professional lives being investigated by the General Dental Council.

May I draw your readers' attention to the network of support groups available to dentists with addiction in the UK:

- British Doctors & Dentists Group: www.bddg.org; Tel. 07850 125119
- British Doctors & Dentists Group – London: www.bddg-london.org; Tel. 07557 961512
- Dentists' Health Support Programme: www.dentistshealthsupporttrust.org; Tel. 020 7224 4671
- Sick Doctors Trust: www.sick-doctors-trust.co.uk; Tel. 0370 444 5163
- NHS Practitioner Health Support Programme: https://www.practitionerhealth.nhs.uk; Tel. 0300 0303 300.

Other groups can be found in the 'Other Organisation & Resources' section of www.bddg.org and www.bddg-london.org.

Help is available!

H. J. Breen, Great Dunmow, Essex

Reference

1. Anon. Addiction and alcoholism in dentistry. *Br Dent J* 2021; **230:** 9–10.

https://doi.org/10.1038/s41415-021-2672-1

Deaneries' responsibilities

Sir, many dental core trainees have moved away from friends and family and often live on their own or with new people. I wonder whether deaneries should bear some responsibility for making sure that their trainees are coping and signposting them towards any help that is available. The deaneries are fully aware of the national recruitment element of jobs and that some live miles from home as well as deal with the rest of life's stresses. I am incredibly grateful to be in a stable job, until September at least, but I think the deaneries need to consider the health and wellbeing of their trainees as part of their overall responsibilities.

L. Crowder, Glasgow, UK

https://doi.org/10.1038/s41415-021-2673-0

PVP-I in practice

Sir, I wish to report on the experience of the routine use of 0.5% povidone iodine (PVP-I) mouthwashes and nasal sprays in 6,000 consecutive dental patients, all of whom were notified of the need to use a mouthwash and nasal spray before dental treatment and of possible exclusions on the grounds of a history of allergy to iodine. Three patients were excluded.

The mouthwash was taken in the prescribed manner; held and moved round the mouth for 60 seconds and spat out into a plastic beaker. All patients consented to use of the mouthwash. There were no complaints of taste or procedure and no reports of any adverse reactions. All staff felt more relaxed about providing dental treatment with patients using such an effective antiviral mouthwash. We understand that research is being undertaken to determine the duration of the virucidal activity in the mouth, with preliminary indications that this might be up to two hours. If safety rather than effectiveness is the reason that august UK bodies have not yet enthusiastically endorsed the use of pre-operative mouthwashes, we hope that information from practice may help.

P. Davis, Tavistock, UK

https://doi.org/10.1038/s41415-021-2674-z

Suicide prevention

Sir, I have found an increase in patients disclosing to me how COVID-19 has affected their lives, hearing many harrowing tales of loss of husbands, jobs and houses. Further to this, an article recently published in the *BMJ* reported the potential increase of suicide rates from 1% to 145%, due to the surrounding effects of COVID-19.[1]

As a newly qualified dentist in foundation training, I felt that not enough emphasis has been put on suicide prevention. As dental professionals, we need to be acutely aware of early warning signs and risks of suicide. As we create a rapport with our patients and see some patients regularly, it may be easier for us to note changes in patterns of behaviour. Now more than ever, this knowledge on suicide prevention could be invaluable to us and our communities.

Due to the unique current circumstances, we may be the only source of human interaction that some patients have, possibly being the only medical professionals they have seen face-to-face for some time. I suggest that all dentists during this time should undertake additional CPD on suicide prevention. Knowing what signs to look for and how to manage the situation effectively will better equip us to protect our patients' mental and physical wellbeing. Understanding suicide and its risk factors could potentially save a life.

A. Osman, London, UK

Reference

1. John A, Pirkis J, Gunnell D, Appleby L, Morrissey J. Trends in suicide during the covid-19 pandemic. *BMJ* 2020; **371:** m4352.

https://doi.org/10.1038/s41415-021-2675-y

Antibiotic resistance

Dental antimicrobial stewardship

Sir, I am delighted to see the launch of the white paper, *The essential role of the dental team in reducing antibiotic resistance,* by the FDI World Dental Federation during the World Antimicrobial Awareness Week in November 2020. This white paper is supported by an online library of resources and accompanied by a massive open online course.[1]

Concurrently, the Belgian Health Care Knowledge Centre also published *Guideline on the prudent prescription of antibiotics in the dental office*. This clinical practice guideline provides evidence-based recommendations for the prudent use of antibiotics in 12 situations frequently encountered in the dental surgery. The main objective of this guideline is to reduce the non-prudent prescription of antibiotics by dentists (and to a lesser extent by general practitioners) and ultimately to reduce antibacterial resistance. Another objective of this guideline is to reduce the variability in clinical practice and to improve the communication between care providers and patients (eg to explain why antibiotics are not indicated in certain situations).[2]

In 2019, amoxicillin and phenoxymethylpenicillin (penicillin V) accounted for 68% and 0.4% of antibiotics prescribed in primary dental care, respectively, in Scotland.[3] Penicillin V has a narrower spectrum of antimicrobial activity than amoxicillin, but has equivalent efficacy and clinical outcomes in acute dento-alveolar infections. Limiting unintended consequences of antimicrobial use is a key principle of antimicrobial stewardship, and since amoxicillin has a broader spectrum of activity than penicillin V, it has a greater impact on selection of resistance in the host micro-flora. Following an extensive period of research and consultation, the Scottish Antimicrobial Prescribing Group and its dental subgroup have