The GDC are supposed to protect patients but they have been totally negligent in allowing successive governments to 'abuse' them and then have blamed the dental profession when systems have failed. They are an organisation not fit for purpose and should at least have the complement of members like it used to have: more active dental practitioners voted on by the profession. We pay for it... 'no taxation without representation!!'

I am very grateful for both our colleagues for identifying what all of us really know, but have, unfortunately allowed to happen.

B. T. H. Devonald, Coleby

1. Al Hassan A. Defensive dentistry and the young dentist – this isn't what we signed up for. *Br Dent J* 2017; **223:** 757–758.
2. Kelleher M. State sponsored dental terrorism. *Br Dent J* 2017; **223:** 759–764.
3. Hancocks S. Listening and shouting. *Br Dent J* 2017; **223:** 743.

DOI: 10.1038/sj.bdj.2018.84

Honours and awards

A call for action

Sir, honours and awards serve good purpose. In addition to providing a means to recognise excellence, commitment and exceptional service, honours and awards raise awareness, and demonstrate that outstanding contributions and commitment are valued. This call for action is to stimulate nominations for the 2018/19 round of the BDA's Honours and Awards.

Over and above President of the Association – the highest honour which can be bestowed on a member, the Association awards Honorary Membership, Fellowship, Life Membership, Distinguished Member status, the John Tomes Medal, entry to the Roll of Distinction, Certificates of Merit for services to the Association or dental profession and, as of 2017/2018, the Joy Harrild Award for Young Dentists. Details of these Honours and Awards – the oldest and most prestigious professional awards and honours in UK dentistry, may be found on the BDA website: https://www.bda.org/about-the-bda/association-honours-and-awards, together with the lists of past recipients.

As with any system for honours and awards, the standing and recognition of the system is dependent on the quality and inclusivity of the nominations. Historically, the BDA has been pleased to receive timely, high quality nominations for Association Honours and Awards, with the nominees coming from all sectors of dentistry, and from all parts of the UK. The Association's Honours and Awards Committee would, however, welcome more nominations, especially from Sections and Branches of the Association which only occasionally nominate a member, or have made no nominations in recent years. Guidance on how to go about making a nomination for an Association Honour or Award is provided on the BDA website, together with the nomination form. Senior officers of the Association are always pleased to discuss possible nominations of individuals considered to have 'gone the extra mile', serving the Association or the profession 'above and beyond all reasonable expectation'. Alternatively, please contact me: nairn.wilson@btinternet.com.

The deadline for the submission of nominations for the next round of Association Honours and Awards (2018/19) is 31 May 2018 (Joy Harrild Award, 30 April 2018).

Individuals must be in it (nominated) to win it (be recognised)! Individuals are unable to nominate themselves; so, it is down to others to take action. And the time to act is now.

Excellence, commitment and exceptional service should be recognised and celebrated.

N. Wilson, Chair,
BDA Honours and Awards Committee

DOI: 10.1038/sj.bdj.2018.85

Oral health

A broader psychosocial approach

Sir, we are a team of researchers at Northumbria and Newcastle Universities, and read with great interest the article *Oral dryness and Sjögren's: an update* (*BDJ* 2017; **223**: 649-654). One of us (HC) is a dentist, familiar with dry mouth experienced by many patients. Therefore, we agree that although dry mouth is most commonly associated with medication use, it may also be an early presenting feature of primary Sjögren's syndrome (pSS). Furthermore, we agree that the oral health implications of a reduction in saliva volume are hugely significant, and a management approach aimed at addressing these is fundamental. Indeed, guidelines recently produced by the British Society for Rheumatology for the management of adults with pSS outline an approach to oral dryness based on 'conserve', 'replace', 'stimulate', which is entirely consistent with this.[1]

However, we would suggest that there is a place for an additional, broader psychosocial approach to oral dryness in terms of its impact on quality of life – specifically in relation to food and eating experience. As such, we would concur with Ní Ríordáin and Wiriyakijja's article (*BDJ* 2017; **223**: 713–718) acknowledging the psychosocial impact of oral mucosal conditions, and highlighting patient reported outcome measures, and the challenges of capturing accurate, comprehensive representations of issues identified by patients themselves as important. Recent research with survivors of head and neck cancer explored the eating difficulties faced by patients with structural and functional changes to the mouth and jaws, and radiotherapy-induced dry mouth.[2] This work found that the impact on eating extends well beyond the functional, pervading all aspects of life including sensory, cognitive, emotional, social and cultural domains. Patients who struggle with food become severely restricted in their daily activities and this has a detrimental effect on their quality of life.

These findings led us to develop a theoretical model, which we named 'The Altered Eating Framework'.[2] The framework conceptualises and maps the range of consequences of this altered relationship with food, and as such, may be applicable to many other conditions where normal eating is disrupted. We are investigating potential applications of this model. Currently, we are exploring eating difficulties experienced by people with oral dryness associated with pSS in order to address the paucity of research into non-pharmacological interventions for this condition identified by Hackett *et al.*'s systematic review.[3] We are developing a patient-led intervention aiming to address the impact of dry mouth on quality of life by applying the Altered Eating Framework to a mixed methods investigation of oral dryness and eating experience in people with pSS. We then aim to build a psychosocial intervention based on patient generated outcomes and perspectives.

H. Cartner, K. L. Hackett, D. L. Burges Watson, V. Deary, Newcastle upon Tyne

1. Price E, Rauz S, Sutcliffe N et al. BSR and BHPR Guideline for the Management of Adults with primary Sjögren's Syndrome. *Rheumatology* (Oxford) 2017; **56:** e24–e48.
2. Burges Watson D L, Lewis S, Bryant V *et al.* Altered eating: a definition and framework for assessment and intervention. 2017; in submission.
3. Hackett K L, Deane K H, Strassheim V *et al.* A systematic review of non-pharmacological interventions for primary Sjögren's syndrome. *Rheumatology* (Oxford) 2015; **11:** 2025–2032.

DOI: 10.1038/sj.bdj.2018.86