

« the time. In addition, 32% of GPs who suspected child dental neglect did not make an onward referral. There was also wide variation regarding who GPs would refer these cases to, ranging from the local children's safeguarding board to the school nurse.

The most common barriers to reporting these cases were uncertainty over the diagnosis, limited confidence in their suspicions and limited knowledge on referral procedures. Only 44% of GPs believed they

were well placed to recognise child dental neglect, but 84% were willing to support the detection of it.

GPs were asked to leave comments and this evidenced a desire for more training, difficulties in identifying neglect due to reduced face-to-face contact because of the COVID-19 pandemic, and a feeling that this was a dental issue rather than a medical one. However, there was an appreciation that dental neglect can be a sign of wider neglect.

This study highlighted limited training, confidence and knowledge around recognising, escalating and referring cases of suspected child dental neglect amongst GPs. Dentists may be able to play a key role in the provision of training for GPs in the area and supporting guidance development.

By Thomas Turner
DCT3 in Oral Surgery and Special Care Dentistry,
Edinburgh Dental Institute and Western General
Hospital, Scotland, UK

RESEARCH INSIGHTS

Pain = prescribe?

Understanding the impact of COVID-19 on dental antibiotic prescribing across England: 'it was a minefield'. *Br Dent J* 2022; <https://doi.org/10.1038/s41415-022-5104-y>

The national guidelines regarding antibiotic stewardship outline the indications for an antibiotic prescription, to ensure its appropriate use and to aid prevention of antibiotic resistance.¹ The COVID-19 pandemic significantly regressed dentists' antibiotic prescribing rates in the UK. Following the termination of all routine and elective dental treatment in March 2020, there was a change in dental service delivery. The emergency protocol of 'Advice, Analgesics and Antimicrobials' (AAA) was implemented to remotely triage patients suffering from acute dental pain. This approach to patient care rendered dentistry the healthcare sector with the steepest increase in antimicrobial prescribing.²

This study undertook quantitative and qualitative analysis with the aim of understanding how and why the increase in antibiotic prescribing occurred. To quantify the increase, the rate of prescriptions (FP10D) dispensed per 1,000 of the population was calculated and compared across all regions of NHS England; the data were pooled retrospectively prior to and post-pandemic. To qualify factors contributing to the increase in prescribing, 159 primary care general dentists across the regions completed an online survey consisting of 20 questions, from which key themes were established using descriptive and inferential statistics.

The results from the study deduced an average increase by 22% in the number of NHS antibiotic prescriptions administered across all regions, with the East of England spiking most to 29.1%. Interestingly, London had the shallowest spike, due to the high number of urgent dental centres



© Alaksandr Bukatschi/Stock/Getty Images Plus

(UDCs) in the region. This trend continued across the country until practices reopened in June 2020. The key themes identified in the patterns of individuals were that 89% of dentists reported an increased rate of prescribing; however, fewer than half felt confident in their remote diagnosis.

There was a general feeling of frustration and helplessness. Reasons for the increase ranged from clinicians feeling clinically compromised with the generic AAA protocol to a misalignment between local and national guidelines. Half of the cohort stated antibiotics were a prerequisite for a successful referral to a UDC, regardless of their clinical need.

Many concerns were expressed across the regions regarding the impact of the newfound prescribing culture. This has resulted in patient misinformation about the ability to use antibiotics

to avoid a dental procedure or future expectations for prescriptions to cure all dental pain. Thus, this paper calls for reforms in emergency planning, with a deeper appreciation of the role antibiotics play in dental treatments and the risk antibiotic resistance poses to public health.

References

1. Scottish Dental Clinical Effectiveness Programme. Drug prescribing for dentistry: dental clinical guidance. 2008. Available at <https://www.sdcep.org.uk/media/2wleqlnr/sdcep-drug-prescribing-for-dentistry-3rd-edition.pdf> (accessed December 2022).
2. Public Health England. Dental Antimicrobial Stewardship Toolkit: Guidance. 2016. Available at <https://www.gov.uk/guidance/dental-antimicrobial-stewardship-toolkit> (accessed December 2022).

By Nidhi Parmar
Dental Core Trainee 1, John Radcliffe
Hospital, Oxford University Hospitals
NHS Foundation Trust, UK