

# What this research means to me

In a new feature, *BDJ In Practice* has asked members of the **BDA's Young Dentist Committee** to give us their thoughts on how research and analysis in EBD impacts their everyday practising decisions

## Alcohol in mouthwashes: My perspectives



### By Jenny Girdler

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Paper: Carr E and Aslam-Pervez B. Does the use of alcohol mouthwash increase the risk of developing oral cancer?. *Evid Based Dent* 2022; 23: 28-29.

As an Oral Surgery trainee, I have a duty to deliver preventive dental care to patients and recommend professional products. The systematic review may be challenged from a critical appraisal perspective, but there are valuable take-home messages to be gained.

During busy clinics, I tend to rush through questions regarding oral hygiene routines. This article has prompted me to

ask detailed questions around mouthwash habits and advise against the excessive use of alcohol-containing mouthwashes. For patients with oral cancer risk factors, I will now consider recommending alcohol-free mouthwashes for this group.

The paper highlights the importance of having a thorough knowledge of the ingredients in recommended products and what they do, as well as any potential risks. Does every dentist really know what is in every dental product? The potential link between salivary acetaldehyde and oral cancer may not be known amongst all dentists and increased awareness can only improve patient safety further.

A deeper exploration of the reasons behind why patients are using mouthwash may reveal red flags for oral cancer. For example, are they using mouthwash to

cover up the smell of tobacco or excess alcohol? In this case, smoking cessation and alcohol advice would be valuable interventions with potential long-term health benefits compared with mouthwash advice alone. Further questioning may reveal the incorrect use of mouthwash as a substitute for brushing. For these patients, identifying and improving poor oral hygiene habits reduces the risk of future oral disease including malignancy.

The relationship between using alcohol-containing mouthwash and oral cancer is complex and influenced by lifestyle factors and underlying medical conditions. Oral healthcare professionals must be aware of the multifactorial nature of oral diseases and tailor preventative advice to the holistic needs of each individual to deliver effective care.

## RMGIC: Practical thoughts



### Bethan Jones

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Paper: Gibbison R and Crozier R. Are RMGIC restorations as effective with or without selective caries removal in primary molars?. *Evid Based Dent* 2021; 22: 132-133.

Gibbison and Crozier's commentary reviewing a two-year randomised control trial investigated whether Resin Modified Glass Ionomer Cement (RMGIC) restorations are as effective with or without selective caries removal in primary molars. The research concluded that sealing Grade 5 (International Caries Detection and

Assessment System) occlusal caries with RMGIC, without any caries removal, can be as effective as selective caries removal in reducing caries progression, thus allowing retention of primary teeth for up to a two-year period. In practice, when faced with presentation of a symptom-free, cavitated, non-mobile deciduous molar with no more than one third root resorption, there are multiple case-specific factors to consider including patient compliance, cavity depth and time to exfoliation. If the latter is less than two years, this paper provides evidence to suggest sealing with RMGIC without caries removal, especially in children with heightened anxiety towards dental treatment.

When time to exfoliation exceeds two years, higher restoration survival rates are seen with selective caries removal compared

to sealing with RMGIC, despite no evident caries progression in either. Therefore, if patient compliance allows, there is evidence to suggest the superiority of selective caries removal to increase restoration longevity. During treatment planning, it is imperative to consider all restorative options when presented with a cavitated primary molar. These could include both methods discussed in the research, or restoring with a different material, or preformed metal crown via the hall technique. All of which should be preceded by preventative advice and acclimatisation in the form of oral hygiene instruction, diet analysis and fluoride use, plus include regular clinical and radiographic follow-up for caries progression, in accordance with the patient's risk status.