

# Letters to the editor

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## Coronavirus

### Pandemic OPSD woes

Sir, the COVID-19 pandemic brought stressful restrictions and changed our lifestyles drastically. We have reported the influence of COVID-19 pandemic on oral psychosomatic disorders (OPSD): burning mouth syndrome (BMS), atypical odontalgia, oral cenesthopathy (OC), phantom bite syndrome and so on. While there are no significant differences in the scores of Zung's self-rating depressive scales (SDS) and pain catastrophising scales at the early period of the COVID-19 pandemic (2020),<sup>1</sup> we observed significant increases of psychiatric comorbidities and higher scores of SDS in the later period (2021).<sup>2</sup>

Our investigation for post-COVID-19 pandemic (2022) recently revealed the tendency of a re-decrease of psychiatric comorbidities. Moreover, the distribution of patients with OPSD has changed through the COVID-19 pandemic and has been returning to levels from before the COVID-19 pandemic (2018). In particular, the rate of patients with OC which shows indescribable, uncomfortable symptoms has tended to increase while that of BMS patients has decreased towards the later period of the pandemic.<sup>2</sup> We suggest that coping well with the pandemic in BMS patients without psychiatric comorbidities<sup>3</sup> may attribute to the decreased rate of BMS patients, besides the change of rate of OC patients. During the pandemic, the exacerbations of comorbid psychiatric disorders led to an increase of OC; the rate of BMS then decreased relatively. Post-pandemic, a reduction of psychiatric stress resulted in fewer OC patients and the relative recovery of the rate of BMS patients.

Therefore, the stressful circumstances during the COVID-19 pandemic did

not simply affect onset of OPSD but may affect intolerance and vulnerability for the stressful burden that OPSD patients with psychiatric comorbidities might have. However, since the detailed symptoms of OPSD might have become more complicated through the pandemic, further studies with long-term follow-up including prognosis are required.

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### References

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2. Maeda C, Watanebe M, Tu T T H *et al*. Psychiatric comorbidities in chronic orofacial pain during COVID-19 pandemic. *J Psychosom Res* 2023; doi:10.1016/j.jpsychores.2023.111420.
3. Tu T T H, Toyofuku A, Matsuoka H. Coping well. *Br Dent J* 2020; **229**: 70.

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## Clinical standards

### A highly retrograde step

Sir, we read with interest and complete agreement the article written by Professor Craig Barclay on the matter of the potential withdrawal of practical tests as part of the national specialist recruitment process in the UK.<sup>1</sup>

We were deeply concerned to learn of the proposal to withdraw these practical tests which we consider to be a fundamentally important component of the selection process for trainees before they commence their training to become a specialist in their chosen clinical area. We consider that there is no conceivable reason to withdraw the practical element of the selection process, as it is critically important that future specialist trainees possess a high level of clinical skills and ability to ensure they can satisfactorily complete the rigours of a specialist training programme, to maintain patient safety, and

to permit appropriate use of resources in delivering their training.

As clearly explained by Barclay, given that there is no process of revalidation in dentistry (unlike medicine), the clinical standards of dentists are not routinely re-evaluated, which further increases the importance of ensuring that those embarking on specialist training programmes possess the clinical skills necessary to successfully complete the programme and achieve their career aims. We consider that the proposed amendments to specialist trainee recruitment in oral surgery and restorative dentistry that have been made by the National Medical and Dental Recruitment Selection Programme Board to remove the practical stations are inappropriate and would be a highly retrograde step. We call on those involved in the delivery of postgraduate training and education to ensure that patient safety is maintained, and that the selection process for trainees continues to assess clinical skills as a core component.

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### References

1. Barclay C. Are clinical skills no longer a prerequisite to being a competent dental surgeon? *Br Dent J* 2023; **235**: 248–249.

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## Artificial intelligence

### AI-based article screening

Sir, in evidence-based dentistry, systematic reviews play a crucial role by comprehensively analysing available data. However, searching numerous articles for relevance can be a time-consuming process. While Mahuli *et al.* acknowledged the utility of large language models (LLMs)