

of post-orthodontic restorative work than 'complete' orthodontic treatments. This almost routine restorative work is dressed up in the term 'minimally invasive dentistry' on the basis that it is less destructive than it would have been had no orthodontics been done at all. But what if a full orthodontic correction had been made? Would any restorative work be required at all? Written consent should show that the alternative benefits of complete orthodontic treatment should have been explained and the resultant risks and limitations of the shorter treatment accepted. Patients have a right to know. It is not enough to record simply that they did not want to wear braces for two years.

Partial orthodontic treatments may have other serious consequences, especially where fixed retainers are to be used. If the teeth are not fully aligned (paralleled) then access for interdental hygiene will be reduced or impossible. Deep overbites take time to reduce and alignment without full overbite reduction will result in higher rates of bonded retainer failure and relapse. Flexible nickel-titanium wires are more likely to produce proclination of crowded teeth without addressing smile width. Black triangles that commonly result from alignment in adults need full paralleling of the teeth before the contact points can be modified and then space closed to eliminate them. This all takes time.

The undergraduate orthodontic curriculum has been so pared down that GDPs attending one or two day courses may be unable to judge that they are being misled by the claims of a company which has an interest in selling them their appliances. A look at the Fastbraces 'university' www.fastbracesuniversity.com is shocking indeed. Although there are scientific references on the website, none of them directly support the stated and implied claims made that Fastbraces are new, faster, move the teeth in a different way to 'old' braces, are less likely to need extractions and require only 15 minutes of retention per day. It is full of pseudo-science and even a name for a new disease, 'orthodontitis'! Despite this nonsense, Fastbraces is the latest system to be sweeping the UK. I wonder if the rates of litigation will go up or down?

P. Huntley
By email

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PERIODONTOLOGY

Disease group

Sir, it is somewhat of a relief to peruse your periodontal issue. Not least welcome are the comments on implants, given that our profession, and especially periodontists, are surely mainly concerned with preserving the natural teeth whenever possible.¹ Also welcome is the re-use of the term 'focal infection revisited' although it is, perhaps, best accompanied by the concept in the original of the dentist as physician.^{2,3} While one periodontal disease does, indeed, occupy most activity, we really must stop using the term periodontal disease as if there were only one.⁴ And it is well past the time when patients need to appreciate that we are physicians as well as surgeons³ and that periodontal medicine⁵ is here to stay. Focal infection, too, has come of age, with ever increasing evidence of the relationships between periodontal and systemic diseases.^{6,7}

Not that we should ever forget the roots (no pun intended) of our common chronic inflammatory periodontal disease group, although assessment in ancient populations is undoubtedly best done when one uses, for example, Miles' method of ageing and Darling and Levers' methods of assessing eruption and bone height, which provided the evidence for the widespread nature of both caries and the chronic inflammatory periodontal diseases.⁸

H. N. Newman
London

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