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.

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

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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

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<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

irregular or infrequent dental attendance, late appointment cancellations and low compliance with advice.^{3,4} In these situations, we need to be understanding and accommodate the patient's circumstances, just as we would for physical illness. It should be remembered that mental ill health may be considered a disability under the Equality Act 2010.

Another important aspect to consider is that mental health disorders may manifest themselves in the first instance through a presentation of oral symptoms, such as TMD and facial pain, or tooth surface loss, or more uncommonly, conditions such as oral dysaesthesias.^{3,5}

As members of the dental team, we need to be able to identify any unusual attendance patterns or clinical presentations and be willing to open up discussions regarding such concerns with our patients. A simple opening question such as 'how are you?' can provide the starting point to allow a discussion to commence – and may save a life. Emergency dental attendance may be the only contact that an individual makes with a healthcare provider. In these situations we need to empathically address their oral health needs, whilst also signposting patients to seek appropriate help to manage their mental health problems, if required.

We all recognise that challenges exist for clinicians in the delivery of dental care, but for the dental team, identifying and supporting the patient in psychological distress demonstrates the highest level of care and humanity that we can offer.

R. Oliver, T. Thayer, Liverpool, UK

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<https://doi.org/10.1038/s41415-019-0844-z>

Dental education Exposure to biology

Sir, allow me to applaud the cogent appeal for a biologically-based approach to treatment of orofacial masticatory disorders in your opinion piece.¹ The diminished need for 'drilling, filling and billing' is indeed driving the dental profession into new areas counteracting the effects of ageing, hence 'Botox' treatments of facial creasing.

Your plea for increased undergraduate exposure to biology in the dental curriculum can be met by exploring the embryogenesis of the craniofacial complex in a newly published textbook: *Craniofacial embryogenetics and development*, 3rd edition, published by PMPHUSA (<https://pmphusa.com/>).

G. H. Sperber, Edmonton, Canada

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Mentoring A sea change in attitude needed

Sir, we read with interest Dr Brooks' Opinion paper on mentoring in the dental profession.¹ Her enthusiasm shines through and we fully share her optimism of the current support for mentoring within our profession by some major UK professional organisations.^{2,3}

However, in our recently published qualitative research paper in this journal,⁴ although the group of experienced and trained mentors interviewed were given every opportunity to

express their thoughts eg 'In your view, how do you think practitioners could incorporate routine mentoring as part of their daily routine?' and 'What is your perception of mentoring as used in general dental practice?' they expressed a view that although they were trained and keen, they did not necessarily have the skills to mentor as Dr Brooks advocates. It would take a highly skilled mentor to simply 'be' without having to 'think about it' in a more formal way. It is recognised that those who are very skilled at something make it look easy, however, to get that very skill requires training ... which costs time and money.

If mentoring is going to have an impact in guiding dental professionals when 'life is not going swimmingly well' and be preventative rather than reactionary, our participants felt that it will take time and effort to educate the profession into the benefit of routine mentoring ie 'being' rather than 'doing'. We would therefore support the increasing provision of mentoring programmes as well as setting aside time for routine mentoring in practice. We feel, however, the sentiment expressed in the Opinion paper is an over optimistic stance, and current reality would suggest out of step with the views of the average time pressured dental professional. Without funding, development of a cadre of highly skilled mentors and a sea change in attitude to mentoring in the first instance, the aspirations and benefits of routine mentoring will not be realised in our profession.

R. J. G. Seath, D. R. Radford, Portsmouth, UK

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