are key to identifying early cancer in the head and neck. There should be systems in place for urgent suspicion of cancer referral pathways for dentists.¹

The current guidelines are available at http://www.cancerreferral.scot.nhs.uk. A desktop Quick Reference Guide³ has been developed by the Scottish Primary Care Cancer Group which has been used as the basis for an app for use on mobile devices.

C. A. Yeung, Bothwell, UK, by email

References

- Scottish Government. Scottish Referral Guidelines for Suspected Cancer. 2019). Available at https://www.gov. scot/publications/scottish-referral-guidelines-suspected-cancer-january-2019 (accessed March 2019).
- Scottish Government. Practising Realistic Medicine: Chief Medical Officer's Summary Report 2016–17. 2018. Available at https://www.gov.scot/publications/summary-practising-realistic-medicine (accessed March 2019).
- Scottish Government. Scottish Referral Guidelines for Suspected Cancer: Quick Reference Guide. 2019. Available at https://www.gov.scot/publications/ scottish-referral-guidelines-suspected-cancer-january-2019-quick-reference (accessed March 2019).

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Dental trauma

Shielding patients from dental trauma

Sir, despite a clear association between the risk of dental trauma and not wearing a mouthguard during sport, ¹ patients are rarely asked during their dental consultation if they play sport. Indeed a 5th year undergraduate research project found that only 2.2% of dental practices routinely asked this.²

The study included a questionnaire undertaken by 90 foundation dentists in Yorkshire and Humber, identifying a lack of undergraduate training and knowledge around the prevention of dental trauma. How might this be addressed?

Many dental practices ask their patients to complete a medical and social history form, with important aspects of social history such as smoking status and alcohol consumption frequently covered. The brief interventions that stem from this information are recognised as significant in the adoption of healthy behaviours.³

A potential solution to facilitate the recording of physical activity is to include a question about sport participation within these forms. Identifying patients at increased risk of traumatic injury would act as a prompt for further discussion around the benefits of wearing a mouthguard.

'Delivering Better Oral Health'⁴ (DBOH) provides excellent evidence-based prevention for the dental team, however, the prevention of dental trauma is not discussed.

With a review of DBOH currently underway, the addition of pragmatic guidance on trauma prevention could be a helpful adjunct to all dental teams. The inclusion of this information may also help to ensure undergraduate curricula include this important topic.

British Society of Paediatric Dentistry, Dental Trauma UK, G. Wilkinson, A. Jones, K. Gray-Burrows, E. Giles and P. Day, Leeds, UK, by email

References

- Knapik J J, Marshall S W, Lee R B et al. Mouthguards in sport activities: history, physical properties and injury prevention effectiveness. Sports Med 2007; 37: 117–144.
- Wilkinson G, Day P. The role of the dentist in preventing sports dental trauma: an exploration of the facilitators and barriers in current practice. 2018.
- Stead L F, Buitrago D, Preciado N, Sanchez G, Hartmann-Boyce J, Lancaster T. Physician advice for smoking cessation. Cochrane Database Syst Rev 2013; DOI: 10.1002/14651858.CD000165.pub3.
- Public Health England and Department of Health. Delivering Better Oral Health: an evidence-based toolkit for prevention. 2017. Third edition. Available at https://assets.publishing.service.gov.uk/government/ uploads/system/uploads/attachment_data/file/605266/ Delivering_better_oral_health.pdf (accessed March 2010)

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