

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Dental erosion

Sleep bruxism in children

Sir, I read the article by Beddis, Pemberton and Davies (*BDJ* 2018, **225**: 497–501) with interest. Sleep bruxism is more common in children and less so in the elderly. Most dentists are able to make a correct diagnosis of sleep bruxism; however, they do not know the aetiology and management, especially in children. The diagnosis of sleep bruxism in children is difficult due to the lack of a diagnostic protocol for this population and the treatment has more limitations, as adequate use depends on the child's cooperation. The authors concluded 'dentists should be aware of the potential aetiology, pathophysiology and management strategies in order to better advise patients'.

Recently, Salgueiro *et al.*¹ showed that photobiomodulation over acupuncture points proved to be an alternative treatment for children with sleep bruxism, leading to fewer reports of headache and a reduction in bite strength. The evaluation of masticatory muscle strength to quantify the force available for shredding and grinding food and bite force is indicative of the magnitude of masticatory muscle strength. At the same time, the author did a study on children with Down syndrome, but the experimental data have not yet been collected. Although the occlusal splint has been considered the gold standard for the management of bruxism, the adherence to the treatment by children and their parents is challenging in clinical practice. Kobayashi *et al.*² found that this mode of photobiomodulation is another option that may assist the rapid intervention of pain symptoms, promoting a considerable degree of patient comfort moments after its application.

Photobiomodulation therapy has been used with positive results in temporomandibular disorders, as this

non-invasive method has demonstrated positive results in problems related to muscle tissues. The incidence of sleep bruxism manifesting in younger patients – we need to find more effective ways to manage it and photobiomodulation therapy is one of them.

M. N. Huang, S-J. Tang, Guiyang, China

References

1. da Consolação Canuto Salgueiro M, Kobayashi F Y, Motta L J *et al.* Effect of photobiomodulation on salivary cortisol, masticatory muscle strength, and clinical signs in children with sleep bruxism: a randomized controlled trial. *Photobiomodul Photomed Laser Surg* 2021, **39**: 23–29.
2. Kobayashi F Y, Castelo P M, Politti F *et al.* Immediate evaluation of the effect of infrared LED photobiomodulation on childhood sleep bruxism: a randomized clinical trial. *Life (Basel)* 2022; doi: 10.3390/life12070964.

<https://doi.org/10.1038/s41415-022-5260-0>

Dental education

The good old days

Sir, the recent article by Robert McAndrew highlighted the women on the academic staff at Cardiff University dental school who have been an inspiration over the years.¹

Cardiff dental school did in fact open earlier than the 1966 quoted in the article as the first intake was in 1964 as part of the Welsh National School of Medicine. I was one of the group of 22 students lucky enough to be in this first year. The staffing in those days was almost exclusively male, although in the pre-clinical period 1964–65 we did have a woman (Dr Richards) as an anatomy teacher. The dental school building was completed and open for business by 1965 although not officially opened, by the Duke of Edinburgh, until 1966. I cannot remember any female university or NHS teaching staff throughout the remainder of the course other than Irene Wallace who was an instructor in crown and bridge (in the days when we had to do quite a bit of our own laboratory work). Also, all the general dental practitioner teachers were

male. Perhaps others with better memories than mine will correct me. After graduation, I served on the NHS and academic staff for ten years before departing for pastures new.

It was a privilege to be part of the establishment and to receive such wonderful attention from the staff. When there were only the 22 of us in the dental school and hospital from 1965–66, until the second intake year joined us, everyone knew us by name and it is hard to imagine the current intakes of 70 to 100+ being treated in the same way.

A. Harrison, Bristol, UK

Reference

1. McAndrew R. Cardiff women: an inspiration to us all. *Br Dent J* 2022; **233**: 615–617.

<https://doi.org/10.1038/s41415-022-5267-6>

Multidisciplinary education

Obesity

Sir, we read with great interest the item in the *BDJ* titled 'Largest study of its kind reveals increased risk of tooth loss due to obesity'¹ on the latest evidence from a research group in Shiga University.²

A central principle of our training was that multidisciplinary education is needed for any positive impact to be made on a person or population's quality of life (QoL). As undergraduates, it was compulsory for dental and dental hygiene and therapy students to undertake interprofessional engagement projects. One project included working with dietitians within the Faculty of Health. It was one of the most informative parts of our training – particularly as diet plays a central role in the carious process – possibly more than tooth brushing.³

A basic learning point with the students was the definition of 'obesity' and the different bands of 'body mass index' (BMI). A BMI of 24.9 is described as 'healthy weight'. A BMI

of ‘25.0 to 29.9’ is described as ‘overweight’.⁴ It’s interesting, therefore, that this article describes those with a BMI of >25 as ‘obese’ and makes its conclusion based on this.

The British Dietetic Association’s page on BMI makes mention of ‘weight stigma’ which it says ‘can be unhelpful in supporting people to better manage their weight’.⁵

We welcome the new evidence but are hopeful that the British Dietetic Association’s opinion and NHS guidelines can be more considered to avoid confusion in future.

