The pandemic has driven forward the use of digital technology with recently implemented utilisation of scanners and the digital workflow on student clinics, future proofing their education. Rather than their education festering as suggested, our junior colleagues have adapted to the most challenging of circumstances to allow their professional journey to continue. The students and staff have dealt with the many challenges with fortitude, determination and good humour, whilst putting their patients as their first priority throughout the pandemic. We remain optimistic that students will be as well prepared as any other year, and ready to face the challenges the future will bring.

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

References

1. Islam S. Lest we forget the students. *Br Dent J* 2021; **230**: 198.
2. Witton R, McColl E, Tredwin C. Students' return to clinic. *Br Dent J* 2021; **230**: 3.
<https://doi.org/10.1038/s41415-021-3033-9>

Dental radiography

OPGs and pandemic legacy

Sir, new guidelines issued as a result of the pandemic have resulted in two key differences in the execution of the OPG, which have a direct impact on the image produced: patients must wear face covering during exposure and the bite block in which the incisors are normally aligned is often removed.¹ These measures have been implemented due to cross infection concerns as multiple patients are likely to use the OPG machine in a single day and bite blocks are reusable, being cleaned between patients – resulting in an obvious source of cross contamination.

The wearing of face coverings has led to the new finding of thin, parallel, radiopaque

lines extending across the nose and anterior sinuses resulting from the metal or plastic bar often found at the upper edge of commonly used disposable surgical masks. To date, we have not found this to be an issue, however there is potential for this to interfere with the assessment of mid-face plates or maxillary pathology.

In the absence of the bite block, it is advised to bring the patient's incisors into edge-to-edge contact, although patients are sometimes placed in full occlusion. This often means that, in the context of mandible fractures, a derangement in the occlusion is identifiable on the OPG. This new finding has proved useful in remotely assessing fractures and could be considered as a routine technique when using the OPG to assess fractures. Conversely, however, with the teeth in full inter-cuspation, the resultant overlap of enamel and dentine can impair the diagnosis of caries – something which is essential in the context of cervico-facial infections.

Figure 1 demonstrates the parallel mask lines, and owing to the fracture at the left mandibular angle, an increased inter-occlusal distance on the left side. It will be interesting in the long term to learn the impact of these new appearances on clinical practice, and if the lack of the bite block has adversely affected image quality due to the lack of a fixed reference point.

A. Regan, T. Walker, Manchester, UK

Reference

1. Royal College of Surgeons of England, Faculty of Dental Surgeons. Recommendations for diagnostic imaging during the COVID-19 pandemic 2020. 2020. Available at: <https://www.rcseng.ac.uk/-/media/files/rcs/fds/guidelines/dental-radiography-covid19.pdf> (accessed April 2021).

<https://doi.org/10.1038/s41415-021-3034-8>

BDJ covers

Tired, sweaty team member

Sir, having just opened the latest issue of the *BDJ* [Volume 230], I felt I must write to you to convey my disappointment with the front cover photograph. I feel that this subject matter is not suitable for an academic journal and I have no desire to look at a tired, sweaty team member after their shift. Please bring back some elegant comparative anatomy to this esteemed journal.

J. Meakin, Sittingbourne, UK

<https://doi.org/10.1038/s41415-021-3035-7>

Head and neck cancer

Wider consultation

Sir, in search of guidelines on pre-radiotherapy extractions in head and neck cancer patients, I found two papers surveying restorative consultants' opinions on this subject. One was published in the *BDJ* by the Specialist Registrar in Restorative Dentistry group (SRRDG), the other in the *Journal of Dentistry* by members of the British Society of Prosthodontics (BSSPD).^{1,2}

Anyone involved in dental screening of head and neck cancer patients will be aware that, to date, there are no randomised controlled trials available to aid the decision whether/which teeth should be removed prior to radiotherapy.³ While expert opinion is considered low level evidence, in the absence of more robust evidence it may still be of value, especially if representative of the whole cohort of restorative consultants and clinicians who regularly manage this group of patients.

I am puzzled that both studies aimed for a national survey of restorative consultants, specialists and specialist registrars, yet the SRRDG asked only their members and members of the Restorative Dentistry UK group, and the second survey was conducted amongst members of the BSSPD. As a member of the British Society of Restorative Dentistry (BSRD), which is home to a great number of restorative dentists, I wonder how could this group have been overlooked in a national consensus? The first conference jointly organised by all aforementioned societies has just passed and appropriately entitled 'Better patient care through collaboration', it particularly highlighted the ambition of a unified approach to head and neck cancer patient care throughout the UK. If all restorative societies can collaborate for a conference like this, a national survey

Fig. 1 An OPG taken at the height of the pandemic in the UK, demonstrating left angle fracture with associated increased inter-occlusal space and mask lines

of all restorative specialists participating in head and neck multidisciplinary teams, and cooperation for future projects beyond that, looks like a real possibility after all.

S. Schunemann, Plymouth, UK

References

1. Dewan K, Kelly R, Bardsley P. A national survey of consultants, specialists and specialist registrars in restorative dentistry for the assessment and treatment planning of oral cancer patients. *Br Dent J* 2014; **216**: E27.
2. Moore C, McLister C, O'Neill C, Donnelly M, McKenna G. Pre-radiotherapy dental extractions in patients with head and neck cancer: a Delphi study. *J Dent* 2020; **97**: 103350. DOI: 10.1016/j.jdent.2020.103350.
3. Elias S, Al-Khayatt A, Porter R W J, Briggs P. Dental extractions prior to radiotherapy to the jaws for reducing post-radiotherapy dental complications. *Cochrane Database Syst Rev* 2013; CD008857.

