

## COMMENT

# Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email [bdj@bda.org](mailto: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. Readers may now comment on letters via the *BDJ* website ([www.bdj.co.uk](http://www.bdj.co.uk)). A 'Readers' Comments' section appears at the end of the full text of each letter online.

## Dental patients

### Self-diagnosis

Sir, a patient became aware of a 'scuttling' noise whilst alone in his house and proceeded to investigate this (which he thought may have been a mouse) by buying an endoscope on eBay for £5.50! Distracted by his new gadget, he proceeded to have a look inside his own mouth and noticed a lump. Alarmed by this, he visited his dentist who took a photo (Fig. 1), which shows a small mucous retention cyst (resolved) on the right fauces, and then referred the patient to the oral and maxillofacial department at Hull Royal Infirmary. On examination there was no cervical lymphadenopathy, facial asymmetry or any abnormality detected in his mouth. The patient was reassured and discharged from the department.

The role of self-diagnosis is usually agreed by the health professions to be inconsistent due to patients' lack of technical understanding of medical problems.<sup>1</sup> As a profession we use expensive instruments, but inexpensive tools are available to the general public. While we are not advocating the use of these

instruments we warn that more self-referrals may ensue as a consequence.

I suspect that this endoscope may have needed oiling regularly, otherwise it too would have squeaked!

A. Hassan, P. Brotherton, Hull

1. Jutel A. Self-diagnosis: a discursive systematic review of the medical literature. *J Participat Med* 2010; **2**: e8. Available at: <http://www.jopm.org/evidence/research/2010/09/15/self-diagnosis-a-discursive-systematic-review-of-the-medical-literature> (accessed 2 February 2017).

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## Dental research

### Collaboration needed

Sir, as a dentist and dental nurse who worked together for 30 years, we endorse the points raised by B. Dawett in his recent paper concerning DCPs and the importance of research in general dental practice.<sup>1</sup> Some years ago we too were able to carry out a research project in our practice.<sup>2-4</sup> We were then working in an NHS funded by fee-per-item, which allowed a flexibility of approach to finance not possible in today's target driven, contracted service. However, like Dawett, the benefits of the research project to us included a greater sense of team bonding and a widening of outlook beyond the narrow confines of general practice.

We, however, benefitted from the collaboration of academic researchers at the then London Hospital Dental School and the Royal College of Surgeons and this was of assistance in overcoming some of the barriers mentioned by Dawett. They had, for instance, an understanding and knowledge of the sources of funding for research and the regulatory processes for which compliance was necessary. They were also essential to the development of the research protocols.

If more research is to be carried out where the majority of dental care occurs, then we believe a collaborative approach between dental

academia and general practitioners would allow the benefits described by Dawett to be available to more practices. In the longer term this can only be for the good of dentists, their teams and the care available to our patients.

P. Hellyer, J. Stockford, by email

1. Dawett B. DCPs and research in general practice. *Br Dent J* 2017; **222**: 307–309.
2. Hellyer P H, Beighton D, Heath M R, Lynch E J. Root caries in older people attending a general dental practice in East Sussex. *Br Dent J* 1990; **169**: 201–206.
3. Beighton D, Hellyer P H, Lynch E J, Heath M R. Salivary levels of mutans streptococci, lactobacilli, yeasts, and root caries prevalence in non-institutionalized elderly dental patients *Community Dent Oral Epidemiol* 1991; **19**: 302–307.
4. Wright P S, Hellyer P H, Beighton D, Heath M R, Lynch E. Relationship of removable partial denture use to root caries in an older population. *Int J Prosthodont* 1992; **5**: 39–46.

