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Saving Faces

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The Facial Surgery Research Foundation - Saving Faces is the first UK charity devoted to research into facial surgery.

Saving Faces carries out research into all disorders affecting the face, such as mouth cancer, facial deformity, jaw disproportion, injury and pain.

The organisation was founded by Iain Hutchison, Consultant Oral and Maxillofacial Surgeon at St. Bartholomew's Hospital, London (the maxilla is the jawbone). We have a team of 9 researchers and an administrator. The charity is undertaking nationwide trials to research best facial surgical practice and also has research programmes in schools where we run smoking and binge-drinking prevention projects in order to reduce the number of oral cancers and facial injuries.

Facial problems

Types of facial problems requiring surgery

There are two main types of problem seen in surgery:

Oral (Mouth) Cancer

Mouth cancer affects approx. 4,000 people in the UK every year. It is in fact more common than cervical cancer in women or melanoma of the skin, but gets a fraction of the attention of these diseases.

Statistically, it is also more lethal than these cancers. It is often caused by smoking

or chewing tobacco. Excess alcohol consumption is another contributory factor.

Facial injuries

In the UK, 1 million people every year sustain facial injuries. Young people who have been drinking suffer many of the most serious injuries (approx. 125,000 each year). When they are drunk they are a "victim waiting to happen". A large number of injuries are caused by assault or road traffic accidents, but some young people simply fall "flat on their face" and end up with horrific facial scars.

The physical and emotional burden of diseases and injuries affecting the mouth and face is huge for the victims and their families. For example, when people suffer cancer in this area, they not only have to cope with their fear of this disease and its treatment, but also what effect it will have on their appearance, their speech and their future diet.

Young people who sustain facial injuries are often stigmatised by their facial scars throughout their lives - for example, prospective partners and employers may judge them inappropriately as violent troublemakers.

They may suffer flashbacks of the accident or assault that caused the facial injury every time they look in the mirror.

So, as well as research into surgical techniques to help people with facial problems, we are also interested in finding

out what can be done to reduce the incidence of such problems.

Two things that would really help are the reduction of smoking and moderation of drinking. These have long been goals of health education, but we think there is something distinctive that we can offer.

The research with schools

We have a continuing research programme with schools, which has surges of activity dependent on funding. We are particularly interested in how the facts and figures and feelings about facial cancer and other injuries can be used in education about alcohol and tobacco.

We are conducting a number of school health education studies, which explore the impact of facts and images about facial damage.

Fear appeals

I imagine that some readers might blink a bit at the idea of presenting graphic images of facial damage to a teenage audience. There is a widespread belief that scare tactics, the shock-horror approach, is not effective in health education, and can even be counter-productive. In fact, the evidence shows that this is true, at least when done badly, but the evidence also shows that 'fear appeals' (to use a less judgmental term) can be effective, and can certainly form a legitimate part of a wider set of learning about alcohol and tobacco, which itself should be embedded in a principled programme of PSHE.

As part of our research team, we have Professor Stephen Sutton, of the University of Cambridge, who for many years has been interested in sorting out the myths of fear appeals from the reality. For example, concern about the scary health consequences of smoking has been shown to

be the primary motivation for quitting in both adults and adolescents.

If fear appeals can work, this is very important, not least because we seem to have trouble in research showing the effectiveness of smoking or alcohol education based on knowledge or social influences.

The study

We have just launched our biggest survey programme yet. The study design, questionnaire composition and analysis is our own work, but we have used SHEU to do the distribution and data entry of the paper booklets and to manage the work online. [It was our intention that all schools complete the surveys online, but inevitably paper is a straightforward choice for busy teachers and for those nervous about computers.]

The questionnaires we are currently using include topics like:

Current smoking/drinking habits

Attitudes to smoking/drinking

Attitudes to risk

Feelings about risk of facial injury

Quality of life

Family background

Attitudes of family to smoking and drinking

Results from last year's studies are suggestive of a positive effect of our intervention upon young people's health-risky behaviour. For example, young people reporting that they changed their ideas or habits following our smoking intervention were most likely to choose 'people suffering from diseases caused by smoking' from a list of things which influenced them. Articles are currently in preparation and are being submitted to medical journals.