

Gimmicks, fads and folklore

Anna Middleton offers a guide to putting patients on the safe track to a healthy smile



Photo courtesy of Jamie & The Jam

No doubt, you've all been there. A patient arrives for their appointment full of excitement about the latest new fad they've seen on Instagram that 'instantly whitens teeth' or a service that offers cosmetic braces 'delivered straight to your door' following an online '30-second smile assessment'. Eyes to the sky, you realise that once again



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you will need to guide them gently back towards evidence-based practices. In a world driven by celebrity lifestyle, the number of patients arriving in surgeries armed with misinformation is rising. Increasingly, patient education involves unpicking this learnt information that is not only incorrect but also downright dangerous. So, how best to educate them safely and ethically?

For many patients, treatments are becoming much more elective and aesthetic than remedial in nature. As the profession develops and adapts to meet these elevated expectations, it is important to educate patients so they understand what can be achieved and, more importantly, what cannot. Informed consent is a basic principle in the delivery of ethical and safe dental health care and is underpinned by the expectations placed upon you by the profession's regulators, the GDC.

Just as importantly, a patient's best

interest should lie at the heart of clinical care and shape your oral health education. Indeed, the GDC expects that 'all aspects of their health and wellbeing will be considered and they will receive dental care that is appropriate for them'.

Here, dental hygienist Anna Middleton, who has a passion for patient engagement via her [@LondonHygienist](#) Instagram account, reveals her effective methods using charcoal toothpaste as an example.

A patient walks into the surgery and extols the virtues of charcoal toothpaste. As a dental nurse, what do I say?

Invite them to tell you more about the particular product they are using. You can ask questions, such as: 'Are you using it daily?', 'Do you know if it contains fluoride?' and

'Where did you get it from?'. Listening to the patient first is important – you don't want to seem dismissive or make them feel like they have done something wrong.

When is a good time to interject?

Once you've gained a little insight into the patient's charcoal habit, you can then ask them if they know how charcoal toothpaste 'works' and if they are aware there could be unwanted 'side effects' from using it. I explain to patients, charcoal toothpaste aims to work in a similar way to a 'whitening' toothpaste. Neither contains whitening ingredients but instead aim to remove surface staining with abrasive particles.

However, there is no evidence to prove its effectiveness on stain removal. In fact, it may even contribute to negative aesthetic effects, as the charcoal particles can become embedded in cracks in the teeth or restoration margins around crowns, veneers and fillings, attracting further yellowing and staining over time. I have even seen the particles embedded into the gingival crevice, creating a grey/black line along the gingival margin. I also explain that, when people use charcoal toothpaste, there seems to be a tendency to 'scrub' while brushing, which over time can cause abrasion and permanent damage to the enamel and gums. It's worth noting that often these products can be missing key ingredients required to maintain healthy teeth, such as fluoride.

Is written evidence useful?

Empower the patient with information – that way they can continue to make informed decisions. More often than not after I hit them with a 'fact file' and the patient then vows to bin it and return to a regular toothpaste.

Should I read up on evidence-based studies?

Always! This will allow you to give the most up-to-date information and advice. Patients may ask to see evidence of your claims, so be prepared to direct them to your source.

The 2019 review, *Charcoal-containing dentifrices*, by Linda Greenwall et al (www.nature.com/articles/s41415-019-0232-8) provides an up-to-date overview of the current understanding and knowledge

of charcoal toothpastes and powders, considering all available evidence from 25 previous reviews. The study concluded that such products are over reliant on marketing gimmicks and folklore to substantiate their claims and that consumers must be better educated.

Should I speak with the dentist before offering advice?

Team work makes the dream work. Speak to your dentist and say you'd like to be more involved in oral health advice. Providing they are happy for you to do this, agree on what the advice would be and when the word 'charcoal' gets mentioned, get the nod from your dentist and deliver your Oscar-worthy speech.

Will the patient recall my advice?

Most do, especially when we start mentioning the unwanted and unpleasant side-effects. This tends to shock patients a little. They may not recall all the facts, but they will remember that you said it can be damaging.

If not, how do I reinforce key messages?

Speak with kindness. Patients can be stubborn despite your advice. You could always offer a gentle compromise of, 'if you are going to use it, use with caution and maybe just occasionally, rather than daily'.

If we are to discuss the downside of charcoal toothpaste, what is the best way to reinforce the 'fluoride toothpaste' message without upsetting the patient?

I often use the analogy that toothpaste is like sun cream. Use which ever brand you like, as long as it has the appropriate level of SF in it. In the case of toothpaste, that would then be the correct amount of fluoride.

Does the practice need to be offering professional whitening before a dental nurse advises against charcoal-activated toothpaste?

There is room here to better educate patients

about how to whiten their teeth safely and professionally. They are often surprised to learn that these 'charcoal or whitening' products don't have any effect and that it is only a dental professional who may offer tooth whitening, as these products contain no active whitening ingredients.

Having literature in your practice about the whitening systems you offer is very useful. I have a blog on my website about whitening and have turned this into a leaflet to give to patients to take home.

Is social media friend or foe when it comes to patient education?

When information comes from credible sources, such as professions, then of course social media can be friend. The majority of my social media content has been created to provide patients with factual and up-to-date information. I am forever myth-busting and calling out 'influencers' and companies when I see false claims and irresponsible advice – I am an online dental vigilante!

There are too many 'influencers' with zero credibility plugging and promoting products online for a quick buck and, sadly, most of them are poorly informed themselves on the products they are using and endorsing. Credible companies will enlist the help of professionals as key opinion leaders to endorse their products, not the latest *Love Island* contestants.

Patient assumptions – how do we overcome challenging communication/education situations?

Be sure to direct patients to credible sources of information. Explain how you as a professional have a duty of care and only practice 'evidence-based dentistry'.

It is important to respect a patient's views and opinions even if you do not agree. Always document the advice given in the notes.

How do I communicate without sounding patronising?

Listen, nod and smile as the patient shares information with you. When you chat back and forth with a patient, it is a conversation and not a one-sided lecture.