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school oral health programme called 'Open Wide and Step Inside'. The programme has been developed using a community engagement approach involving children and schools, the local authority and a range of partners to develop resources for integrating oral health more formally into school life.¹ Due to its co-design, the programme has high acceptability and integration into the curriculum, recognising some of the challenges to working in schools in a sustainable manner.

Alongside local initiatives, more government action is needed in England to ensure oral health and, in particular, prevention is a key component of the school curriculum and activity, and is delivered in a systematic way to mirror the excellent work in Wales and Scotland. It is our ambition that every child understands the importance of looking after their own teeth alongside other established health and wellbeing topics, and teachers are adequately supported to deliver these important oral care messages in a way that does not overburden their workloads.

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Dental sedation

IHS with nitrous oxide

Sir, I read with interest a recent paper on the dental management of heroin and methadone users.1 In this article, a patient was described as having a paradoxical reaction to treatment under intravenous sedation (IVS) with midazolam. Treatment under inhalation sedation (nitrous oxide and oxygen) alongside behavioural management techniques was successfully carried out at subsequent dental visits. Inhalation sedation (IHS) may be used to facilitate dental treatment in both adult and paediatric patients. The low blood solubility of nitrous oxide means it brings about a rapid sedative effect and quick recovery. As a sedative agent, nitrous oxide (N2O) and oxygen has a wide margin of safety. It is excreted almost unchanged by the lungs

and its low potency is reflected by its high minimum alveolar concentration (MAC) of 105%. There are, however, contraindications to its use, such as nasal obstruction and poor patient cooperation.²

IHS with nitrous oxide has been successfully used in patients undergoing dental extractions, with a statistically significant reduction between pre- and post- operative modified dental anxiety scale (MDAS) values in patients with moderate to severe anxiety. As such an invasive procedure is tolerated well under IHS, should this provoke more clinicians to consider its use where sedation is required in adult patients?

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