

Your NHS dentistry and oral health update

13 May 2024

A focus on epilepsy

Dear

Epilepsy is one of the most common neurological conditions. Anyone can develop epilepsy, at any time of life; there are currently 626,000 people with epilepsy in the UK, around 1 in 100. For a third of these people – over 200,000 – their seizures do not respond to current treatment options, meaning they live every day never knowing whether or when a seizure will occur.

Seizures are one of the most frequently reported emergencies in the dental surgery, more than 40 times as frequent as myocardial infarction and 65 times more frequent than cardiac arrest.

Evidence suggests that dental trauma is the third most common injury sustained during a convulsive seizure, occurring in approximately one per cent of people with epilepsy. For those with juvenile myoclonic epilepsy (JME) between the ages of 12 to 18, this figure rises to around 10 per cent.

Facial and dental injuries can include loss of teeth, soft tissue lacerations and fractured jaws. For anyone facing repeated seizure-related injuries where the person consistently falls on their face, the financial burden of dental repairs can be huge and often beyond the means of the patient.

In a recent survey into dental care, carried out by the Epilepsy Society, half of respondents with tonic clonic seizures experienced dental injuries after suffering seizures and reported that they could not afford the reparatory treatment. All of them went without the repair work.

Seizures are not the only challenge presented by epilepsy. Anti-seizure medication is the mainstay treatment for people with epilepsy. Side effects of certain drugs can include bone

demineralisation, gingival overgrowth, and other periodontal issues. Seizure medication can also interact with analgesics and antibiotics.

Effective dental care requires a fundamental understanding of epilepsy, seizure first aid and the impact of the condition on oral health; dental teams can support patients with epilepsy by considering the unique medical and dental needs of each patient and working with them to achieve good oral and dental health.

Kind regards,



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Jason Wong

Chief Dental Officer England

What is epilepsy?

Epilepsy is described as a tendency to have repeated seizures that start in the brain. It is usually only diagnosed after a person has two or more unprovoked seizures. A seizure is an unusual burst of electrical activity within the brain that temporarily affects how the brain works.

There can be many causes of epilepsy. These include structural changes as a result of the brain not developing properly, or damage caused by brain injury, a stroke, tumour, or infection such as meningitis. Epilepsy can be genetic, either inherited or de novo, or it could be a result of genetic conditions such as tuberous sclerosis or neurofibromatosis.

There are over 40 different types of seizure, ranging from convulsive tonic clonic seizures to focal aware or impaired seizures. It will depend where in the brain the seizure occurs as to how it might look and impact the individual. Equally, there are numerous triggers for seizures. While one of the most well-known triggers is flashing lights, as in the case of photosensitive epilepsy, only around 3% of people with epilepsy are photosensitive. More common triggers include tiredness, alcohol, lack of food and, perhaps the most important trigger for dental teams to consider – stress.

Stress is a common trigger for seizures, so knowing your patient, acknowledging their epilepsy and having an agreed emergency plan in place can help to reduce stress and the chances of a seizure in the dentist's chair. If a care plan has been devised by the person's neurologist, a dental care plan should align appropriately. Discussing the patient's epilepsy type, frequency of seizure, triggers and medication will help to ensure that the clinician is aware of the full context and manage them appropriately. Epilepsy is a dynamic condition so a care plan should be updated before each appointment.

Seizure first aid

The whole dental practice team should be aware of any protocol for the acute management of seizures. The posters 'Medical Emergencies in the Dental Practice' and 'Emergency Drugs in the Dental Practice' are included in the BDJ's article here. Having a protocol in place in case of a seizure is important; stress and anxiety could result in a seizure in the waiting room. Involving the patient in the protocol can help ensure it is relevant to them and their particular type of epilepsy. NICE guideline NG217 *Epilepsies in children, young people and adults* recommends that every patient with epilepsy keep a copy of their care plan, which includes details of their care and support as discussed and agreed with the person, and their family or carers if appropriate. It is advised that this care plan should be brought to every dental appointment and should be followed if the patient has an epileptic seizure.

In the case of all seizures:

- Remove all equipment and material from the patient's mouth and immediate vicinity.
- Note the time and call for assistance from your colleagues.

