

# LETTERS TO THE EDITOR

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## RESTORATIVE

### Caries trajectories

Sir, while it was satisfying to see our recent paper<sup>1</sup> summarised in the 9 November issue (page 463), the reviewer appears to have missed the main point of the article. The key finding was that, if we look for associations between root surface and coronal caries experience cross-sectionally at age 38, we do not find any; however, if we look at coronal caries through the life-course to that point, there is actually a strong association. All previous investigations had failed to find a relationship between coronal and root surface caries because they were cross-sectional. Our identification of high, medium and low life-course trajectories of coronal caries experience<sup>2</sup> has enabled the relationship between the two to be uncovered at last.

W. M. Thomson  
Dunedin

1. Thomson W M, Broadbent J M, Foster Page L A, Poulton R. Antecedents and associations of root surface caries experience among 38-year-olds. *Caries Res* 2013; **47**: 128–134.
2. Broadbent J M, Thomson W M, Poulton R. Trajectory patterns of dental caries experience in the permanent dentition to the fourth decade of life. *J Dent Res* 2008; **87**: 69–72.

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## FLUORIDATION

### Re-fluoridate yourself

Sir, I have, of late, been refreshing my understanding of artificially fluoridated water supplies and the overwhelming evidence that supports its use to help reduce health inequalities.

I find it shameful that such an evidence-based public health intervention still only benefits 10% of the UK's population. As a trainee in paediatric dentistry I see more than my fair share of children suffering from the effects of dental caries. I wonder how many of these children would be spared such preventable pain and discomfort if only for one part per million of fluoride in their water supply.

What is more surprising (and disappointing from a UK perspective) is that despite initial fears that it was a

communist plot at mind control the United States now supplies 66% of its population with fluoridated water. I would hope that our culture in the UK is more altruistic than that of the US and yet we are languishing far behind implementation of a simple, sensible and proven method of narrowing health inequality.

As NHS contracts aim to shift to a more prevention-biased system of remuneration it is important to remember that the single biggest, positive, caries prevention intervention that will ever benefit our patients and communities is 1 ppm fluoride in their drinking water.

I fear that as a profession we have become fatigued by the lack of progress on this subject and we need to collectively re-evaluate what we are doing to lobby for water fluoridation on a local, regional and national level.

I would strongly recommend that colleagues visit [www.bfsweb.org](http://www.bfsweb.org) to rekindle their inner pro-fluoridation activist.

I have no affiliation with the British Fluoridation Society.

A. McKay  
Liverpool

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## CHARITY WORK

### Easing the suffering of refugees

Sir, I would like to share with the readers the wonderful work that the 'Aid4All' charity is doing on the Turkish/Syrian border. Along with the charity's humanitarian work on the ground, which provides basic rations to Syrian families displaced within Syria, Turkey and Lebanon, its medical and dental work is highly commendable and has helped ease the suffering of hundreds of stranded and forgotten refugees.

We learnt through Aid4All that there was an overwhelming shortage of medically and dentally qualified personnel helping out at the camps. The camps have seen a rising number of injured crossing the borders from Syria and are using the already basic, under-equipped and chronically overstretched medical and dental services in the camps. On occasions simple and complex treatment, both

medical and dental, was being performed by under-qualified staff.

My father, a consultant paediatrician, and I decided to head to Atmeh to offer our help within the camp. The dental clinics within the camps were thinly kitted. With the help of the generous dental community in the UK as well as the donations given I was able to purchase a large number of dental materials and instruments which helped treat a large number of patients. On a daily basis we would see 50+ patients offering basic emergency treatment.

I also helped train newly graduated Syrian dentists in offering basic dental emergency care which I believe is the best form of aid long term so the camp can become self-sufficient – at least in dealing with local dental problems.

Medically, alongside the great work of various charities, we were able to provide assistance in opening the first purpose built paediatric hospital with eight in-patient beds and a morning drop-in clinic. Aid4All also donated medication as well as incubators for newborn children, PCA pumps and heart monitors.

During the evening we were involved in distributing powdered milk to the newborn children; we were able to deliver over 4,000 boxes of baby milk powder as well as children's clothing to help with the harsh winter in this mountainous region.

In 2014, we are planning two further trips to the camps, the first one after the New Year and the second in the spring, where we will build on the successes of our previous trip and in doing so help many more victims of this war.

We would like to thank all the individuals, dental clinics and the various NHS trusts for their generosity and support over the last 12 months; however, our work doesn't stop there and we encourage anyone and everyone who is interested in our cause to help in whichever way they can, no matter how small.

For further information on our work please visit [www.aid4all.net](http://www.aid4all.net).

A. Al Hourani  
By email

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