BDJ covers

Ever so slightly cheesed off

Sir, in his letter J. Meakin quite understandably states that he doesn't want to look at photos of tired, sweaty team members in your august journal.[1] So I will not be sending in a post-AGP selfie for publication. But tired and sweaty many dental professionals most certainly are. Some, like me, may also be ever so slightly cheesed off.

It is nearly a year since we returned to work in dental practice after the first lockdown. So I would like to ask via the pages of the *BDJ* if some epidemiologically or mathematically inclined dental colleague might tell us roughly how many coronavirus transmissions have been prevented over the last year by the AGP protocols I and my amazing dental nurses have been following?

J. Sellers, Rochester, UK

Reference

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https://doi.org/10.1038/s41415-021-3198-2

Prosthodontics

Occlusal stress

Sir, ten-year retrospective data were analysed to determine the prevalence and patterns of occlusal discrepancies among dental patients attending the Department of Prosthodontics in Lenora Institute of Dental Sciences, Rajahmundry, India. The findings throw light on the substantial changes in the occlusal morphology of teeth over the last decade as the common occlusal discrepancies observed were wear facets and attrition. Results from the first five years suggested that the occlusal attrition and facets were more in the >45 year age group, followed by the 30–45 age group and 18–30 age group. There was a change in the trend in the last five years as these occlusal morphological changes increased almost five-fold in the 18–30 age group and increased by two-fold in the 30–45 age group. There was no difference observed in the occlusal disturbances in the >45 age group, and the annual attrition cases were increased by almost 34%. This tremendous increase in the occlusal disturbances in the population depends on several factors like emotional stress among teenagers and young people[1,2] from education, parental and peer pressures. This change is also relatable to the quality of life index,[3] decreasing substantially from 44th position around 2010 to 59th position in 2020, and the malocclusion ratio was increased to 28.4%.[4] As dental practitioners it is our responsibility to know the root cause when diagnosing occlusal patterns relatable to age and decide the treatment plan accordingly.

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https://doi.org/10.1038/s41415-021-3199-1

Clinical governance

Dental audit and peer review

Sir, I note with interest the paper on clinical governance in dentistry by Patel and Jenkyn.[1] Clinical audit is one of the seven pillars of clinical governance. The authors used the audit of image quality of dental radiographs as an example of clinical audit. In the past, the guidance from the Faculty of General Dental Practice (UK) was that no less than 70% of radiographs should be categorised as grade 1 and no more than 10% should be categorised as grade 3.[2]

Since this paper was accepted for publication, the second edition of *Guidance notes for dental practitioners on the safe use of x-ray equipment* was published in October 2020. The use of three-point scale for the subjective quality rating of dental radiographs has been replaced by a two-point scale. The images are now rated either 'diagnostically acceptable' ('A') or 'not acceptable' ('N'). For digital imaging, no less than 95% of dental radiographs should be rated as 'A' and no greater than 5% as 'N'. For film imaging, the targets are slightly lower – no less than 90% should be rated as 'A' and no greater than 10% as 'N'. The use of a two-point scale is now recommended for all forms of dental radiography and dental cone-beam computed tomography imaging.[3]

Peer review was not mentioned in the paper by Patel and Jenkyn but this and clinical audit are part of clinical governance. They allow dental professionals to assess the quality and effectiveness of aspects of their service and to demonstrate compliance with quality outcomes of the various quality standards bodies. The Care Quality Commission considers peer review to be one of the hallmarks of well-led practice.[4]

Peer review provides an opportunity for groups of dental professionals to get together to review aspects of practice, share experience and identify areas for change. Groups comprise between four and eight dental professionals and there must be at least two different dental practices involved. The project can consist of two or three meetings, with a variety of different topics being considered. The thought of working together in a peer review group with other colleagues may at first appear daunting, but the benefits of this type of activity are now widely accepted.

C. A. Yeung, Bothwell, UK

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https://doi.org/10.1038/s41415-021-3200-z

Anaesthesia

Increasing popularity of articaine

Sir, I read with interest the article *Inferior alveolar nerve block: is articaine better than lidocaine?* (*BDJ* 2021; **230:** 579). The article addresses well the controversy regarding altered sensibility following the use of articaine for inferior alveolar nerve blocks and correctly suggests that we may wish to carefully consider our choice of anaesthetic for this purpose. However, what

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