

Dear friends and colleagues,

Welcome to volume 6, issue 3 of the *International Journal of Dental Hygiene* which contains a variety of topics all relevant for the dental hygienist. More and more dental hygienists all over the world are participating in research and publishing about it as this issue shows.

We all give our patients information about toothbrushing and the sort of toothbrush they might use. In *'Evaluation of two soft manual toothbrushes with different filament designs in relation to gingival abrasion and plaque removing efficacy'*, it is shown that two soft toothbrushes with different filaments and brush head designs can differ in gingival abrasion, but there is a marginal loss of efficacy. When comparing a tapered filament toothbrush to a control toothbrush (ADA) in their potential to cause gingival abrasion and improve the gingival condition in *'Tapered toothbrush filaments in relation to gingival abrasion, removal of plaque and treatment of gingivitis'*, both toothbrushes improved gingival health and effectively removed plaque. The tapered toothbrush was considered more pleasant to use, but it was less effective than the ADA in the removal of biofilm and reduction of bleeding. So what do you advise your patients? A specially designed toothbrush (the distinct shape was obtained by distancing the bristle surface from the surface of the toothbrush handle in the direction of the bristles, maintaining the two surfaces on parallel planes) used on a small number of patients showed to remove more plaque compared with ADA toothbrush, as is shown in *'The Bass technique using a specially designed toothbrush'*. All of the research is carried out because everybody is looking for a toothbrush that can remove more plaque, without gingival abrasion and with less effort for the patient.

Toothpaste is discussed in two articles. Toothpaste detergents are shown to have the possibility to cause soft tissue damage in the mouth *in vitro*, although the article *'Toothpaste detergents: a potential source of oral soft tissue damage'* states that *in vivo* saliva may neutralize such effects. In the second article, Sauro *et al.* show that *in situ* SEM replica technique provides an accurate method for tracing enamel morphology alterations and erosion induced by acidic soft drinks and that regular use of toothpaste might reduce the risk for enamel erosion.

Smoking is detrimental to oral health and one can conclude from meta-analysis of several studies that smokers are more likely to have severe periodontitis than non-smokers. *'The Cardiff Dental Survey: oral hygiene, gingival and periodontal health in relation to smoking in young adults'* shows that young smokers

(19–20 years) demonstrate poorer oral hygiene than non-smokers but that the effect of reducing gingival bleeding is already apparent. This means that the dental hygienists should be very alert whilst screening young adults and that one should always ask if somebody smokes. The longer a person smokes, the more smoking has an impact on the periodontal tissues.

Not much research has been carried out about patients' specific attitudes when comparing the dentist with the dental hygienist. In the study carried out by Kerstin Ohm *et al.*, it is shown that the participants are, in general, less negative towards the dental hygienists in comparison to the dentists. However, there was no statistically significant difference regarding the items 'feelings of shame and guilt'. This gives food for thought about our own attitude towards patients. Do we instill feelings of shame and guilt, specifically in the periodontal patients and if so what can we do about it?

In *'A pilot study of research utilization practices and critical thinking dispositions of Alberta dental hygienists'* SJ Cobban and J Porfetto-MCgrath have conducted research to try to identify factors that influence research use into the dental hygiene practice. It is of great importance that dental hygienists use research findings to improve their clinical practice but what influences them to do so? A pilot study was conducted to determine if protocols used to study research utilization behaviours and critical thinking dispositions in nursing could also be applied to dental hygiene. The result was that the instruments proved reliable but sadly enough the response rate was low and thus one cannot generalize from the data which would have been nice but is not the goal of a pilot study.

'Dental hygiene regulation: a global perspective' is a fascinating article. It tells of the development of the profession of dental hygiene. Patricia Johnson has been writing about dental hygienists globally since 1987 and it never fails to amaze me how we have grown as a profession, not only in numbers (311000) (2006) but also in the growth of the dental hygiene programs in numbers and duration, in the extension of duties, the growth in independent practices worldwide and the amount of dental hygienists who do research. Impressive also, is that since the eighties, more than 50% have worked full time in this predominantly female profession.

I am proud to be a dental hygienist.

Marjolijn Hovius
President IFDH

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