

Letters to the Editor

Send your letters to the Editor,
British Dental Journal,
64 Wimpole Street,
London
W1G 8YS
Email bdj@bda.org

Priority will be given to letters less than 500 words long.
Authors must sign the letter, which may be edited for reasons of space.

NON-INVASIVE TESTING

Sir, we write prompted by the paper by Sproat *et al.* (*BDJ* 2009; 207: 275-277) regarding screening for hypertension in general dental practice (GDP), as we recently carried out a feasibility study to assess the prevalence of previously unrecognised glycosuria in patients attending a GDP, inspired by the potential link between diabetes and periodontal disease.

We used simple urinalysis to give an indication of glycosuria, as in undiagnosed diabetes, which although exhibiting a low sensitivity compared with blood testing, is non-invasive and therefore potentially acceptable in a primary dental care setting as well as indicative of the need for further investigation..

A total of 195 adult patients took part in the study which involved them bringing a urine sample to the practice when attending for their routine dental examination.

Each sample was tested by one of the dentists in the practice using Bayer Reagent strips and the results recorded on a specially designed proforma. One patient tested positive and, with his consent, his GP was informed. He has now had a glucose tolerance test carried out.

The cost of materials delivered to the patients plus the reagent strips was in excess of £700, which could be regarded as a cost of £3.64 per completed test excluding the cost of staff time. If such testing was routine this cost would reduce considerably as sample bottles and reagent strips could be purchased in bulk and be given to patients rather than being posted.

The majority of patients who were invited, but who did not take part in the study had either changed or missed their

appointment, forgot to bring a urine sample with them or were unwilling or unable to produce one at the practice. There were no adverse comments from those patients participating and the majority were supportive, both of the research initiative and of the concept of non-invasive testing outside a purely medical setting, considering that it was a valuable intervention and one that added value to their dental care. There was only one negative comment from a patient who declined to take part expressing the opinion that people had medical tests to excess. The high proportion of patients who agreed to take part could be considered to indicate a high level of acceptance of this form of testing.

Regarding the acceptance of urine testing by members of staff at the practice, there was some aversion by the non-dentally qualified team members to handling the sample bottles. However, other than this and within the limits of the study, it may be concluded that it is feasible to carry out simple health testing in the setting of GDP and the finding of one patient with glycosuria may be considered to justify this.

E. Cox
F. J. T. Burke
By email

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COMPACT CAMERAS

Sir, firstly, my heartiest congratulations to Dr Irfan Ahmed and the *BDJ* for the ten part article series on digital dental photography. It's high time the topic was treated with due respect.

I would like to put forward a few comments and queries in this regard.

1. Whilst discussing various camera

types, the high end compacts offering manual controls like aperture, shutter speed, ISO and flash output have not been discussed at all, leaving a gap in the readers' knowledge of the various camera types

2. Whilst ruling out compacts, the primary justification given is parallax, whereas many, rather most current compacts don't have the Optical Viewfinder (OVF) and function only with the LCD or the electronic viewfinder (EVF), thereby avoiding parallax. Poor image quality resulting from less than ideal optics should basically be the reason for ruling out compacts
3. Most literatures refer to the ring flash as the ideal light source for dental photography, whereas the said series hardly talks about it, laying more stress on twin flashes, which to my understanding are primarily a requisite for aesthetic dentistry and not all other forms of dental photography since they illuminate anteriors better, not the complete oral cavity
4. Significance/rationale/utility of getting a 1:1 image with macro lenses (four incisors, as has been mentioned).

Where does the significance stand in taking full arch/occlusal pictures? What is the recommendation for orthodontic uses?

A. Naqvi
Lahore
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PSEUDOSEIZURES AND SURGERY

Sir, I would like to highlight to the readers the importance of awareness