promotion. In doing so, pharmacists should work collaboratively with dentists and other healthcare professionals to ensure patients receive the right advice, products and treatment and referral for their oral health conditions.

#### **Background**

- The Pharmaceutical Society of Australia (PSA) is the leading professional pharmacy organisation which represents the professional interests of pharmacists from a wide range of health-care settings across Australia. PSA supports the pharmacy profession through Professional Development and Practice Support, to help pharmacists deliver quality health care to consumers and improve the nation's health through excellence in the practice of pharmacy
- Dental Health Services Victoria (DHSV) is the leading public oral health agency in Victoria. DHSV partners with the wider health sector to support a stronger preventive focus to reduce the burden of oral disease in the community.
- The Australian Dental Association Victorian Branch (ADAVB) is the peak body representing public and private dentists in Victoria. ADAVB supports the dental profession through Professional Development and Practice Support to deliver quality dental care to the Victorian community.
- Pharmacists are easily accessible and highly trusted health care professionals who support the health and wellbeing of the community through medication supply and management, primary health care, screening and preventative programs and health promotion. Studies have shown that pharmacists are well placed to play an important role in oral health promotion.
- Oral health is fundamental to general well-being, and many health conditions have been linked to poor oral health including cardiovascular disease, diabetes, nutritional deficiencies, and adverse pregnancy outcomes (such as preterm birth, low birth weight, and preeclampsia).
- Almost all oral diseases are preventable; therefore a policy initiative between ADAVB, DHSV and PSA(Vic), and would support endeavours to promote better oral health through the pharmacy sector.

## Our position

- Pharmacists can play an integral role in the improvement of oral health in the community
- PSA supports the role of pharmacists in the following areas of oral health:
  - Advise on preventive measures, good oral hygiene and minor oral health problems
  - Recommend patients see their dentist regularly for tailored oral health advice
  - Reinforce advice provided by the patient's dentist on common oral health problems
  - Supply of oral health products and provision of evidence based advice,
  - Address common risk factors in chronic diseases
  - Advice for medications which may affect oral health
  - Assessment and referral pathways
  - Oral health promotion
- The role of pharmacists in oral health complements PSA's Position Statement on Pharmacist Involvement in Preventative Health Care Services (2009), which states that strengthened primary care has been identified as a major means of alleviating the burden of preventable diseases and conditions (PSA, 2009)
- PSA (Vic) will provide ongoing professional development and practice support to pharmacists and their support staff in the area of oral health in consultation with ADAVB ,DHSV and other relevant organisations for expert advice

## Evidence based rationale

- Tooth decay is Australia's most prevalent health problem, with more than half of all children and almost all adults affected. Gum disease is the fifth most prevalent health problem. The treatment of oral disease is the most common reason for avoidable hospital admissions, with more than 40,000 people hospitalised for preventable conditions. (Rogers, 2011)
- Dental decay is the second most costly diet-related disease in Australia, with an economic impact comparable with heart disease and diabetes. Approximately \$8.7 billion was spent on dental services in 2012-13, representing 5.9% of total health expenditure. (Health expenditure Australia 2012-13)
- There are over 5,000 community pharmacies across Australia, with each pharmacy serving an average of 4,000 people. It has been estimated that the average person visits a pharmacy around 14 times per year, which offers a significant amount of intervention opportunities for pharmacists to discuss oral health with patients (PSA, 2009)
- Evidence shows that community pharmacists are well placed to recommend sugar free medicines, provide advice on minor oral health problems, make appropriate referrals to dental care and provide oral health educational materials (Rogers, 2011)
- Pharmacists agree that providing oral health information is within their scope of practice, however a study has shown that very few do so proactively (Buxcey et al, 2012)
- A UK study found that pharmacists receive little training in oral health, and pharmacists and public dental services are often not well connected, nor do pharmacists know how to refer clients (Maunder & Landes, 2005) In Australia, dental care is predominantly provided in the private sector and so pharmacist referral into both public and private sectors is necessary.

## Pharmacists' role in oral health

### 1) **Advice on preventative measures and good oral hygiene**

Pharmacists should provide evidence based advice to the public on simple ways to maintain good oral hygiene as well as diet and eating behaviours, to prevent tooth decay and gum disease. This can include best practice for brushing teeth with a soft toothbrush, use of appropriate fluoride toothpaste, having regular dental check-ups, prevention of early childhood caries, limiting intake of food and drinks containing added sugars and recommending sugar free medicines.

### 2) **Advice on common oral health issues**

Pharmacists should ask relevant questions and provide appropriate advice to patients presenting with common oral health problems including swollen or bleeding gums, tooth decay, gingivitis and, dry mouth. As part of this advice, pharmacists should encourage patients to seek further advice from an oral health professional for a definitive diagnosis.

### 3) **Supply of oral health products and provision of advice**

There are a number of products in the pharmacy which can support good oral hygiene or be used for the treatment and management of minor oral health issues. Pharmacists should offer appropriate recommendations and advice on their potential value to patients, including potential side effects, along with general advice on good oral hygiene.

### 4) **Address common risk factors between oral and other chronic diseases**

Oral disease shares common risk factors with other chronic diseases (including excessive alcohol intake, smoking and poor diet). Therefore complementary oral health messages should be incorporated into programs that focus on diet and healthy eating, diabetes management and smoking cessation. Some medications also impact on oral health so patients on long term medication for chronic diseases should be given advice to mitigate the risk. Further details are provided in point 5, below.

### 5) **Advice for medications which may affect oral health**

A number of medications can affect oral health, such as those that cause dry mouth, those implicated in causing acid wear, those that cause gingival hyperplasia, as well as illicit drugs such as cannabis, cocaine, ecstasy, heroin and methamphetamine (Deldot & Nissen, 2011). Pharmacists can help to reduce the risk of developing oral health problems by providing education to patients who are taking these products.

