

COMMENT

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Special care dentistry

Selfie stick brushing

Sir, I would like to describe a potentially novel use of a selfie stick as a toothbrush handle in patients with physical disability.

A 41-year-old woman presented with the chief complaints of halitosis, toothache and recurrent dental infections. Her medical history was significant for rheumatoid arthritis and multiple sclerosis; both conditions caused her profound physical disability with very limited mobility of all limbs and neck. She was totally dependent on her younger sister who took care of her feeding, personal hygiene, and other needs. Oral examination revealed a very limited mouth opening (less than 10 mm inter-incisal distance), multiple carious and unrestorable teeth, chronic gingivitis, and poor oral hygiene with excessive plaque accumulation. Apparently, the patient was unable to use her hands to brush her teeth, and her sister, who took care of everything else, could not help with tooth brushing. Unrestorable teeth were extracted and scaling was performed to

remove plaque and food debris. The patient was scheduled for restorative treatment and periodontal maintenance therapy.

To help the patient take care of her oral hygiene, a conventional selfie stick was adjusted to act as a handle for an electric toothbrush. The distance between the patient's hands and mouth was measured to adjust the length of the selfie stick handle. The phone holder part of the selfie stick was filled with a rubber-based impression material, and the toothbrush was placed in it for an impression of the handle. After setting, the phone holder was unscrewed from the selfie stick and a plaster mould was made to replace the rubber impression with acrylic. The electric toothbrush was locked in the adjusted phone holder, and the power button of the selfie stick was connected to the toothbrush, using an electric wire. The patient was educated on how to use the modified toothbrush to which she adapted well and felt satisfied at being independent in tooth brushing (Fig. 1).

Y. Hassoneh, Amman, Jordan

DOI: 10.1038/s41415-019-0416-2

Occupational health

Young dentist burnout

Sir, it has long been reported that GPs are suffering from increased rates of burnout and mental health issues. However, I feel amongst my peers this issue is pertinent, even in the early years of their careers. The pressure to succeed and the competitive nature of recruitment for training posts is putting increased strain on young dentists and there appears to be very little available support. I fear the lack of structured support, the perception of 'weakness' for admitting to struggling, and an isolating environment (especially when transitioning from foundation dentist to associate) will lead to despondency particularly within this young group, leading to more young dentists leaving the profession.

R. Swainston, Durham, UK

DOI: 10.1038/s41415-019-0428-y

NHS dentistry

Irrelevant cases

Sir, as a general practitioner of quite longstanding in a predominantly NHS practice, I was interested to read the article *Restoration of a partially edentulous patient with combination partial dentures* (*Br Dent J* 2019; **226**: 407-410) as I was hoping it would be of relevance to my practice. Though no mention of the cost of such an appliance was made, I suspect the materials used would have meant it would have been made under a private contract - sadly not of much relevance to the majority of my patients.

It made me consider whether any of the excellently written and illustrated case history articles that are published in your journal could ever be done under the NHS.

P. Williams, Lowestoft, UK

DOI: 10.1038/s41415-019-0427-z



Fig. 1 The adapted selfie stick toothbrush for a patient with complex needs