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## Pharmacology

### Sea change of indications

Sir, in a recent *BDJ* article<sup>1</sup> the authors' argument for improving awareness of the risks of anti-resorptive medication is compelling: the population is ageing and the number of patients living with and beyond cancer is increasing. Thus the number of patients at risk of medication-related osteonecrosis of the jaw (MRONJ) will also increase. The argument is timely too, as recent developments will have a significant impact on the population at risk of MRONJ. In the light of a number of high-quality clinical trials of the use of anti-resorptive medications in breast cancer the National Institute for Health and Care Excellence (NICE) have recently revised guidance on the use of bisphosphonates in early and locally advanced breast cancer.<sup>2</sup> More recently a European Panel of experts issued a consensus recommendation on the use of bisphosphonates in women with early disease.<sup>3</sup> Previously the use of the high potency bisphosphonates clodronate and zoledronate was reserved for patients with

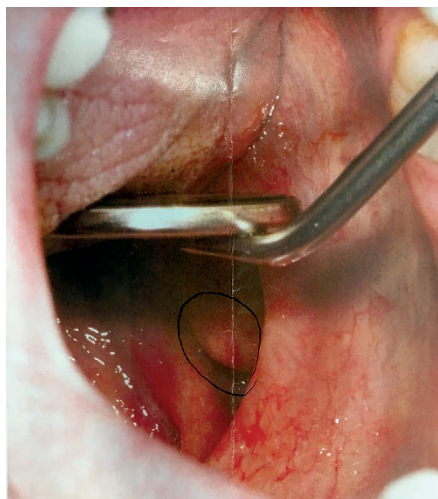


Fig. 1 Small mucous retention cyst on the right fauces

established bone metastases – for management of pain and prevention of pathological fracture. The 2016 statement included recommendations that the use of these highly effective anti-resorptive medications be used in both pre- and post-menopausal women and, crucially, for the prevention of cancer treatment induced bone loss (CBITL) as well as prevention of bone metastases. It is particularly noteworthy that the recommendations mean a significant number of patients will receive anti-resorptive medication concomitantly with systemic chemotherapy.

This sea change of indications for anti-resorptives will produce a large number of young patients who are at relatively high risk of developing MRONJ. Dr Tanna and co-authors correctly assert that education of primary care practitioners is important for effective management of patients who have taken anti-resorptive medications. We would like to suggest that communication and coordination between specialist oncology services, patients and primary care dentists is also of paramount importance in order to minimise adverse effects on this group of patients.

**C. McKechnie, A. McKechnie, by email**

1. Tanna N, Steel C, Stagnell S, Bailey E. Awareness of medication related osteonecrosis of the jaws (MRONJ) amongst general dental practitioners. *Br Dent J* 2017; **222**: 121–125.
2. NICE. 6-year surveillance 2015 - Early and locally advanced breast cancer. 2013. NICE guideline CG80. 2015 Available at: <https://pathways.nice.org.uk/pathways/early-and-locally-advanced-breast-cancer#path=view%3A/pathways/early-and-locally-advanced-breast-cancer/adjuvant-therapy-for-early-and-locally-advanced-breast-cancer.xml&content=view-node%3Anodes-assessment-and-treatment-of-bone-loss> (accessed 20 February 2017).
3. Hadji P, Coleman R E, Wilson C *et al*. Adjuvant bisphosphonates in early breast cancer: consensus guidance for clinical practice from a European Panel. *Ann Oncol* 2016; **27**: 379–390.

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## Water fluoridation

### There is no evidence

Sir, Drs Connett<sup>1</sup> and Osmunson<sup>2</sup> continue to bang their anti-fluoridation drum. Most recently they claim that fluoride is a neurotoxin with the implication that this will lead to neurological defects and reduced IQ in children. They often cite studies in rats and a few studies in China of children in rural areas exposed to high levels of fluoride naturally present in water which in some cases is further contaminated by arsenic. A study more relevant to community water fluoridation (CWF) was recently published by Broadbent *et al.*<sup>3</sup> They followed up almost

1,000 subjects in New Zealand for over 38 years. Their findings do not support the assertion that fluoride in the context of CWF is neurotoxic or linked to reduced IQ.

Recent reviews of human studies commissioned jointly by the Royal Society of New Zealand and the Prime Minister's Chief Science Advisor<sup>4</sup> and a second by the Australian Health and Medical Research Council<sup>5</sup> are quite clear: there is no evidence linking community water fluoridation with neurological defects or reduced IQ. Professionals need to look at these reports and decide whom they prefer to trust.

