

## COMMENT

# Letters to the editor

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## Patient management

### Ask about habits

Sir, pain from the temporomandibular joint (TMJ) is a common reason for referral to the secondary care setting by general medical and dental practitioners alike.

I had the pleasure of meeting a 19-year-old gentleman who presented with a two-year history of pain from his left TMJ which was not subsiding. The patient denied clenching or grinding his teeth; however, when asked about habits he revealed the specimen shown in Figure 1.

Further questioning revealed the patient was chewing this pen lid for up to 12 hours a day. He further mentioned chewing his



Fig. 1 Extensively chewed pen lid



Fig. 2 Patient demonstrating headphone wire in between his teeth

headphone wires when he misplaced his pen lid (Fig. 2).

Needless to say, the cause of his pain was obvious and part of his care plan involved elimination of these detrimental habits. He was surprised to hear that persistent chewing of pen lids was likely contributing to his pain, which reaffirms to all clinicians: when there is pain from the TMJ, make it a habit of asking about habits.

*M. Dugarwalla, London*

DOI: 10.1038/sj.bdj.2017.478

### Appealing to five senses

Sir, I recently had the pleasure of treating a blind patient with periodontal disease in general practice. Without the use of the gentleman's sight, it was necessary for me to adapt my usual tooth-brushing and oral hygiene instruction to convey the disease process and teach my patient how to effectively remove plaque from his teeth. Since his periodontal treatment, I have changed the way I practise.

I believe effective oral hygiene instruction to any patient should appeal to all five senses:

**SIGHT** – The use of disclosing tablets, demonstration on teeth models, flip charts

**FEEL** – Let the patient feel how a tooth-brush and interdental brush is meant to engage with the teeth physically, particularly at the gingival margin and in-between the teeth

**SOUND** – The clinician must listen to the patient, and *vice versa*. Find out what aspects of oral hygiene they are having difficulty with and support them as necessary

**TASTE** – Let them taste what a clean mouth and fresh breath tastes like; over time they often report this change

**SMELL** – We all know perio-breath and would rather have less of that around!

I hope other clinicians find this useful.

*I. Midwood, by email*

DOI: 10.1038/sj.bdj.2017.479

## Oral cancer

### A point to chew upon

Sir, we read with interest the letter *Oral cancer: Indian pandemic* where the authors have drawn attention to this deadly disease in India.<sup>1</sup> As dental professionals we are participating in the development of an atlas of cancer in Haryana state in North India that focuses on the reporting of each cancer case reported in Haryana state from each medical institution. The smokeless tobacco (SLT) or chewable tobacco market in India is the world's largest market (70.7 million people) with an exponential growth.<sup>2</sup> Nearly 80% of global SLT users live in the South Asia region, which has myriad varieties of SLT products (betel quid with tobacco, khaini, gutkha, paan masala, mawa, bazaar, gudakhu and snuff).<sup>3</sup> The biggest drawback we have encountered in this registry is the complete lack of awareness of the public perception of the harmful effects of SLT as compared to smoking.

Within rural parts of North India smoking is a taboo for women but conversely it leads to them using SLT as it is easy to hide from others who might disapprove. Women in this area also have a misconstrued belief that chewing tobacco increases energy for daily labour in the face of limited food intake and to suppress hunger.<sup>4</sup> Easy availability, poor socio-economic status, illiteracy and the low cost of the SLT are other key factors that promotes SLT use by women.<sup>4</sup> Moreover, the use of tobacco-based dentifrices (mishri, gul and lal dant manjan) further aggravates the problem. The quit ratio for SLT is notoriously low (5%) as compared to smoking.<sup>2</sup>

Dental professionals should be more aware and enquire more specifically about SLT use by their rural female patients. Social marketing campaigns are essential but they will have to focus more on SLT-related health risks in females also. Though there is research