

Letters to the editor

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Oral surgery

UK vs USA opioids

Sir, we have reviewed the paper on opioids use in the UK and US by Tayara and Ahmed (*BDJ* 2021; **230**: 159-164) and wish to offer the following comments. The cohorts from the three dental schools were small and dissimilar and the results difficult to interpret. No acknowledgement is made of how the cohorts were identified to avoid selection bias and whether the institutions involved approved the survey. No mention is made of the number of opioid pills prescribed, nor of the adjunctive strategies that might have been used in addition for pain control.

Our chief concern is that the authors have made little attempt to view their results in any type of context. They do not account for the dramatic differences between their study (two-fold difference) and the *JAMA* report (37-fold difference).¹

In 2016, the Governor of Massachusetts initiated a Working Group to curb the opioid crisis by involving State officials, faculty from the three Boston Dental Schools and a student group.²

Massachusetts General Hospital OMFS Department reduced their average prescription for third molar extractions from 20 to eight pills per patient without decrease in patient satisfaction or increases in post-operative visits or telephone calls.³ Another group analysed data from 118 New England OMFS for several office-based surgical procedures and respondents indicated they typically prescribed 8–12 opioid tablets, suggesting fewer tablets were prescribed in academic than in private settings.⁴

Tufts University School of Dental Medicine have sponsored CE activities for many years, recently publishing a *Dental Clinics of North America* issue on opioid

prescribing, assessment and management.⁵ The Massachusetts Dental Society regularly offers CE courses for members on opioid prescribing and pain management.

In 2016, it became mandatory for all Massachusetts prescribers to check the Massachusetts Prescription Drug Monitoring Program (PDMP) database before prescribing opioids to any patient. In the subsequent three years, Massachusetts dentists wrote fewer opioid prescriptions (-47%), less opioid pills (-55%), less days' supply (58%) with a lower mean morphine equivalent (-16%).⁶ Massachusetts is one of 24 States requiring dentists to take a course in opioid prescribing and pain management for licensure.⁷ While it is difficult to ascribe these lower opioid prescribing rates to specific activities, a combination of these factors may have created a heightened awareness in the dental community.

D. A. Keith, R. J. Kulich, J. Shaefer, Boston, USA

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Restorative dentistry

1930s techniques

Sir, amongst the numerous delightful and moving tributes to HRH Prince Philip the Duke of Edinburgh was a close up picture of him at school in 1935 whilst at Gordonstoun. It is noticeable that his upper central incisors had been in contact with something very hard – possibly a cricket ball.

I graduated in 1975 in the early days of acid etch bonding, so I would be interested to hear what techniques were available to the school dentist in the thirties?

P. R. Williams, Lowestoft, UK

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Prosthodontics

Treatment modality drift

Sir, ten years (2010–2019) of retrospective data of various treatment modalities delivered at the Department of Prosthodontics at Christian Dental College and Hospital, a tertiary centre for oral healthcare in India, have been analysed. The findings throw light on a substantial change in patients' perception, demand, and inclination for the various types of fixed prostheses in India. Over the last decade, the shift in trend was witnessed from metal restoration to porcelain fused to metal restorations, and to a recent desire for all-ceramic crowns. An example of this is the proportion of patients opting for all-ceramic crowns, amongst various fixed prostheses, witnessing a ten-fold rise. The total annual units of all-ceramic crowns saw an increase of 894% in our audit. Further, there has been a definite escalation in the number of patients opting for dental implants and implant-supported prostheses in recent years.

This drift corresponds to a parallel increase in per capita income of the general population during the same period (54%),