If the person is experiencing a seizure with convulsions:

- Ensure a safe environment and do not attempt to restrain the patient.
- Place the chair in a horizontal position, as close to the floor as possible.
- Administer oxygen (15 litres/minute).
- Place the patient into the recovery position after the seizure stops, maintaining their airway.
- Once safe to do so, attempt to stimulate the patient by speaking to them or gentle pressure to the shoulders.
- If the seizure lasts more than five minutes use rescue medication.

Call paramedics if:

- The patient goes into status epilepticus, which is more than five minutes of convulsive seizure.
- The patient develops respiratory difficulties or prolonged confusion/unconsciousness.
- The person sustains an injury that requires medical attention.

If paramedics are not required:

- Abandon further dental treatment that day.
- Check for injuries.
- Contact a responsible person, chosen by the patient, to take them home.
- Document the event and provide the patient with a written summary of the event.

In the event of a non-convulsive seizure:

- Prevent injury by falls or by hitting nearby objects.
- Reassure the person on recovery.
- Guide and encourage if the patient is confused, don't crowd them with team members.
- Routine administration of rescue medication is not required, unless stated in their care plan.
- Abandon further dental treatment that day.
- Contact a responsible person, chosen by the patient, to take them home.
- Document the event and provide the patient with a written summary of the event.



Download the Epilepsy Society's free "Calm, Cushion, Call" poster (image above) to display in your dental practice.

Key challenges of managing the oral health of patients with epilepsy

Enzyme-inducing seizure medications may increase the risk of bodily fractures by accelerating bone de-mineralisation. Carbamazepine, phenobarbitone and phenytoin are well known examples, though sodium valproate (not an enzyme-inducing drug) can also have similar effects. These drugs may alter the metabolism and clearance of vitamin D and have been associated with osteopenia and osteomalacia, two metabolic bone diseases that decrease bone mass. The use of antiseizure drugs known to decrease bone density are a risk factor for seizure-related fractures.

Gingival overgrowth is noted in 50% of patients taking phenytoin, with damage occurring within 12-24 months of the medication being prescribed. This is also seen, though less commonly, in patients prescribed carbamazepine and sodium valproate.

The BNF contains key information about medications taken by patients with epilepsy:

- Xerostomia and stomatitis occur in patients prescribed carbamazepine, sodium valproate, lamotrigine and zonisamide.
- Sodium valproate carries a 5-40% risk of bleeding due to thrombocytopaenia.
- Tramadol and high potency opioids can lower the seizure threshold.

Seizure medications can alter the way the body metabolises antibiotics, but the reverse can also be true. Antibiotics can affect the levels of anticonvulsant medication in the body, potentially increasing a person's risk of a seizure. Drug interactions should always be considered when dental teams prescribe and administer medication.

What else can be done to address epilepsy related inequalities in oral health?

- Ensure implementation of NHS BSA continuation of treatment for those returning within 2 calendar months due to epilepsy related dental injuries. The performer will still receive the appropriate UDAs, but the patient does not pay any further charge.
- Add to the literature, share case reports, and discuss examples of best practice and good management in order to reduce stigma.
- Reach out to your Local Dental Networks and committees and become an epilepsy champion within oral health.
- Raise awareness by supporting the UK National Epilepsy Week in May.
- Encourage your team to undertake CPD in managing patients with additional needs including those with epilepsy.
- Promote integration of care between epileptic specialists and dental practices within your Integrated Care System (ICS) and campaign to tailor services to poorer socioeconomic areas where higher numbers of individuals are diagnosed with epilepsy.

Dental recovery plan and recruitment incentive scheme

Last week we published an update on the dental recovery plan. It includes information on the new patient premium; implementation of the minimum unit of dental activity value; recruitment; dental vans and contract reform.

Our Dental Recruitment Incentive Scheme (DRIS) aims to attract dentists to work in parts of the country that are struggling to attract workforce. Read our DRIS guidance for dental practices and dentists. Supporting resources include a repayment calculations template.

National Smile Month

Between 13 May and 13 June 2024, the Oral Health Foundation will be raising awareness of important oral health issues, with this year's National Smile Month theme of 'Love Your Smile'. There are many ways for patients and professionals to take part. Free downloads are available, including posters which can be displayed in clinics or waiting rooms, as well as social media posts, email footers and factsheets.

