

Dear friends and colleagues,

Welcome to volume 7 issue 1 of the *International Journal of Dental Hygiene*.

Dental hygiene practice should be centred on evidence-based dentistry and this journal helps us, as dental hygienists, to have access to the latest research that can be adapted to patient care.

This issue provides us with interesting articles that address topics we should know about; one of the themes is tobacco use cessation.

At the end of August and the beginning of September 2008 the 2nd European Workshop on tobacco use prevention and cessation for oral health professionals took place in Zagreb. The results were presented at the Association of Dental Education Europe afterwards.

The working groups focused on different topics, such as: oral health risks and effects of cessation, public health aspects revised, improving effectiveness, role and models for compensation and content and methods of education revised. It was very interesting to participate and acquire new knowledge.

I am pleased that the organizers of this workshop, Christopher A. Ramseier and Angela Fundak, still had the time to write the article 'Tobacco use cessation provided by dental hygienists'.

Apart from mechanical plaque control, tobacco use cessation has become the most important measure for treating periodontal diseases. Dental hygienists do see their patients on a regular basis and thus can help their patients during the challenge of stopping their tobacco use.

The article gives insight in the nicotine replacement therapy and the short interventions, like brief motivational interviewing, which are the treatment of choice in a dental practice.

The effectiveness of dental hygienists as smoking counselors is not extensively studied, and one factor of importance in tobacco use cessation which might be a barrier is the professionals' own smoking habits. In the article 'Smoking habits among Swedish dental hygienists. a 15-year perspective

(1987–2002)' by Bergstrom *et al.*, the smoking habits of Swedish dental hygienists are compared with the smoking habits of Swedish women in general during the same period. There is a lower prevalence of smokers amongst dental hygienists. A continuous decline in smoking prevalence is also observed from 1987 to 2002 in dental hygienists and in Swedish women in general.

In the article 'Smoking and periodontal disease' by Al-Habashneh *et al.* it is shown that smokers with aggressive periodontitis (AgP), chronic periodontitis (CP) and periodontitis associated with systemic disease have significantly more dental caries experience as measured by DMFT than non-smokers. However, patients with AgP have less caries in this study than patients with CP or periodontitis associated with systemic disease.

Last but not the least in the article about smoking, 'Tobacco use in relation to socioeconomic factors and dental care habits among Swedish individuals 15–70 years of age 1983–2003' by Hellqvist *et al.* it is shown that there is a statistically significant reduction from 34% tobacco user in 1983 to 27% in 1993 and to 28% in 2003. The main reduction was seen among smokers. However, at the same time the number of people who used snuff increased in all age groups between 20 and 60 years of age. The use of tobacco was largely unchanged between 1993 and 2003.

It is interesting to note that non-tobacco users in 2003 brushed their teeth more frequently and visited their dentist more often compared to tobacco user. This was statistically significant.

The above shows that it is important that dental hygienists invest their time to help patients to stop tobacco use.

Marjolijn Hovius

*President IFDH*

E-mail: president@ifdh.org

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