orthodontic tooth movement.⁴ Clinicians should be mindful of their level of experience and not perform a procedure without the necessary training and skillset. In accordance with guidance, clinicians may use other well-known splinting techniques, including composite and wire splint.

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Community healthcare

Fostering relationships

Sir, a recent letter highlights the need for collaborative working between dental and community pharmacy (CP) teams.¹ This model of partnership already exists with general medical practitioners, as CPs have served as referral mechanisms to them and other healthcare team members. As a pharmacist and a dental public health researcher, I agree fostering a relationship between pharmacy and dental health teams would improve patient care.

There are over 11,000 NHS CPs in England; some are in hard to reach areas and are accessed by people who may not routinely use other NHS services.² CP settings have been effective for public health interventions such as alcohol reduction, smoking cessation and weight management. They could also have significant potential to deliver approaches towards fighting oral health diseases. In my years of working as a community pharmacist, I have been approached regularly for oral health advice, as a first point of contact and to purchase over-the-counter medications for symptomatic relief. While we aim to do the best for these patients, there are deficiencies in our oral health knowledge. From personal experiences³ and courses, we are able to offer guidance on some oral health conditions such as mouth ulcers and toothache, however there

is still a lack of confidence in advising on more complex conditions. There is a need for more to be done such as incorporating oral health in undergraduate pharmacy programmes and accessible courses, workshops and seminars for practising CPs delivered by dental health professionals. I discussed this with a few colleagues who are all keen to improve oral health knowledge but potential barriers include timing, cost and support from employers.

Pre-pandemic, I was involved in facilitating seminars aimed at encouraging dental students to foster collaborative working relationships with CPs when they work with GDPs. It is imperative dental professionals are encouraged to establish better professional relationships with their local CP teams and vice versa.

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Paediatric dentistry

Just plain milk?

Sir, I recently treated a paediatric patient presenting with multiple carious lesions. Dietary analysis was at first glance unremarkable, the parents reporting she was predominantly restricted to water and 'plain milk' between meals. It later transpired the whole family had been adopting a dairy free diet for several years after the youngest child was diagnosed with lactose-intolerance. In this instance, the 'plain milk' referred to unsweetened oat milk which the family perceived as the healthiest available option.

Studies show 23% of the British population use plant-based milk alternatives and within this sector, oat milk showed the most rapid increase in volume of sales.¹ An interesting *BDJ* article drew attention to the presence of free sugars in some plant-based milks.² Specifically regarding oat milk, from a caries perspective some seemingly healthier 'unflavoured' or 'unsweetened' products can be misleading for patients and dental professionals. The production process of some popular oat milks involves enzymatic

breakdown of oats to form maltose.³ Maltose can be readily fermented by plaque bacteria and therefore potentially cariogenic, even in the absence of other additional sugars.⁴

Patients could be misled by comparing the nutritional information between bovine milk and certain oat milks and concluding that both products contain a similar sugar content.³ We have a responsibility to make patients aware of the inherent potential differences in cariogenicity between lactose contained in bovine milk² and maltose found in oat milk,⁴ even if both drinks are consumed 'plain'. As we are increasingly likely to encounter patients who consume plant-based milks, time should be taken to discuss specifics of dairy or plant-based milk products and their potential impact on dental health.

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Geography

Ireland and island

Sir, we were interested to read the letter by our colleague R. Crutchley under the heading 'Geography' (*BDJ* 2021; **230**: 185). Sadly, there is little doubt that the recent Brexit arrangements have made life more difficult for many people in Northern Ireland, including Ballymena, with difficulties now being experienced in obtaining dental and other supplies. However, when Mr Crutchley states that there is no political country called Ireland, unfortunately he errs about his version of geographical facts. Ireland is an island in North-Western Europe, which is situated in the north Atlantic Ocean. If Mr Crutchley doubts these two Irishmen's schoolboy memories of their geography, could he please consult the allegedly omniscient Professor Google for confirmation.

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