

Unpacking the (more accepted) role of the dental team in obesity

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The role of dental professionals in health care prevention and management has received recent attention in line with increasing evidence linking systemic and oral diseases [1]. Why is this so? Dental professionals are well placed to provide general health messages and make referrals to relevant health care professionals given the significant number of people who are accessing primary dental services. It could be argued that the dental profession has been less-often considered in efforts for obesity prevention and treatment compared with other public health priorities despite the “globesity” crisis referenced by the World Health Organization [2].

Fundamental to the dental professional's role in supporting obesity treatment is whether patients will agree with such a strategy. Without patient “buy-in,” the success of any additional efforts can only be minimal. The study by Large et al. [3] in this issue of *Obesity* helps to dispel the common misconception that the public may not accept a dental team taking an active role in weight screening of patients. A key study finding was that the majority, i.e., 60%, of the 3580 participants in this UK population study reported that they would be comfortable with height and weight measurements being taken at their dental appointment [3]. This would facilitate routine screening of obesity as part of the patient's dental visit and, potentially, the subsequent offer of referral to weight-based interventions initiated by the dental team. However, this finding simultaneously brings awareness to the remaining 40% of study participants who reported not feeling comfortable with these measurements being

taken at their dental visit. This highlights the importance of the dental team in obtaining consent before any measurements are taken, referencing the purpose for which they will be used, and ensuring that they are maintained confidentially as part of the clinical record. For those who decline, this must be equally respected and understood given the lived experiences of bias and discrimination in health care settings for many individuals living with obesity. As discussed in the paper, dental professionals have cited fear of offending patients as a barrier to asking about weight, thereby reflecting possible discomfort with this task. It is therefore prudent that education of the dental team includes practical training around nonstigmatizing communication approaches to ensure that they are not only respectful, compassionate, and empathetic but that they can engage with confidence. The implementation of pre-appointment screening, possibly as part of routine medical history questionnaires, and allowing patients to “opt-out” of such discussions and measurements may minimize negative experiences or discomfort for both patients and the dental team.

In dental settings, weight-based conversations may be additionally challenging with adults living with severe obesity, likely due to the practical implications on service delivery, such as patients potentially exceeding safe dental chair weight limits and necessitating alternatives or specialist referral pathways. Qualitative data from those living with severe obesity have also revealed that a barrier to accessing dental services is the reported experience of weight stigma from dental professionals [4]. As referenced in the paper [3], weight stigma in the dental setting may influence patient acceptance of discussions and weight measurement despite the study's findings; therefore,

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weight stigma needs to be acknowledged and addressed. However, obesity education among dental professionals is currently very limited [5]. Recommendations for integration of weight stigma into education for the entire dental team have been made [5]. Given that participants in the study by Large et al. [3] reported patients' preferences for discussing body weight status with their dentist or dental nurse, team-based education is further emphasized to ensure that all team members can engage effectively.

Although the study [3] concluded that there is a need for feasibility studies to be conducted to assess the potential for implementation of or referral to lifestyle weight interventions within dental settings, the approach that is ultimately selected will be crucial. Resource and time allocation is an additional consideration, and there is a need for clearly defined referral pathways in instances of increasing weight gain trajectories or severe obesity. Interventions must be established in consultation with those with a lived experience of obesity; therefore, concurrent education and training are key to implementation. This cannot be achieved without dedicated investment into appropriate continuing professional development for dental professionals and integration of obesity and weight stigma into oral health tertiary education with the aim of creating more inclusive dental environments. Interventions to reduce weight stigma among dental students are under way, and the current study helps guide future intervention studies and policies.

The study by Large et al. [3] serves as a timely reminder for dental professionals to reconsider their role within the obesity space and integrate weight assessment and prevention and referral pathways into clinical practice. Indeed, dental service item numbers need to include recognition for this endeavor. Perhaps weight discussions need to first center on core aspects within the dentists' expertise, such as evidence-based nutrition information, with the common goal of reducing obesity and dental disease risk. Dental professionals will require this role to be well defined, and the study suggests that simple interventions such as signposting to local dietetic and weight management services may be an effective yet simple start. This can be expanded to include linking patients to their own general practitioner and relevant health care professionals based on their specific health care needs. This is particularly advantageous for members of the community who are traditionally less likely to seek health advice.

The study found particular benefit for population groups who have been less likely to seek support for weight management, including male individuals and those identifying as being of a non-White race and ethnicity [3]. This is why support of the dental team's role is imperative, especially from health care professionals who see and manage the effects of these groups of patients who are not engaging in obesity prevention. The study also serves to educate readers around

the dental team's role as members of the multidisciplinary health care professional team for those living with obesity and, particularly, severe obesity. Until dental professionals are consistently integrated into obesity services, patients will not value or understand the important contribution that the dental team could make to obesity prevention and treatment. Increasing awareness of the dental team's potential contribution to comprehensive obesity care will also enable people with obesity to attend dental clinic appointments with an expectation of benefit versus harm regarding their systemic and oral health.○

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