categories are entitled to receive an annual oral health assessment, free of charge, and need to pay a relatively small individual fee for required dental care (ie dental care within certain limits), corresponding to the fee charged for visits at the health care centres in each individual county.

In the treatment programme developed by us, dental hygienists provide the elderly patients with annual oral health screenings in their homes. The dental hygienists also recommend daily oral hygiene measures, as well as professional dental contacts, on an individual basis. To facilitate the oral health screenings, an IT support system for field work was developed and implemented.[1] Thus, the dental hygienists use handheld computers for the field work data registrations, and the administrative staff receive the oral health data electronically to a back-office system, which is used for booking, invoice distribution, etc. The data are also stored in a database for epidemiological purposes.[1] Besides the reduced amount of paper work, most importantly, the lead times from diagnosis to provided dental care have been dramatically shortened.

Whenever needed, fully mobile teams provide the dental care for older people in their residences (eg bedside in nursing homes), with easily portable dental units. Thus, instead of exhausting patient transports to a clinic, often requiring sedative medication, older people are treated in their familiar home environments.

To improve the often insufficient oral hygiene among nursing home resident older people, an oral hygiene educational model has also been developed.[2] Since nursing staff often consider oral hygiene tasks unpleasant, methods from cognitive behavioural therapy were integrated into the education.[2] The educational model has shown promising results in terms of improved attitudes towards oral hygiene tasks among the staff members, and has sustainably improved the oral hygiene among the residents.[2,3]

The dental profession needs to be integrated as a natural part of the current care-chains of older people. This is not only a matter of reducing suffering among older people, but can also lead to a considerable net gain in dental and medical care costs, since preventive dental care is cheaper than restorative care, not to mention the costs of general health complications due to poor oral hygiene.[4]

P. Sjögren, M. Forsell, O. Johansson
By email

1. Forsell M, Häggström M, Johansson O, Sjögren P. Personal digital assistant application (MobilDent) for dental field work data collection, information management and database handling. *Br Dent J* 2008; **205:** 494-495.
2. Kullberg E, Forsell M, Wedel P, Sjögren P *et al.* Dental hygiene education for nursing staff. *Geriatr Nurs* 2009; **30:** 329-333.
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4. Sjögren P, Nilsson E, Forsell M, Johansson O, Hoogstraate J. A systematic review of the preventive effect of oral hygiene on pneumonia and respiratory tract infection in elderly in hospitals and nursing homes: effect estimates and methodological quality of randomized controlled trials. *J Am Geriatr Soc* 2008; **56:** 2124-2130.

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UNFAIR SUMMARY

Sir, I wish to reply to the letter written by J. Fell (*Unfounded allegations; BDJ* 2010; **208:** 331) who responded to my letter that was recently published in the *BDJ*. I think it is only fair that readers are made aware that J. Fell was a dentist who knew me personally as a work colleague when I worked for the corporate dental company in question.

With respect, J. Fell is a retiring dentist who 'sold out' to the corporate company that he now works for. I remain bemused to say the least at his reply to my letter.

In writing my letter to the *BDJ* it was not my intention to air any 'personal grievances' publicly or make any 'unfounded allegations' as suggested by J. Fell. I think this was an unfair summary of my letter. I simply wished to express my genuine experience and concerns regarding the situation with corporate dental companies and the impact that I feel this is having on the reputation of dentistry in the UK.

I think the editor of the *BDJ* was right to publish my letter and I thank the *BDJ* for doing so.

C. H. Griffiths
By email

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ORAL SYSTEMIC INTERFACES

Sir, the apposition of an Assisted Conception Unit (now the Centre for Reproductive and Genetic Health) to the clinics of the Eastman as observed by Mr Allen (*BDJ* 2010; **208:** 244) does at first glance seem unusual (it actually reflects our NHS partner's careful use of their resources). However, it does raise the issue of the relationship and integration of oral with systemic health and in turn the interaction of the delivery of dentistry with medical care.

It has long been known that the oral tissues may be adversely affected by systemic disease and that systemic illness may compromise the delivery of oral health care. There is now evidence that oral disease might drive common systemic inflammatory processes and chronic diseases. There are many other examples of possible oral systemic interfaces, and although some remain controversial, the clear message is that oral health is entwined with that of the rest of the body. As a consequence local decisions and national policies that could enhance possible integration of oral and systemic health care initiatives are welcomed.

S. Porter
London

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PUTTY TECHNIQUE

Sir, we read with great interest the letter *Intubation litigation* regarding the dangers of trauma to upper anterior teeth during intubation by anaesthetists.[1] This has been a long standing problem for anaesthetists and as the author described, a common source of litigation.

We would like to highlight to the readers a technique we devised with an anaesthetic consultant colleague of ours in 2007 that was published in *Anaesthesia*, and well received in the anaesthetic world.[2] It involves using silicone putty to protect the anterior teeth temporarily during placement of the laryngoscope.

It is simple to use for non-dentally trained physicians, cheap and extremely effective. It is now being regularly used by anaesthetists.

B. Collard, S. Lee, J. Azzopardi
By email

1. Esmail Z. Intubation litigation. *Br Dent J* 2010; **208:** 274.
2. Collard B, Lee S, Azzopardi J. Silicone impression putty for protection of teeth during intubation. *Anaesthesia* 2007; **62:** 1080-1081.

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