Patients taking long term medications for chronic diseases such as psychotropic drugs, centrally acting analgesics, antiepileptics, antidepressants, etc. may be at risk of developing poor oral health because the medication may cause lethargy, fatigue and memory impairment as well as dry mouth (Deldot & Nissen, 2011). Pharmacists should recognise that these patients may benefit from reinforcement of advice regarding good oral hygiene practices and refer the patient to their dentist for further advice.

### 6) **Assessment and referral pathways**

Pharmacists need to be familiar with the trigger factors that require referral to a dentist or GP. This also includes providing information about how to access local dental services. Pharmacists should develop key contacts for referrals and advice, and work collaboratively with other health care professionals in the local area to support better oral health for the

community. For information about how to contact the public oral health clinic in your state or territory and the Australian Dental Association refer to Appendix 1.

## 7) Oral health promotion

Pharmacists can promote oral health by:

### a. Creating a supportive environment

Pharmacists provide access to products in the community that support oral health. This also includes the availability and promotion of sugar free medicine, confectionery and gum. Raising awareness of oral health in the community

Pharmacists can hold an oral health promotion activity in the pharmacy to provide education and raise awareness of the issues surrounding oral health. This can coincide with the Australian Dental Association's National Dental Health Week campaign and the FDI's World Oral Health Day. In addition pharmacists should opportunistically discuss oral health with patients, where appropriate.

### b. Providing health education and skill development

Pharmacists provide evidence based advice to the public on oral health consistent with the national consensus messages and guidelines on the use of fluorides in Australia.

- *Oral health messages for the Australian public. Findings of a national consensus workshop* available at: <http://www.adelaide.edu.au/oral-health-promotion/publications/journal/paper/>
- *Use of fluorides in Australia: guidelines* available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1834-7819.2006.tb00427.x/pdf>
- *Outcome of fluoride consensus workshop 2012 to review Fluoride Guidelines from 2005* available at: [https://www.adelaide.edu.au/oral-health-promotion/resources/prof/htm\\_files/Commentary\\_on\\_fluoride\\_in\\_Australia.pdf](https://www.adelaide.edu.au/oral-health-promotion/resources/prof/htm_files/Commentary_on_fluoride_in_Australia.pdf)

Pharmacists should have access to a range of oral health information resources, which can be provided to patients as required.

## Recommendations

To support the role of pharmacists in oral health promotion, ADAVB , DHSV and PSA (Vic) will engage in the following initiatives:

1. Pharmacist training and practice support
2. Referral pathways
3. Self Care program

Refer to Supplementary Information for further details of these initiatives.

## Summary

Pharmacists play a key role in supporting better oral health for the community, through timely and easy access to products, advice and referral to dentists and other health professionals. PSA supports the education and professional development of pharmacists in the area of oral health, and encourages the collaboration between pharmacists and oral health care professionals, with the aim of delivering high quality oral care to patients.

## References

Australian Institute of Health and Welfare. *Health expenditure Australia 2012-13. Health and welfare expenditure series no. 52.* Cat. No. HWE 61, 2014.

Buxcey AJ, Morgaine KC, Meldrum AM & Cullinan MP. An exploratory study of the acceptability of delivering oral health information in community pharmacies. *New Zealand Dental Journal*, 2012 Mar; 108(1): 19-24.

Deldot M, Nissen P. Promoting dental health in the pharmacy. *Australian Prescriber*, 2011 Dec; 30(12): 1008-1012.

Maunder PEV & Landes DP. An evaluation of the role played by community pharmacies in oral healthcare situated in primary care trust in the north of England. *British Dental Journal* 2005; 199: 219-223.

Pharmaceutical Society of Australia (PSA). *PSA position statement on pharmacist involvement in preventative health care services.* Canberra: PSA, 2009.

Rogers JG. Evidence-based oral health promotion resource. Prevention and Population Health Branch, Government of Victoria, Department of Health, Melbourne, 2011.

## Appendix 1 - Dental contacts

### Public Oral Health Agencies

#### Australian Capital Territory

ACT Health

<http://health.act.gov.au/health-services/community-based-health-services/dental/>

#### New South Wales

New South Wales Health

[www.health.nsw.gov.au/oralhealth](http://www.health.nsw.gov.au/oralhealth)

#### Northern Territory

Northern Territory Government Department of Health

[www.health.nt.gov.au/Oral\\_Health/](http://www.health.nt.gov.au/Oral_Health/)

#### Queensland

Queensland Health

[www.health.qld.gov.au](http://www.health.qld.gov.au)

#### South Australia

SA Dental Service

[www.sadental.sa.gov.au](http://www.sadental.sa.gov.au)

#### Tasmania

Department of Health and Human Services

Oral Health Services Tasmania

[www.dhhs.tas.gov.au/oralhealth](http://www.dhhs.tas.gov.au/oralhealth)

#### Victoria

Dental Health Services Victoria

P: (03) 9341 1000

E: [dhsv@dhsv.org.au](mailto:dhsv@dhsv.org.au)

[www.dhsv.org.au](http://www.dhsv.org.au)

#### Western Australia

Western Australian Department of Health

Dental Health Services

[www.dental.wa.gov.au](http://www.dental.wa.gov.au)

### Australian Dental Association Inc

The Australian Dental Association is a professional association for dentists and there are Branches in all states and territories.

[www.ada.org.au](http://www.ada.org.au)

[The Australian Dental Association Victorian Branch Inc. is the professional association of dentists in](http://www.ada.org.au) Victoria

[www.adavb.net](http://www.adavb.net)