

for the decontamination of reusable respirators for routine healthcare use

- Currently any reprocessing is likely to be independent of manufacturers' instructions for use; therefore, it is the responsibility of healthcare providers to carry out a risk assessment before purchasing and deploying reusable respirators for their staff. The HSE state that employers should contact the manufacturer for advice on the decontamination of these devices, and satisfy themselves that there is nothing further that may impact upon the risk assessment and decision made
- For reusable PPE already in use in a healthcare setting, employers should still contact the manufacturer for advice on the decontamination of these devices and perform a risk assessment
- The DMC interim advice paper gives details of what should be incorporated into the risk assessment.

I would strongly recommend colleagues to review the information accessible via this link and trust that the BDA will also review this situation.

R. S. Moore, Liverpool, UK

Reference

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Multidisciplinary care

Thyroids and dentistry

Sir, 15% of the UK have clinically observable thyroid enlargement; it is not known how many patients undergo diagnostic evaluation, a similar estimate remaining undetected.^{1,2} Goitre is indicative of hyperthyroidism (90% harmless), whereas hypothyroidism has a wide clinical spectrum, from physiologically and clinically asymptomatic in 4%–20% of the population to morbid multi-system failure.¹

NICE estimate 2% of the population, but 5% of those over 60 have hypothyroidism with a 10:1 female to male preference.¹ Associated cardiovascular disease and psychiatric illness are seen in adults and childhood risks of educational failure are grave concerns of thyroid disease.

Immunological and inflammatory responses to chronic localised infections impact thyroid

function, yet the 2017 World Workshop on Periodontal Diseases doesn't define a relationship between periodontal disease and hypothyroidism.³ A literature review demonstrated a bidirectional association between hypothyroidism and periodontal disease.⁴ The following points are relevant:

1. For dental patients and those with thyroid disease, regular extra-oral clinical examination of the head and neck is vital
2. Inflamed and friable gingival tissues and probing depths of 5–6 mm could indicate endocrine imbalance or poor thyroid pharmacological control⁴
3. Following such findings, co-ordinated referral to a periodontist and endocrinologist could improve the outcomes for both conditions
4. Reviewing medication before treatment is vital to understand thyroid drug action and medication for cardiovascular disease and psychiatric illness, with the risk of adverse interaction being significantly reduced
5. For patients with thyroid disease, local anaesthesia with epinephrine is contra-indicated but felypressin is not safer. Levothyroxine has a narrow therapeutic index. Maintaining a biochemical and clinical euthyroid state is complex; careful consideration is needed before using local anaesthetic or any drug.

Thyroid patients present unique challenges, with the majority expressing low life-quality and dissatisfaction with medical care, nearly 90% citing internet data being more valuable than their doctor.⁵ Until a dental study is undertaken, clear-cut person-centred communication, aiming for a constructive relationship from diagnosis to delivery of care, working with periodontists and endocrinologists are essential steps to improve life-quality and treatment for those with thyroid disease, many of whom, from the evidence, we are yet to recognise in dental practice.

J. Laszlo, London, UK

References

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2. Chiovato L, Magri F, Carlé A. Hypothyroidism in context: where we've been and where we're going. *Adv Ther* 2019; **36(Suppl 2)**: 47–58.
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Cosmetic dentistry

TikTok teeth

Sir, I write to increase the awareness of a recent trend on the social media platform TikTok, which involves participants filing the incisal edges of their anterior teeth using a nail file to obtain a more even smile.

This trend, which is of course irreversible, poses many risks and patients must be educated by the dental community regarding these which obviously include hypersensitivity, damage to dental tissue, nerve damage and infection control. Patients may believe this a quick fix to their problems but correction of the damage would be a lengthy and often costly procedure. We have a duty as healthcare professionals to advocate against this alarming practice.

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Dental education

Pandemic progress

Sir, we read with great interest Sharif Islam's perspective on the current state of undergraduate education and the effect of the pandemic.¹ We agree entirely with Sharif regarding the great value experienced clinical supervisors bring to student clinical education. Looking at our final year BDS and DTH clinic, we have one supervisor who qualified in 1969 and another in 1974, who, along with a team of colleagues, have worked tirelessly throughout the pandemic to ensure students gain the necessary clinical skills, in order to progress in their careers.

As highlighted in our letter in the *BDJ*, rather than hand pieces being 'holstered and still', the clinics in our facilities in Peninsula Dental School have remained as busy as ever throughout this academic year,² allowing students to gain the necessary experience. This may have been with AGPs in purpose built pods or on open clinics, where speed increasing hand pieces allow further utility. Supervision ratios have inevitably increased, so students in many cases receive one on one supervision allowing skills to develop further.