<https://doi.org/10.1038/s41415-021-3036-6>

Paediatric dentistry

Odontopaste contraindications

Sir, I write further to the letter *Ledermix in children*.¹ The authors write that Odontopaste shows no contraindication for use in children, however, the manufacturer does state that the product should not be utilised for patients with an allergy to clindamycin or lincomycin. It should also not be used for patients who are undergoing erythromycin therapy since the two drugs have been noted to demonstrate antagonism *in vitro*. Additionally, its use is not advised in patients presenting with a history of gastrointestinal illness, particularly that of colitis.² These contraindications/precautions all pertain to conditions and therapies in the paediatric population and dentists must be aware of these before incorporating this preparation into their practices.

V. Sahni, New Delhi, India

H. Al-Saffar and D. Dadnam respond:
Thank you for your response. To reiterate, the purpose of the letter was to highlight age as a contraindication to the use of Ledermix. Owing to the tetracycline component of the formulation, in accordance with British National Formulary and manufacturer recommendations, the use of Ledermix in paediatric patients, in line with UK national guidelines, would be unlicensed.

Our letter informs clinicians that Odontopaste provides a suitable alternative with no restrictions for use based on a patient's age. There are other contraindications for both Odontopaste and Ledermix, some of which you have stipulated in this response, however quoting all contraindications wasn't the remit of the original letter. We

would also recommend that every clinician consult manufacturer guidance for any contraindications before using any product.

References

1. Al-Saffar H, Dadnam D. Ledermix in children. *Br Dent J* 2021; **230**: 273.
2. Australian Dental Manufacturing. Odontopaste. Available at: https://www.owwarehouse.co.uk/wp-content/uploads/Resource-Docs/Odontopaste/Odontopaste_Flyer.pdf (accessed 12 March 2021).

<https://doi.org/10.1038/s41415-021-3037-5>

Treatment planning

Temperature screening

Sir, temperature screening of patients (as well as staff) in dental settings was made part of the triaging process during the COVID-19 pandemic with variable outcomes. However, the use of thermometers to aid decision making and treatment planning in dentistry goes beyond COVID-19. The use of thermometers is recommended within SDCEP guidelines when assessing the systemic involvement of dental infections.¹ There is no reference to the type of thermometer that should be used within the SDCEP document, but there is plenty of literature on the accuracy of different types available. Tympanic infrared thermometers provide greater accuracy than non-contact types. Other types of thermometer that are more reliable are more invasive in nature and harder to disinfect, providing a difficult balance between accuracy and suitability within dentistry.

I hope this leads to those with thermometers for clinical use to review if they are fit for purpose, and to become familiar with the manufacturer guidelines to maximise accuracy for their purchased thermometers.

R. Botrugno, Cardiff, UK

Reference

1. SDCEP. Drug Prescribing For Dentistry - Dental Clinical Guidance. Third Edition. January 2016. Available at: <https://www.sdcep.org.uk/wp-content/uploads/2016/03/SDCEP-Drug-Prescribing-for-Dentistry-3rd-edition.pdf> (accessed April 2021).

<https://doi.org/10.1038/s41415-021-3038-4>

Primary care

Suicide prevention training

Sir, I read the recent letters with real interest.^{1,2} As a general practitioner (GP), I concur that suicide prevention training is important for my dental colleagues, and equally important for my GP and other primary care colleagues. There is

unfortunately, presently a scarcity of well evaluated training programmes for GPs and GPs to access, and this is concerning.

As clinicians on the frontline in primary care, the number of patients presenting to GPs and GPs with mental health concerns and suicidal behaviours, particularly as a result of the psychosocial impact of COVID-19 on the public, may increase. There have been documented rises in suicidal thinking in young people early in COVID-19, which is worrying.³ Rates of self-harm recorded in primary care have, however, not exceeded expected annual levels through COVID-19 thus far, but there may be an unmet need which could soon show itself, particularly as we near some type of normality.⁴

There is an opportunity for early self-harm identification and intervention by GPs and GPs which can prevent repeat self-harm and reduce suicide risk. This is crucial in the primary care response to suicide prevention. To achieve this, we urgently need to develop the suicide prevention evidence-base in both dental and general practice settings. Primary care networks have an important responsibility to incorporate community dental teams and prioritise evidence-informed suicide prevention training for GPs and GPs, which if done alongside each other and perhaps remotely, would improve access, knowledge transfer, and shared learning.

F. Mughal, Keele, UK

References

1. Benson K. Mental health training. *Br Dent J* 2020; **229**: 701.
2. Osman A. Suicide prevention. *Br Dent J* 2021; **230**: 115.
3. O'Connor R C, Wetherall K, Cleare S *et al*. Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study. *Br J Psychiatry* 2020; 1-8. doi: 10.1192/bjp.2020.212.
4. Carr M J, Steeg S, Webb R T, Kapur N *et al*. Effects of the COVID-19 pandemic on primary care-recorded mental illness and self-harm episodes in the UK: a population-based cohort study. *Lancet Public Health* 2021; **6**: e124-e35.

<https://doi.org/10.1038/s41415-021-3039-3>

Ethics

Hand to mouth?

Sir, I write with interest about the use of non-edible products that may indirectly influence the consumption of fizzy drinks or sugary sweets by psychologically making people think of them. Recently, I came across a 'Fizzy cola' flavoured handwash (Cien Kids Fizzy Cola Anti-Bacterial Handwash) which