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.

Coronavirus

Students' return to clinic

Sir, the return to clinical dental education has posed many challenges to dental schools and their associated NHS partners as most clinical teaching facilities are open plan with varying degrees of separation between individual dental chairs. This poses obvious challenges due to the risks of aerosol generating procedures (AGPs) in large open plan environments where students, staff and patients share space. Useful guidance has been produced by the Dental Schools Council and the Association of Dental Hospitals in order to manage risks and provide guidance for restoration of clinical dental education.[1]

We are writing to share our experiences at Peninsula Dental Social Enterprise CIC, the NHS clinical partner to the University of Plymouth, Peninsula Dental School. All of our students returned as normal at the start of term. We developed a phased return to clinics working to a defined standard operating procedure starting with a comprehensive clinic induction, progressing to clinical simulation and the return of face to face patient treatment from 18 September. AGPs are provided in dedicated pods with minimum ten air exchanges per hour and independent climate control. Alongside this we have optimised suction for high speed aspiration, introduced the use of speed increasing handpieces for recommended procedures, increased student supervision ratios and provided student-led remote triage for extremely clinically vulnerable patients.

To ensure careful monitoring of clinical activity and to ensure students are supported appropriately we produce a weekly situation report (Sitrep). Between 18 September and 30 November there have been 3,214 student appointments with a gradual rise in activity each week. Reassuringly, the number of failed appointments is slightly less than our normal rate at 7% with the number of patients cancelled following COVID-19 triage at 10%. Very few students have been absent due to COVID-19 or for a COVID-19-related reason (1.7% of absences). There are considerable operational challenges to returning students to clinical dental education that are shared across dental schools and partner Trusts. Our response has been positive in part due to a flexible and responsive working relationship that exists between the School and NHS partner which operates independently as a social enterprise.

R. Witton, E. McColl, C. Tredwin, Plymouth, UK

Reference

1. Dental Schools Council & Association of Dental Hospitals. COVID-19: Planning return to open plan clinics: Guiding Principles to mitigate risk. London, 2020. Available at: https://www.dentalschoolscouncil.ac.uk/news/covid-19-planning-return-to-open-plan-clinics-guiding-principles-to-mitigate-risk/ (accessed 11 December 2020).

https://doi.org/10.1038/s41415-020-2555-x

Paediatric dentistry

Water bells for hydration

Sir, 'water bells' is a concept of making school children drink water at specific intervals by ringing the school bell thrice daily. In India children above three years spend most of their day at childcare or at school and the initiative is based on the UN guidelines that every child should have access to safe drinking water.

Studies show that children suffer from various diseases and conditions due to low water intake.[1] Water is considered as an essential nutrient that has an important role in overall functioning of the human body, but water intake in children is usually less than the recommendations.[2] Various studies show that drinking adequate amounts of water can improve students' level of cognitive functioning, limit excess weight gain and prevent dehydration, urinary tract infection etc.[3,4] Consuming water instead of beverages with added sugars can also prevent the occurrence of dental caries in children.[5]

The concept started in government schools in Kerala state, with bells at 11 am, 2 pm and 3.30 pm and is now embraced by other states including Karnataka, Telegana and Orissa. As a dental surgeon I feel the concept has to be initiated in all schools across India so that the oral cavity is cleared of food items and adequately hydrated and dental diseases are prevented.

F. C. Peedikayil, Kannur Kerala, India

References

1. Patel A I, Hampton K E. Encouraging consumption of water in school and child care settings: access, challenges, and strategies for improvement. *Am J Public Health* 2011; **101:** 1370-1379.
2. Edmonds C J, Jeffes B. Does having a drink help you think? 6-7-year-old children show improvements in cognitive performance from baseline to test after having a drink of water. *Appetite* 2009; **53:** 469-472.
3. Benton D, Burgess N. The effect of the consumption of water on the memory and attention of children. *Appetite* 2009; **53:** 143–146.
4. Ebbeling C B, Feldman H A, Osganian S K, Chomitz V R, Ellenbogen S J, Ludwig D S. Effects of decreasing sugar-sweetened beverage consumption on body weight in adolescents: a randomized, controlled pilot study. *Pediatrics* 2006; **117**: 673–680.
5. Ismail A I, Sohn W, Lim S, Willem J M. Predictors of dental caries progression in primary teeth. *J Dent Res* 2009; **88:** 270–275.

https://doi.org/10.1038/s41415-020-2556-9

Not the full story

Sir, in response to J. Stuart Robson's letter, *Duty to extract*,[1] I wholly agree that clinicians have a duty of care to extract a child's tooth when appropriate. Many of us would do so. However, he has seemed to have missed the complete picture. Creating a positive dental experience for a young child is just as important as dealing with the underlying need for extraction. The last thing we want to do is create more dental phobics, particularly when managing the co-operation of a young child. Hence, local anaesthesia alone may

not be enough. The use of sedation has its own challenges, especially the use of IV or RA sedation. Not all practices are equipped with this. Sedation is classed as an additional service under current NHS regulations hence GDPs would require separate funding and contractual approval for its use. Parents/carers may not be in a financial position to pay privately for sedation too, especially under the current difficult financial circumstances they may find themselves in. This leaves us with the difficult decision for making a referral and use of antibiotics where appropriately indicated. Not such a clear clinical world is it? Difficult decisions for us GDPs for these difficult times.