This year's campaign focuses on providing information and support to patients on the following topics: oral hygiene practices, diet, mental health, systemic diseases, and oral health products. The Oral Health Foundation aims to champion the benefits of good oral health and promote the value of a healthy smile.



Consultation: Community water fluoridation expansion in the north east

The recently published Department of Health and Social Care (DHSC) dental plan Faster, simpler and fairer: our plan to recover and reform NHS dentistry outlines a wide range of measures to improve dental services in England. This plan sets a focus on the prevention of tooth decay, including the long-term ambition to bring water fluoridation to more parts of England, with a particular focus on the most deprived areas.

The DHSC is seeking views on expanding community water fluoridation schemes in the north east with new arrangements or by varying existing arrangements. This consultation is currently open to responses and closes 11:59pm on 17 June 2024. To find out further information and to contribute your response, please visit the community water fluoridation expansion in the north east of England GOV.UK consultation webpage.

A free ProDental webinar giving an overview of the evidence base for water fluoridation and how to engage with the public consultation will be held at 18:30 GMT on 15 May 2024. Chief Dental Officer, Jason Wong, will be among the speakers.

New National Action Plan for tackling antimicrobial resistance

A new five year plan to tackle antimicrobial resistance in the UK has been launched. This updated strategy supports the government's 20-year vision to reduce the use of antimicrobials in human and animal health by 2040. The new plan sets out initiatives such as expanding the world first 'subscription model' for antimicrobials and investing in innovation in diagnostics and vaccines so that infections can be prevented where possible and diagnosed before antibiotics are prescribed. This plan is relevant to all professionals who prescribe antibiotics including dentists.

GDC's plan to collect DCP workforce data

Following the publication of the General Dental Council's workforce patterns of dentists, data around the working patterns of Dental Care Practitioners (DCPs) is also planned to be collected in June 2024 when DCP registrations are renewed.

The DCP survey is part of GDC activity to explore working patterns. Since 2020, the GDC's research has shown that these are challenging times for patients and the dental workforce, and a better understanding of how dental professionals are working throughout the UK can provide important insight into these issues.

We encourage DCPs to engage with the survey in order to inform policy and wider workforce discussions. A small number of questions will help provide information on:

- where dental professionals are working
- what dental professionals are working on
- how the way dental professionals are working changes over time.

Providing additional information is voluntary. The data will not be used to identify individuals to inform any regulatory processes including registration and fitness to practise.

Please do participate in the survey to help shape the understanding of the dental workforce.

Green impact primary healthcare programmes 2024

In 2023, over 1,000 primary care providers, including dental practices, general practices, community pharmacies, and community optometric practices, registered to take part in our Green Impact programmes for primary care. These participating healthcare teams completed more than 11,000 positive actions in 2023 through Green Impact, providing 1.8 million patients with more sustainable care. Healthcare teams are recognising that healthcare is a major contributor to the climate crisis and understand that delivering high quality patient care includes taking meaningful action on sustainability. Green Impact is one way that practices and providers can respond to this, benefitting their patients and communities.

All three primary care toolkits are continuing in 2024 and are in full swing! Practices and providers have until Autumn 2024 to register for their relevant toolkit and implement actions, before submitting their progress for an audit.

SOS-UK has received funding from SBRI Healthcare through the 'Delivering a Net Zero NHS for a Healthier Future' competition to build on this exciting work and grow the reach and impact in primary care. The outputs of the funding will include a new carbon saving calculator for the toolkit and a free-to-access reporting dashboard for Integrated Care

Boards (ICBs) to help monitor activity within an ICB. SOS-UK are currently seeking ICBs to trial the new regional reporting dashboard so please contact them if you'd like to be involved. This new functionality will give ICBs an overview of the primary care practices who are taking part in the region, as well as any participating NHS Trusts, so ICBs can gather good practice, connect with teams, and capture important data. SOS-UK will also be holding a webinar on 23 May, specifically for ICBs.

Sign up to the NHS Primary Care bulletin

The NHS primary care bulletin provides resources on health policy and practice and we encourage you to sign up for this, too. It is aimed at teams across general practice, dentistry, community pharmacy and optometry.

