California Raisins UK Trade Press Release





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HAVE WE GOT OUT PERCEPTION OF RAISINS AND ORAL HEALTH ALL WRONG? PART 2

By Rick Miller, Clinical and Sports Dietitian, Harley Street, London

For dentists up and down the UK, sugar is public enemy number one when it comes to oral health.

In fact, Mick Armstrong, chairman of the British Dental Association recently said: *'Dentists are confronting an epidemic of tooth decay, thanks to an ingredient that's cheap, addictive and nutrient free.'* [Source <u>Daily Mail</u> <u>article</u>]

Ask a random person in the street what foods contribute to tooth decay and I'm confident they will echo the words of Mick Armstrong "sweets, chocolate, biscuits, sugary drinks, fizzy pop" – in other words, foods high in added sugar, all contribute to tooth decay.



There's very good reason for this presupposition, oral bacteria just love sugar and a specific species called Streptococcus Mutans contributes to the vast majority of tooth decay by lapping up that sugar at a prolific rate.

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However, *not all sugar* is created equal and many foods that contain naturally occurring sugar, including California Raisins – traditionally dried fruits – are being lumped into the same category as other added sugar foods incorrectly.

As I outlined in my last article '<u>Have we got our perception of raisins and oral health all wrong?</u>', recent research with raisins in dental health may suggest just the opposite, that eating raisins might fight these unhelpful bacteria.

You may be thinking, what does the dental community think to all of this?

A meeting in London this month to discuss "Dried Fruit and Public Health" saw just this question answered – "What should dental health advice be for snacking?".

Following on from an earlier presentation from Dr Michele Sadler, who from her recent systemic review of the evidence for dried fruit and oral health found the link between oral health and traditionally dried fruit to be based on shaky ground.

During the dental presentation it was outlined that scientific basis for dental erosion centres upon the Stephan Curve – the impact of salvia in neutralising plaque pH was developed in 1940 by Dr. Robert Stephan, who measured the changes in plaque acidity following sugar (sucrose) intake. This underpins the advice around dental health and sugary foods and drinks – namely 3 meals a day and no more than 2 snacks.

The presentation went on to suggest that recent evidence shows it is actually the total amount of sugar in the diet that matters, not how frequent. Fresh fruit may have been given a green light whilst dried fruit is labelled an oral health villain.

With regards to the research on the oral effects of dried fruit, it was outlined that it is 'old and of poor quality'. It was suggested that the dental community and their recommendations around dried fruit and oral health were 'working on the basis of no evidence at all'.

Furthermore, it was acknowledged that the dental industry very likely has little to no understanding of the difference between traditional dried fruit and added sugars; and the challenge for the dental profession in terms of education – is possibly greater than the general public.

In the same way our health professional education around diet is evolving, with the likes of TV doctors and "Trust Me I'm a Doctor" and "Doctor in the house" starting to change the practice of doctors, maybe a total rethink of dental education is just on the horizon.

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