B. Gupta, Wolverhampton, UK

References

1. Robson J S. Duty to extract. *Br Dent J* 2020; **229:** 499.

https://doi.org/10.1038/s41415-020-2557-8

Dental research

Mentors required

Sir, there is limited availability for undergoing research as a dental student. Luckily, I am situated in Manchester, the home of Cochrane Oral Health and where The Manchester Undergraduate Dental Conference takes place every academic year. Others are not so lucky. As a fourth-year dental student, I am aware of the importance of evidence-based dentistry and the crucial role that research plays in bringing new innovative treatment to help our patients. Surely, dental students should be given more opportunities to participate in this research as we are the dentists of the future and will be using the treatment that is being evaluated in research today. Doing research during a global pandemic is hard enough but being a dental student trying to participate in research is harder. This appears to be a global problem as the number of hands-on mentored dental research programmes is diminishing in the United States.[1] Ping found in his questionnaire completed by dental students from a high-ranking school in China, that 31% of students thought that 'the teachers did not guide the students to think and explore actively'.[2] I suggest that every dental school should have a research mentor in the faculty that can guide students on how to publish an article, write a literature review or carry out an audit. The mentors should help the student come into contact with other like-minded students across different universities so collectively research can be carried out as a group and the mentor should help give contacts of researchers so the student can collaborate with their work.

A. Ahmed, Manchester, UK

References

1. Warner B, Londry R, Baloue K, Lee J. The need for research in the predoctoral dental education. *J Am Coll Dent* 2010; **77**: 22-25.
2. Ping W. Dental undergraduate students' participation in research in China: current state and directions. *Eur J Dent Educ* 2015; **19:** 177-184.

https://doi.org/10.1038/s41415-020-2558-7

Primary care

Romanian dilemmas

Sir, in the last ten years, over 2 million Romanians have migrated to work in EU member states.[1] It is likely that recent migrants will be seen increasingly by UK primary care services. These patients may present with unusual, delayed, and complex needs. In the light of our exit from the EU, many UK dentists may lose the incentive to understand the way dental services are provided and accessed across Europe. Primary care dentists could therefore find themselves ill-equipped to detect and manage dental complexities as they arise.

In Romania, 95% of dental care is delivered privately, and unsurprisingly the primary barrier to access has been identified as cost of treatment.[1] There are limited public resources allocated for preventive dental care and the funds allocated to the oral healthcare of young people rarely covers the cost of treatment. This became evident to us recently when treating an 18-year-old Romanian male recent migrant to the UK who presented complaining of oral pain and poor dental appearance, speaking limited English and requiring an interpreter. Examination and radiographic assessment revealed a fully erupted permanent dentition with the additional presence of erupted bilateral supplemental maxillary incisors, coupled with dental disease and extensively compromised oral health. He had no previous experience in any dental setting but responded well to intense preventive care, followed by restorative and surgical care to manage the crowded anterior maxillary segment.

The late presentation of the anomaly described highlights the importance of access to routine dental care for the purposes of early detection and intervention, and gives pause for thought with regards to how treatment planning may be challenging when patients have experienced differing levels of access prior to presenting at UK primary care services.

D. Dadnam, E. Lomasney, L. Gartshore, S. McKernon, Liverpool, UK

Reference

1. Oancea R, Amariei C, Eaton K A, Widström E. The Healthcare system and the provision of oral healthcare in European Union member states: Part 5: Romania. *Br Dent J* 2016; **220:** 361-366.

https://doi.org/10.1038/s41415-020-2559-6

Oral health

Vitamin gums

Sir, the nutritional supplement market has undergone a change in recent years. Vitamin gums with health claims are conquering the market of nutritional supplements: a gummy bear for shiny hair, a wine gum for stronger nails, bones and teeth. The global market for these vitamin sweets is estimated to increase up to US$9.3 billion in 2026.[1] In stores in the UK multivitamins, beauty candies, and mommy gummies especially for pregnant woman are lying next to tablets and capsules. The producers of the new (vegan) brand Yummygums claim: 'These are real sweets but healthy!'. Yummygums has announced that they plan to introduce a new candy on the market every three months. The next one: the sleeping gummy. Sweets to sleep?!

In addition to vitamins, the vitamin gums also contain other ingredients including sugars and citric acid. We observed that actively sucking on a single piece of Yummygum dissolved it in four minutes. During this period of time, the salivary pH was continuously below 5.5, and even reached values as low as 4.1. Considering the recommended consumption of 2–4 vitamin gums per day, this will introduce a considerable risk of developing erosive tooth wear, while the sugars may increase the risk of caries. Considering the similarity with regular wine gums, it seems conceivable that children might mistake vitamin gums for candy, resulting in overconsumption. This seems quite likely as several cases have been described where children mistook chewable vitamin supplements for candy, resulting in vitamin toxicity.[2]