

planning with respect to space requirements. There are several methods available to an orthodontist to alter the anchorage balance, for which the extraction pattern is one. Anchorage loss results from unwanted tooth movements.³ It is possible that during this period unwanted tooth movement and space loss occurs which may compromise the final orthodontic result or lead to extended treatment times.

Without routine dental appointments taking place, general dental practitioners are not able to carry out orthodontic assessments and subsequently refer patients for orthodontic treatment. Timely orthodontic referrals are essential for the management of patients that require interceptive treatment, treatment with functional appliances and those with impacted teeth or pathology, eg root resorption.⁴ It is also possible that during this time patients that may have been eligible for treatment on the NHS turn 18 years of age, which means they no longer qualify for treatment. It is essential that we are aware of these possible consequences and consider strategies to manage them when practice resumes.

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VR systems in dental education

Sir, we read with great interest the letter from B. Dunphy proposing replacement of conventional teaching aids during the coronavirus pandemic.¹ In various countries importance is being given to implementing the use of 3D virtual reality (VR) systems in health sciences. Here, a student utilises a digital system and VR glasses to monitor a patient and perform clinical examination procedures in a realistic virtual setting while being monitored by the teacher from a main cabin.² VR teaching gives students the

advantage of learning through trial and error without physically harming a patient.

Alternatively, in some universities in Latin American and European countries, it is common to pair haptic simulators with VR systems in stomatology. This consists of the use of technological equipment that reliably imitates the sensation of touch that the operator may experience when in contact with real objects without coming into physical contact with them. In this way, haptic simulators are being applied in the field of endodontics, restorative dentistry and dental prostheses, among others.

We believe that it is important to implement such haptic simulators systems as an alternative in all dental faculties to enable students with the development of skills in the clinical field while complying with social distancing measures throughout the duration of the COVID-19 pandemic.

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Psychosomatic problems

Sir, the high transmissibility of the coronavirus and other contributing factors may cause psychological problems, including anxiety, depression, and stress. Patients who experience dental problems, especially such as acute pulpitis, oral haemorrhage, dental and maxillofacial trauma during the pandemic may also suffer tremendous psychosomatic problems.

Furthermore, isolation at home for a long period of time, suspension of dental services and high risk of dental treatment due to aerosolised respiratory secretions and close doctor-patient contact may exacerbate existing mental conditions and produce new oral psychosomatic disorders such as temporomandibular disorders (TMD), burning mouth syndrome (BMS), dental anxiety and other oral complaints.

Online psychological counselling services have been widely established in mainland China which provide free cognitive behavioural therapy (CBT) for depression, anxiety and insomnia for dental patients who

suffer from psychosomatic problems. CBT has been proven effective for the treatment of psychiatric disorders, and has begun to be applied for psychosomatic problems in the dental patients. The prevalence of TMD in a community sample was almost 17.5% and the incidence even higher during the worldwide epidemic. Studies reported that CBT was more effective than no treatment.¹ Although CBTs were mainly conducted by psychologists, those conducted by trained dental hygienists were also found to be effective in reducing TMD pain and pain-related interference.

BMS is characterised by a burning sensation of the oral mucosa, with a prevalence of 3.7-9% and is frequently associated with stressful life events, anxiety, and depressive disorders.² Various methods including psychological and pharmacological approaches have been applied for BMS with either long sessions of CBT or short duration of treatment improving the pain severity and discomfort of patients. Approximately 10-12% of the adult population suffer from dental anxiety.³

A significant reduction in subjective anxiety was achieved by patients with CBT when compared to those who received no treatment or anaesthesia/sedation. This study suggests more attention needs to be paid to patients with psychosomatic problems caused by acute dental pain and other urgent conditions; accessibility to online consulting service systems should be further strengthened and improved, particularly for confirmed cases who are in self-quarantine.

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Redeployment DFT survey

Sir, we conducted a voluntary survey amongst DFTs to discover the factors that would influence their transition, their perceived needs, and their current skillset into redeployment. We received over 72