**J. F. Beal, Leeds  
M. Lennon, Cheshire**

1. Connett P. Is fluoride chemophobia? *Br Dent J* 2017; **222**: 323–324.
2. Osmunson W. Like a knee in the gut. *Br Dent J* 2017; **222**: 324.
3. Broadbent J M, Thomson W M, Ramrakha S *et al*. Community water fluoridation and intelligence: prospective study in New Zealand. *Am J Public Health* 2015; **105**: 72–76.
4. Royal Society of New Zealand and the Office of the Prime Minister's Chief Science Advisor. Health effects of water fluoridation: A review of the scientific evidence. August 2014. Available at: <http://royalsociety.org.nz/expert-advice/papers/yr2014/health-effects-of-water-fluoridation/> (accessed March 2017).
5. Australian Government National Health and Medical Research Council. Draft Information Paper: Effects of water fluoridation on dental and other health outcomes. September 2016.

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### Endorsed effectiveness

Sir, I note the recent letters to the editor from the Fluoride Action Network (FAN) purporting to show the dangers of water fluoridation.<sup>1,2</sup> Unfortunately, FAN has a long history of twisting the evidence base on fluoridation until it squeals. In 2002 the Irish Forum on Fluoridation described FAN Director Dr Paul Connett's submission as '...[failing] to conform to any generally accepted principles for assembling, evaluating and interpreting medical research. There is no explicit statement of the questions being addressed; no systematic search for pertinent research; no use of *a priori* selection criteria to separate relevant from irrelevant research; no critical appraisal of studies to determine their validity and no integration of evidence based on sources of evidence, research design, direction and magnitude of clinical outcomes, coherence and precision. No conclusions can or should be drawn from this poor quality document.'

Similarly, FAN's recent detailed submission to the US Environmental Protection Agency (EPA) alleging that fluoridated drinking water was neurotoxic was debunked in great

detail, with the EPA describing its far-fetched claims as scientifically indefensible.

High quality systematic reviews continue to endorse the effectiveness and safety of water fluoridation.

**M. Foley, Director of Research and Advocacy,  
Metro North Oral Health Services**

1. Connett P. Is fluoride chemophobia? *Br Dent J* 2017; **222**: 323–324.
2. Osmunson W. Like a knee in the gut. *Br Dent J* 2017; **222**: 324.

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## Orthodontics

### Link with obesity

Sir, the excellent study done by Professor Martyn Cobourne and colleagues shows that obesity can affect the oral tissues and this can have effects on orthodontic tooth movement in adolescents.<sup>1</sup> A recent study has mentioned that the probability of meeting the global obesity target is almost impossible.<sup>2</sup> By 2025 global obesity prevalence in men and women will reach 18% and 21% respectively.

Adolescents and adults with an increased BMI may need a longer duration of treatment, with more appointments due to less co-operation and tooth movement.<sup>3</sup> Due to the increase in global obesity more adolescents and adults may require orthodontic treatment and this will add to the economic burden in both developed and developing countries.

**Mahantayya V. Math, Yashoda R. Kattimani,  
Navi Mumbai, Maharashtra State, India**

1. Saloom H F, Papageorgiou S N, Carpenter G H, Cobourne M T. Impact of obesity on orthodontic tooth movement in adolescents. *J Dent Res* 2017; **22034516688448**.
2. NCD Risk Factor Collaboration (NCD-RisC), Trends in adult body-mass index in 200 countries from 1975 to 2014: A pooled analysis of 1698 population-based measurement studies with 19.2 million participants. *Lancet* 2016; **387**: 1377–1396.
3. Von Bremen J, Lorenz N, Ruf S. Impact of body mass index on oral health during orthodontic treatment: an explorative pilot study. *Eur J Orthod* 2016; **38**: 386–392.

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## Fitness to practise

### A question of reputation

Sir, we would like to respond to A. C. L. Holden's critique<sup>1</sup> of our recent paper.<sup>2</sup> We welcome debate on the issue of regulatory scope but we disagree with the characterisation of our position. We do believe behaviour outside the clinic can have a bearing upon professional practice. Our