

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.

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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.

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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.

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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