ceilidh'd out and happy for it. I felt I was among friends and hoped that maybe my talk would be more than politely tolerated after all.

I'd arranged to meet advisory board member Simon Hearnshaw for breakfast as he'd missed day one. I knew he would be cool and calm about his presentation and could give me the words of encouragement I craved. Thank you, Simon. Then we headed off to the venue.

As before, a torrent of incredible speakers appeared but I kept reminding myself of my planned escape and that helped quell the terror. After lunch Simon was up and he was as brilliant as everyone before him.

It was finally my spot. I had prearranged with the technical experts that they would leap in when my video didn't work, which they mercifully did, and apart from that the whole half hour was a blur but I got through it and with the instant feedback from the room I knew it hadn't been a complete lead balloon. I was delighted to return to my seat and listen to the final presentation, heart racing.

On the way out I got some lovely comments and on the long train ride home I saw some surprisingly kind tweets. Thank you BASCD for inviting me and making me feel welcome. I am now a member so you may never get rid of me!

I'm not sure this presenting lark is getting any easier but I've got one more lined up this year. A bit closer to home is the Private Dentistry Conference at the East of England Arena on 1 October. I'm sure there will be technical problems and plenty of nerves but as someone in Glasgow said: 'A comfort zone is a beautiful place, but nothing ever grows

Please come and say hello if you go, or if not, say hello online. Taking a leap into an oral health promotion project is scary; you cannot predict what will happen but there is excitement among the challenges and I continue to be spurred on by the ultimate goals of the Raisin Campaign and all the incredible people I have met along the way.

Reference

1. Dawson J. Raisin awareness - My campaign to eliminate cariogenic snacks from schools. BDJ Team 2021; 8: 38-39. Available at: https://www.nature.com/ articles/s41407-021-0556-5 (accessed July 2022).



TONGUE AND LIP PIERCINGS MAY DAMAGE TEETH AND GUMS

Oral piercings should be removed to save teeth and gums, according to dental professionals displaying an e-poster at EuroPerio10, the world's leading congress in periodontology and implant dentistry organised by the European Federation of Periodontology (EFP), that took place on 15-18 June.

Study author Professor Clemens Walter of University Medicine Greifswald, Germany said: 'Our study found that many people with oral piercings had deep pockets and gaps around their teeth, and receding and bleeding gums. These are all signs of periodontitis, which can lead to tooth loss. People with tongue and lip piercings should remove them to protect their teeth and gums from further

It is estimated that approximately 5% of young adults have oral piercings with the tongue being the most common site.1 Women are around four times more likely to have an oral piercing than men.

This systematic review collected the best available evidence on piercings and oral health. The analysis included eight studies with 408 participants who had a total of 236 lip piercings and 236 tongue piercings. Every fifth patient had piercings in more than one oral site. Wearing duration varied from one month to 19 years and most jewellery was

The studies compared teeth and gums next

to the piercing with teeth and gums elsewhere in the mouth. Regarding tongue piercings, three in five studies found deeper pockets around teeth next to the piercing while three in four studies observed wider gaps. All four studies that examined patients for receding gums found this problem in those with tongue piercings while two in three studies found bleeding gums. As for lip piercings, the main finding was receding gums, which was observed in three out of four studies.

Professor Walter said: 'The findings suggest that oral piercings, especially in the tongue, negatively affect the adjacent teeth and gums. In those with tongue piercings, damage was particularly notable around the mandibular incisors, which are important for biting and chewing food. The likelihood of tooth and gum damage appeared to increase with the duration of wearing a lip or tongue piercing.

'Dentists should inform their patients about the risk of periodontal complications when wearing oral piercings, and people with these piercings should be strongly encouraged to remove them.

Reference

1. Hennequin-Hoenderdos N L, Slot D E, Van der Weijden G A. The prevalence of oral and peri-oral piercings in young adults: a systematic review. Int J Dent Hyg 2012; 10: 223-228.

CONTRIBUTE TO OUR THEMED ISSUES IN AUTUMN 2022

BDJ Team began publishing two themed issues a year in 2020. This year, our themed issues will focus on:

- Dental hygienists and therapists. October 2022
- Mental health and wellbeing. November 2022.

In the issue focused on dental hygienists and therapists we will present profiles of dental hygienist and therapists, preview speakers due to appear at the British Society of Dental Hygiene and Therapy's (BSDHT's) Oral Health Conference in November, explore issues affecting dental hygienists and therapists, and we may present research conducted by dental hygienists and

therapists, either undergraduate or fully qualified.

In the mental health and wellbeing issue, topics we might explore include mental health wellness, mental health first aid, stress, being active for good mental health, self-esteem and mood, suicide awareness, and achieving goals and challenges.

We would like to invite you to contribute to these issues of BDJ Team and would love to hear from possible writers/authors, contributors and potential interviewees. We would also be pleased to consider topic suggestions and ideas. All interested parties are encouraged to contact the BDJ Team Editor, Kate Quinlan, k.quinlan@nature. com or bdjteam@nature.com.