could not be provided. Factors contributing to ED attendance for a dental complaint include cost, lack of knowledge of services available and difficulty accessing urgent dental care.[2] As an education resource, we created a leaflet to be distributed to patients attending the ED detailing information on their dental condition, potential treatment options and how to access appropriate urgent dental services. Additionally, we plan to organise teaching sessions to aid our colleagues in assessing and managing such patients and identifying those who warrant assessment and intervention by the OMFS team.

Patients attending inappropriately to an ED for a dental complaint ultimately represent a misuse of hospital resources and already limited clinician time. Simple measures, such as those we have implemented, may contribute to more effective management of these patients, and provide support to our colleagues in ED especially in the current pandemic.

S. Mohamed, A. Mohamed, Bristol, UK

References

1. Mayor S. Dental problems account for one in 140 emergency department visits. *BMJ* 2017; **356:** j98.
2. Public Health England. Urgent Dental Care Evidence Review. 2019. Available at: www.gov.uk/government/publications/urgent-dental-care-in-england-evidence-review (accessed December 2019).
3. Scottish Dental Clinical Effectiveness Programme. Emergency dental care: dental clinical guidance. 2007. Available at: www.sdcep.org.uk/published-guidance/emergency-dental-care/ (accessed December 2019).

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Holistic dentistry

Strokes and dental anxiety

Sir, a 46-year-old male was referred from the stroke ward of the neighbouring hospital to an urgent dental care (UDC) unit. The patient had very recently suffered a stroke and was, coincidentally, due to have a tooth taken out by a GDP the following Monday under local anaesthetic (LA). He was accepted by the UDC unit with a treatment plan to extract the tooth under LA.

However, he refused to have the tooth extracted under LA, advising that he was too dentally anxious and required the tooth to be extracted under general anaesthetic (GA). It was explained that a GA was not appropriate given his recent stroke and also the simplicity of the extraction. Following further discussions and given that the patient was not in acute pain with no signs of spreading infection, the decision was made to delay treatment.

Initially clinicians were surprised at the patient's adamant decision, having previously agreed to treatment under LA just days previously. However, some research into recovery post strokes revealed that an increase in anxiety is one of the most common psychological problems.[1]

Given the significant impact that strokes have on an individual's life and the physical injury that is suffered to the brain, it should be unsurprising that an increase or new onset of dental anxiety is a consequence. It is worthwhile for clinicians to have a heightened awareness and sensitivity of this. In addition to appropriate use of LA and management of anti-coagulants or antiplatelet medications, this will help in achieving a holistic approach to treating patients with a history of stroke.

S. Pahal, Birmingham, UK

Reference

1. NHS. Overview. Stroke. Available at: https://www.nhs.uk/conditions/stroke (accessed November 2020).

https://doi.org/10.1038/s41415-020-2468-8