

# LETTERS TO THE EDITOR

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## ORAL AND SYSTEMIC HEALTH

### Deficits in our knowledge

Sir, in their paper *Periodontitis: a potential risk factor for Alzheimer's disease*,<sup>1</sup> the authors proposed several areas for further research into the relationship between sporadic late onset Alzheimer's disease (SLOAD) and periodontal disease.

This paper and others highlight deficits in our knowledge and the need to determine which established correlations between periodontal disease and systemic diseases have no underlying relationships, which are based upon an association between the diseases, and which are causal in nature and therefore potentially warranting intervention.<sup>2</sup> It has been also suggested that tooth eradication may reduce the systemic inflammatory burden of individuals with severe periodontitis<sup>3</sup> and the potential value of such a 'therapeutic' approach may be deserving of consideration where causal relationships are proved?

In some areas of the UK only a few generations ago, it was common practice for a bride-to-be to have a full dental clearance and complete dentures provided in the belief that this would reduce future dental problems and financial burden on her husband.<sup>4</sup> At the risk of re-inventing the wheel, I suggest that this subset of the UK population could prove very valuable in progressing research into understanding reported correlations between periodontal disease and systemic diseases (including SLOAD, CVD, diabetes, pneumonia, osteoporosis and cancer<sup>1,5</sup>).

Assuming statistically robust populations of early 'elective' edentulous patients and 'matched' dentate individuals with severe periodontal disease (to manage common and/or potentially confounding factors) could be recruited, they could provide retrospective epidemiological and other data on the relationship between systemic diseases and periodontal disease as assessed both clinically and implied on the basis of genetic polymorphisms identified as being disease risk factors (in dentate and edentulous patients).

For example, in the case of SLOAD, they might provide retrospective analytical routes

## NHS DENTISTRY

### The social media challenge

Sir, recently a 50-year-old lady attended the clinic suffering with spasmodic torticollis of the neck. She has been suffering with the condition for over 20 years and continues to undergo prescribed treatment of Botox injections to her sternocleidomastoid muscles. These injections have proven ineffective, leading the patient to search the Internet for alternative treatments. The reason for her referral from her GP pertained to a video she had seen on YouTube from an American dentist. The long video revealed a lady of similar age, suffering with full body dystonia who was then fitted with an intra-oral splint by her dentist as a new and innovative therapy. Following the placement of the splint there was near instant cessation of symptoms.

During the consultation, the patient replayed the video and wished to discuss at length the treatment provided in the video. She then requested that a similar such device be constructed for her. She also reported that she had contacted the patient in the video, and they were now in regular correspondence. The patient was advised that a search in the medical literature would be carried out to ascertain whether or not this treatment could be substantiated. No convincing evidence/research relating to the use of splints in treating this condition could be found.

to achieving better understanding in the following areas of research suggested by Cerajewska *et al.*:<sup>1</sup>

- The relationship between cognitive and periodontal status from middle to old age
- The levels of periodontal pathogens in brain tissue
- Determining whether genetic polymorphisms associated with periodontal disease are also associated with periodontitis.

This case highlights potential difficulties in the future provision of treatment and management of patient expectations in the NHS. The rise of social media platforms such as YouTube, Facebook, Twitter and Instagram has had an inherently positive impact. As patients become better connected and less isolated, they will seek and gain greater support. There are, however, negative consequences as patients searching for treatments have greater access to information and 'cures' for which research may not be of the highest merit. This gives patients false hopes and expectations regarding possible treatments for their conditions, pressurising clinicians to provide care without sound scientific evidence. The increasing frequency of such cases opens up new challenges for the NHS in the twenty-first century. It may become more difficult to provide treatments based on sound evidence and clinical research, whilst endeavouring to meet patient expectation. Social media is becoming a direct challenge to a clinician's ability to manage patient's expectations of their treatment and its outcome. Whilst the rise of social media is undoubtedly a positive development, it could cause significant difficulties for continued provision of evidence based practice, leading to fracturing and breakdown of the patient/clinician relationship.

[https://www.youtube.com/watch?v=MoD37BbVeNM\\_](https://www.youtube.com/watch?v=MoD37BbVeNM_)

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Furthermore, such research could be extended to include patients who have had implants placed to support complete dentures with a view to determining whether any bacteraemia and inflammatory burden changes associated with their placement, could induce systemic effects?

With the benefit of hindsight, it is extremely regrettable that women were put through the trauma of such dental clearances and thankfully this elective clinical intervention has no place in modern