Holistic health

Tackling new-normal obesity

Sir, it is welcome news that the prime minister is taking the issue of obesity seriously. Conservative Dentists believe now is the time to bring dentists in from the cold, to join forces with our medical colleagues and battle obesity.

Obesity was a problem before the pandemic but we know now that COVID-19 hits obese people disproportionately hard and that countries with high obesity rates from Western Europe to the US have struggled to keep people alive in intensive care units. One in four people in the UK who have died from the virus also had diabetes, and according to the latest NHS figures obesity is understood to account for 80–85% of the risk of developing the condition's type 2 incarnation.

Almost 30% of adults in the UK are classed as obese, which puts increased metabolic demand on one's body; more energy and oxygen are required. When a person suffers with severe obesity, their immune system works overtime and this alongside the exaggerated inflammatory response that commences 7–10 days after COVID-19 symptoms first appear, is what has killed a lot of patients.

Obesity is a complex health issue resulting from a combination of contributing factors but numerous studies indicate an association between oral health and a variety of general health conditions including obesity and diabetes. Oral health has been isolated from traditional healthcare and policy discussion, despite it being the third most expensive health condition behind diabetes and cardiovascular disease.

For a lot of patients, their dentist will be the most regularly visited healthcare clinician. With their medical background, dentists, hygienists, therapists and their dental teams, who have fought a long battle

against sugar, are well placed to deliver overall health messages and so reinforce the relationship between diet, excess sugar and overall health.

The healthcare advice that leads to a healthy oral cavity leads to better overall health and a reduction in sugar intake underpins a stronger immune system. Early interventions using a more coordinated approach between healthcare teams to tackle these related conditions would lead to more efficient resource allocation and be more effective in achieving positive health outcomes.

S. Bhansali, Chair, Conservative Dentists, London, UK

<https://doi.org/10.1038/s41415-020-2084-7>

In-patient dental care

Sir, I read with great interest the paper by I. W. Hashem *et al.* as the dental care of hospital in-patients has long been a concern of mine.¹

Back in the 1970s I was employed as In-Patient Dental Officer at Guy's Hospital where my duties were to look after the dental care of hospital in-patients. A large part of my work included pre-operative assessment and treatment of cardiothoracic patients and dealing with dental emergencies when they arose not just at Guy's but also at the associated hospitals and care homes in the Guy's group. I had a stand-alone surgery in the main hospital and a dental nurse to assist me. Informal seminars were also given to nurses about the importance of the oral health of patients in their care.²

In this time of enormous pressure on the NHS utilising the expertise of the dental team would help relieve the stresses on the hard-pressed medical and nursing staff engaged currently in their battle against COVID-19 and in the long term improve patient care without adding to the burden on the already over-stretched doctors and nurses.

Unfortunately, dental services for in-patients fell victim to one of the early cutbacks in NHS funding in the 1980s. It is surely time to revisit this aspect of holistic care neglected for far too long.

G. Feaver, New Malden, UK

References

1. Hashem I, Gillway D, Doshi M. Dental care pathways for adult inpatients in an acute hospital: a five-year service evaluation. *Br Dent J* 2020; **228**: 687–692.
2. Feaver G. Health policy: Hospital cutbacks. *Br Dent J* 2017; **223**: 464.

<https://doi.org/10.1038/s41415-020-2085-6>

Correction to: High aerosol generating potential

The original letter can be found online at <https://doi.org/10.1038/s41415-020-1700-x>.

Author's correction note:

Letter to the editor *Br Dent J* 2020; **228**: 734.

In the fourth paragraph, a sentence reads: 'IS should be preferred over inhalational sedation...'

This sentence should have read: 'Intravenous sedation should be preferred over inhalational sedation...'

<https://doi.org/10.1038/s41415-020-2086-5>

Correction to: Oral cancer patients

The original letter can be found online at <https://doi.org/10.1038/s41415-020-1695-3>.

Author's correction note:

Letter to the editor *Br Dent J* 2020; **228**: 736.

The second author was inadvertently omitted from this letter. The authors were both N. Al-Helou and L. Gartshore.

<https://doi.org/10.1038/s41415-020-2087-4>