Click here to sign up to the NHS primary care bulletin

Signing up to this bulletin

Have you been sent this bulletin by someone else?

This bulletin is a round up of all the latest news and important resources for anyone working in NHS dental services. We'll send it out as and when important news needs to come your way. If you've already signed up but didn't receive the update, then check your junk folder for the confirmation email and make sure you've followed the instructions to complete sign up.

Click here to sign up to this bulletin

Recent dentistry and oral health bulletins

Previous bulletins can be accessed by clicking on the links below:

- Issue 38: 13 January
- Issue 39: 19 January
- Issue 40: 25 January
- Issue 41: 1 February
- Issue 42: 11 February
- Issue 43: 4 March
- Issue 44: 11 March

- Issue 45: 5 April
- Issue 46: 22 April
- Issue 47: 11 May
- Issue 48: 1 June
- Issue 49: 28 June
- Issue 50: 19 July
- Issue 52: 26 August
- Issue 53: 20 October

- Issue 54: 3 November
- Issue 55: 14 November
- Issue 56: 30 November
- Issue 57: 11 January
- Issue 58: 23 January
- Issue 60: 16 March
- Issue 61: 3 April
- Issue 63: 25 May
- Issue 65: 19 June
- Issue 71: 28 September
- Issue 72: 31 October
- Issue 75: 30 January
- Issue 76: 7 February

Special focus bulletins

The Office of the Chief Dental Officer and the NHS England team regularly produce 'special focus bulletins' on clinical priorities and key aspects of patient care. These bulletins summarise the key information dental teams need to know and act as a refresher, combining best practice, expert opinion and useful resources. If you would like to suggest a topic for a future special focus bulletin please email the CDO's team at **England.CDOExecutive@nhs.net**

- Issue 11: 12 February 2021: **Special focus on domestic abuse**
- Issue 15: 7 May 2021: **Special focus on mouth cancer**
- Issue 16: 17 May 2021: **Special focus on learning disabilities and autism**
- Issue 25: 14 September 2021: **Special focus on paediatric dentistry and children's oral health**
- Issue 29: 27 October 2021: **Special focus on NHS dental clinical leadership**
- Issue 31: 5 November 2021: **Special focus on dentistry and the environment**
- Issue 32: 9 November 2021: **Special focus on mental health**
- Issue 33: 22 November 2021: **Special focus on dentistry and antimicrobial resistance (AMR)**
- Issue 35: 30 November 2021: **Special focus on mouth cancer prevention**

- Issue 43: 4 March 2022: **Special focus on dementia**
- Issue 51: 3 August 2022: **Special focus on safeguarding**
- Issue 59: 14 February 2023: **Special focus on Clinical Leadership**
- Issue 62: 10 May 2023: **Special Focus on Direct Access**
- Issue 64: 14 June 2023: **National Smile Month 2023**
- Issue 66: 28 June: **An update from Steve Powis**
- Issue 67: 30 June 2023: **Special focus on clinical standards**
- Issue 69, 24 July 2023: **Special focus on Patient Safety**
- Issue 70, 4 September 2023: **Special focus on Denture Loss**
- Issue 73, 22 November 2023: **An update from Jason Wong**
- Issue 74, 15 January 2024: **Special focus on sustainability**
- Issue 77, 6 March 2024: **Special focus on infectious diseases**

Key advice, guidance and resources for NHS dental teams

NHS updates to the profession

Key letters from the Chief Dental Officer and the NHS dentistry and oral health team are online here.

Infection prevention control (IPC)

NHS practices should refer to the NHS England Infection Prevention and Control Manual which details the principles NHS dental practices should now follow to deliver care. The accompanying dental framework identifies hazards and risks with guidance on measures that should be maintained as we move to new, improved and safer ways of working.

Dental recall priorities for children: implementation tool

Children are a clinical priority group for all NHS dental teams. Practices are encouraged to use the NHS implementation tool which assists dental professionals in the recall of children for a dental appointment, in line with NICE guidelines. You can view the tool online.

Avoidance of doubt note: provision of phased treatments

This document is to support dental professionals, and to clarify where it might be appropriate to provide phased treatment

spanning over several courses of treatment (CoT). You can read it online here.

Health and wellbeing support

Click here for health and wellbeing support for NHS teams



NHS England