

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.

Holistic care

Skin cancer detection

Sir, we present the findings of a Quality Improvement project exploring the role of the general dental team in prevention and early detection of skin cancers. The incidence of skin cancer continues to rise, and is now the most common cancer in the developed world being found in areas of skin exposed to the sun and most frequently found on the head and neck.^{1,2} Early detection and referral reduces morbidity and mortality with our oral and maxillofacial surgery (OMFS) department treating approximately 500 patients with skin cancer every year.

We questioned a consecutive sample of 30 patients with a facial skin cancer about their routine dental care and found 16 patients had a regular GDP and eight a regular dental hygienist who they had visited since diagnosis of their skin cancer. Despite this, only one of the GDPs and two of the hygienists had noticed the lesion or discussed it with their patient.

We also delivered a three-hour dental educational event on the epidemiology, presentation, diagnosis, treatment, raising a concern, and prevention. Twenty-five delegates attended and completed a pre- and post-event assessment to measure their knowledge, skills and attitudes towards skin cancer detection and delivery of preventive advice. There was a statistically significant improvement in both knowledge, skills and attitudes after the educational event. Three months later a follow up questionnaire was sent to delegates to determine lasting effects on knowledge, skills and attitudes. Every respondent reported that they still felt confident in identifying and raising awareness of a suspicious skin lesion. Five respondents had made referrals to either a GP or our OMFS department since the event, and 80% of respondents reported they had

given skin cancer preventive advice to their routine dental patients.

We recommend that GDPs regularly undertake further education regarding skin cancer, to be able to raise awareness of any suspicious skin lesions spotted during a routine extra-oral examination and to provide preventative advice. Recommending that patients visit their GP to examine a suspicious lesion could result in an earlier diagnosis and earlier treatment of a skin cancer and improve that patient's outcome.

M. Harte, G. Knevil, Gloucester, UK

References

1. Cancer Research UK. Cancer incidence statistics. Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence> (accessed August 2019).
2. Cancer Research UK. Non-melanoma skin cancer risk factors. Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/non-melanoma-skin-cancer/risk-factors> (accessed August 2019).

<https://doi.org/10.1038/s41415-019-0808-3>

Oral health

Educating Iran

Sir, there is a lack of sufficient resources for evidence-informed dental recommendations in Iran. There are a few books about dental health and hygiene available here, but they offer different and, in some cases, contradictory recommendations. Three years ago, I became aware of this problem and tried to solve it.

I aimed to translate the *Delivering better oral health* toolkit by Public Health England, being the latest and the most reliable dental health recommendations.¹ My dental school classmate (Hossein Mohammad-Rahimi) and I translated the 2017 version and decided to start a project to put the translation on a website as plain texts and PDF files. We chose 'Dahaan' (meaning 'mouth' in Persian) as the name of our project (www.dahaan.ir).

This toolkit helped us spread recommendations such as 'spit, don't rinse' and 'using toothpastes containing at least 1350 ppm fluoride' in the Iranian community via our social media. These recommendations and many others are not taught in the dentistry curriculum of Iran and this was a challenge for us as many dentists are not aware of this. Because of this, at first, many people did not fully trust us enough to implement these recommendations in their daily lives. I suggest that other countries translate and use this toolkit which, to my knowledge, is the only comprehensive evidence-informed dental health toolkit freely available on the web.

We have tried to inform the Iranian Dental Association about our translation to increase the usage of this book by Iranian dentists. Some negotiations have taken place and we hope to attract their support.

A. S. Mahmudi, Tehran, Iran

References

1. Public Health England. *Delivering better oral health: an evidence-based toolkit for prevention*. 3rd edition. 2017. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf (accessed September 2019).

<https://doi.org/10.1038/s41415-019-0845-y>

Mental health disorders

Sir, estimates show that by the year 2020, depression alone is set to become the second highest cause of disability-adjusted life years lost.¹ A recent survey has shown that one in six members of the adult population in England is suffering from the effects of a common mental health disorder.² This means that we, as dentists, are in daily contact with patients suffering from mental and behavioural disorders.

It should be considered that patients suffering from mental health disorders may demonstrate a lack of motivation to maintain oral health. This could in turn contribute to