J. Bryman, L. O’ Callaghan, A. Daghem, Plymouth, UK

References

- BDJ News. Largest study of its kind reveals increased risk of tooth loss due to obesity. *Br Dent J* 2022; **233**: 595.
- Hayashi M, Morino K, Harada K et al. Real-world evidence of the impact of obesity on residual teeth in the Japanese population: A cross-sectional study. *PLoS One* 2022; doi: 10.1371/journal.pone.0274465.
- Harris R, Gamboa A, Dailey Y, Ashcroft A. One-to-one dietary interventions undertaken in a dental setting to change dietary behaviour. *Cochrane Database Syst Rev* 2012; doi: 10.1002/14651858.CD006540.pub2.
- NHS Scotland. Understanding Your Healthy Weight. 2020. Available at: <https://www.nhsinform.scot/healthy-living/food-and-nutrition/healthy-eating-and-weight-loss/understanding-your-health-and-weight-body-mass-index-bmi> (accessed November 2022).
- The Association of UK Dietitians. Obesity and overweight. Available at: <https://www.bda.uk.com/food-health/your-health/obesity-and-overweight.html> (accessed November 2022). <https://doi.org/10.1038/s41415-022-5268-5>

Outreach dentistry

Mobile dental units

Sir, we applaud Carly Marples and Judith Wright for their recent paper¹ highlighting the benefits of Mobile Dental Units (MDUs).

Since 2015, Dentaid has used an MDU to provide dental care to vulnerable communities and our activities have expanded, particularly since the pandemic, so that by the end of the year we will have

six MDUs in operation. Similar to Marples and Wright, we find that certain populations suit outreach, or ‘on-site’ dental care, such as people who experience homelessness, asylum seekers and substance misusers. Additionally, we see other patient groups such as looked after children, head and neck cancer patients, fishing communities, ex-military personnel and victims of modern slavery. We have also been asked in recent times to provide public access clinics in so-called ‘dental deserts’. Using this model of care increases engagement and breaks down barriers where vulnerable populations are seen on their own terms and in their own environment. We partner with other charitable organisations and stakeholders to co-design the service and build trust which can ultimately lead to patients choosing to engage with mainstream dental services.

We were interested to compare our activity as a dental charity with the data reported in this paper where the MDU was based in a Community Dental Service (CDS). Similar to Marples and Wright, we looked at a 12-week period, between February–May 2022, and analysed our activity. This activity was performed across our southern projects which included the use of two of our MDUs (Table 1).

Over this period, we provided 82 clinics and saw 622 patients, compared to the 100 patients seen in the MDU based in the CDS. Because we only provide this type of clinical care, we can provide 30–35 clinics a month, compared to a CDS which will need to balance its priorities with the running of its other services – this is likely to account for the lower number of clinics provided.

As our UK activities continue to grow, this activity will increase. We expect to

provide 350 clinics this year with projects commissioned in partnership with not only charitable organisations, but also local authorities, the Home Office, Health Education England, and CCGs. We aim to provide full UK coverage with our additional vehicles and be a complementary service working in partnership with the NHS and governmental organisations. This demonstrates our expertise and dedication as a charity to be a credible dental service provider in the UK for vulnerable and socially excluded groups.

N. Bradley, A. Evans, Totton, UK

Reference

- Marples C, Wright J. Sixteen years on the road: a mobile dental unit for vulnerable communities in Bradford. *Br Dent J* 2022; **233**: 503–505.

<https://doi.org/10.1038/s41415-022-5269-4>

Systematic reviews

Checklist tool

Sir, I read with interest a recent letter in the *BDJ* by E. McColl.¹ To appraise the clinical and non-clinical research conducted, I would like to draw readers’ attention to an assessment tool called the Quality Output Checklist and Content Assessment (QuOCCA). Due to the increasing emphasis on transparent, well-reported, open, and reproducible science, this checklist can assist researchers in evaluating published literature, notably original research papers. Besides being applicable to various academic fields, it also encourages discussion about research reporting practices based on the gathered evidence within the specific discipline.² This can aid in developing targeted educational initiatives conducive to conducting high-quality research; however, as it is rather recent, its impact on improving research practices is yet to be determined.

A. Kaushik, Chandigarh, India

References

- McColl E. Systematic reviews of reviews of reviews. *Br Dent J* 2022; **233**: 586.
- Héroux M E, Butler A A, Cashin A G et al. Quality Output Checklist and Content Assessment (QuOCCA): a new tool for assessing research quality and reproducibility. *BMJ Open* 2022; doi: 10.1136/bmjopen-2022-060976.

<https://doi.org/10.1038/s41415-022-5270-y>

Site	Looked after children	Head and neck cancer patients	Asylum seekers	Homeless	Public access	Fishing communities	Total
Examination	56	35	37	329	143	22	622
Scale and polish	2	2	7	153	1	3	168
Fillings	7	20	30	112	57	7	233
Extractions	13	2	8	56	106	2	187
Dentures (fit)	0	2	0	1	0	0	3