COMMENT

Letters to the editor

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Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Oral health

Misleading and worrying

Sir, you published a recent letter about e-cigarettes.[1] We would like to clarify several details. The letter states that vaping caused a number of hospitalisations and deaths in the US. This is misleading and worrying without further clarification. During 2019, there was an outbreak of serious health adverse events from e-cigarette use – this was called EVALI. Cases peaked during 2019, reducing to almost none by February 2020. We did not see cases in the UK. The CDC conclude that THC vaping was the cause (specifically the thickening agent Vitamin E acetate), particularly when sourced from informal sources (friends, family etc). Importantly, nicotine vaping was not the cause. Both THC and vitamin E acetate were already prohibited under UK regulations. This highlights the importance of users sourcing their UK-regulated e-cigarettes from reputable suppliers.

The letter discusses vaping being associated with periodontal/gingivial/peri-implant issues but the study referenced to support this statement investigated caries only and did not report on any periodontal parameters.[2]

The letter discusses a recent cross-sectional study of caries risk in vapers.[2] This is a useful addition to the evidence in this field but must be interpreted within its limitations. Although a large study of 13,216 patients, only 0.69% (n = 136) were e-cigarette users. Concerningly, there was a large disparity in missing data between the groups with 0.6% of the non-vapers having missing data compared to 33% of the e-cigarette group (leaving only 91 patients for analysis). Data was retrospective and the researchers could only adjust for age and sex in their models. As discussed by the researchers, there are many other potential confounding variables which they were unable to adjust for, making the association reported in this paper dubious especially when considering the aforementioned limitations. The oral health effects of e-cigarette use are an important topic that deserves high-quality research and commentary.

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2. Irusa K F, Finkelman M, Magnuson B, Donovan T, Eisen S E. A comparison of the caries risk between patients who use vapes or electronic cigarettes and those who do not: A cross-sectional study. *J Am Dent Assoc* 2022; **153**: 1179–1183.

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Promoting oral health for refugees

Sir, the latest data from the office of the UN High Commissioner for Refugees show a disturbing rise in global displacement. Today, the number of people forced to flee is the highest in recorded history.[1]

World Refugee Day[2] (20 June) is designed to celebrate and honour refugees around the world and this year saw the launch of a new policy brief 'Call to Action: Promoting Oral Health for Refugees'.[3] This was developed by the FDI World Dental Federation, in conjunction with Framework Convention on Global Health Alliance, Sustainable Health Equity Movement and World Federation of Public Health Association. It calls on policymakers, healthcare providers, international and national organisations to ensure that oral health is an integral part of health strategies for refugees. By advocating for equitable access to oral health services, we can help alleviate the burdens on refugees and empower them to rebuild their lives with dignity and confidence.

The British Association for the Study of Community Dentistry (BASCD) online Autumn Scientific Meeting (November 2022) focused on refugees and asylum seekers. It aimed to help individuals and teams to be able to respond in ways that prevent further harm and support recovery of these people who are affected by trauma and adversity, to address inequalities and improve life choices.[4] To celebrate the 50th anniversary of BASCD in 2023, the recording of this event is available as a free resource and can be found at https://youtu.be/yg5khY4CkD8. Promotion of oral health for refugees is not only a matter of health equity and human rights, but also a key step towards achieving the core principle of the United Nations Sustainable Development Goals, 'leave no one behind'.[5]

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4. Crawford L. 'A Place to Call Home: Rescue or Repair'. *Br Dent J* 2022; **233:** 911.
5. United Nations Sustainable Development Group. Leave No One Behind. Available at: https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind (accessed July 2023).

https://doi.org/10.1038/s41415-023-6243-5

Special care dentistry

Oral health training for carers

Sir, I am writing in reply to the letter from Yulya Sharkouskaya.[1] She raises the important issue of the paucity of oral hygiene courses available for carers who come from a general public background.

With the increase in numbers of patients in the early stages of dementia and neurodegenerative diseases being cared for in the domestic environment, such courses would be of great benefit. The only course I know is one aimed at health care workers but is straightforward and accessible and delivered in a number of well-considered