

Q&A: Jocelyn Harding

Siobhan Kelleher talks to hygienist **Jocelyn Harding** about her research in caring for cancer patients

Tell us about your career to date – what was it like working in the navy?

My career in dentistry started as a dental nurse in the Women's Royal Naval Service in 1987. I then went on to qualify as a dental hygienist in 1992 at the Royal Army Dental Corps (RADC) Aldershot.

I was so very lucky in my nine-year career in the navy to have had the opportunity to serve in a variety of places, in the UK and abroad, with general dentists, specialists and oral surgeons. It has given me numerous opportunities to gain valuable experience.

What triggered your interest in dental care for cancer patients?

My interest in this area started in 1995 after attending a lecture on mouth cancer at a dental show. Being one to always ask questions, I asked how can we help these patients when they return to general practice?

I had found more patients returning to my surgery after cancer treatment saying what a difficult time they had had with their mouths. Some symptoms were short-term, and some were long-term.

One of my patients had been purchasing products from the USA, which seemed to be very common, as his mouth was so sore. I found this very frustrating as I had a cupboard of samples he could have tried.

What support have you had in this area?

Well, around this time, I started to see what could be done. The information was certainly available but not very easy to find. So, I thought I would see if I could make a leaflet.

This was not initially possible, so I got in contact with Dr Louise Foster and Dr Catherine Drysdale, both restorative specialists with an interest in treatment for cancer patients, who were very kind and pointed me in the right direction so I could get the information as accurate as possible.

Jocelyn Harding RDH CEB DipOH (RADC)

Jocelyn has been a hygienist for 26 years and worked extensively in many practices and locations in numerous countries, including Gibraltar, Hong Kong and Hawaii. She was a dental nurse and hygienist in the Royal Navy for nine years. Jocelyn is a member and treasurer of the Gloucestershire Independent Dentists association in the hygienist and therapist branch and regularly attends training days.



FACT FILE

Title: Dental hygienist
Practice: Confident Dental Care, Gloucestershire, UK
Qualifications: RDH CEB DipOH (RADC)
Interests: Cancer awareness.

31 PEOPLE ARE DIAGNOSED WITH HEAD AND NECK CANCER PER DAY IN THE UK

Tell us about the leaflets you have designed?

It all started when a wonderful charity, Brushupuk, wanted to help me with my crusade and were very keen to see what would be possible to create with the information from my research.

Different versions were created and checked by specialists and my cancer patients; they were super keen to help my project and to see it happen.

There are now two versions: one for healthcare professionals and one for patients. The leaflets are downloadable and this has meant they are readily available to all. They are also regularly updated as new developments are happening all the time. The leaflets can be found and downloaded on www.brushupuk.com/how-we-do-it/.

Where would you direct dental professionals to find out the latest evidence for treating cancer patients?
The NHS offers regularly updated publications on its website. The Dental Health Foundation

in the UK and Ireland also offer resources for dental professionals (and patients) to access any time. *Irish Dentistry* has a list of some of these for vulnerable patients on page 37. It was a challenge to collate good evidence-based research for anyone to be able to access, but it is getting better and hopefully we have a good foundation.

Why is it crucial for clinicians to do an oral cancer examination at every appointment?
Oral cancer is on the rise, and according to Macmillan UK, 31 people are diagnosed with head and neck cancer per day in the UK. I find this a staggering statistic. The chances of a better prognosis are greatly increased if a lesion is found and then referred as early as possible.

What products do you have in the drawers and what should we be recommending?
Too many people are totally unaware of what great products are out there to help. Some work and some don't, but that is for the patient to decide. Many patients have been willing guinea pigs and come back with honest feedback – good, bad and ugly.

My lovely team are all trained, even when I am not in the practice, to give a leaflet and samples of products, and know how to recommend how they are used. Some come in sprays, gels, toothpastes and mouthwashes. Some are pastilles, mints and gum. Some are not suitable for vegetarians or vegans, or have contraindications for some patients.

For patients who are over 16 years old, Duraphat 5000 is good for those who are able to cope with sodium lauryl sulphate (SLS) and mint. Tooth mousse is good in combination with Duraphat. Other useful products include Biotene, Oralieve, Biotene, Xylimelts, Gelclair, Xerostom, Difflam, Oranurse, Enamelon, Gengigel, Peppersmiths, GC dry mouth gel, and Dr Heff's.

I have all of the above in my drawers apart from Difflam, Biotene and Enamelon. Caphosol and Glandosane are the common mouthwashes and sprays recommended by specialists, but the glandosane is acidic and not good for dentate patients. ☐

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Siobhan Kelleher RDH

Siobhan owns Dentalhygienist.ie and is co-owner of www.dent.acpdxpexpert.com. She practises in Co. Cork, Ireland and was awarded Best Dental Care Professional at the 2014 Irish Dentistry Awards.