those undertaken by national professional organisations, non-governmental organisations and the dental industry. We could not agree more with their conclusion, that 'education alone is a great way to increase health inequalities'.

It is encouraging to learn that in the UK there is a steady realisation of the need to go beyond the concept of just educating children to keep their teeth healthy. The move to more effective and evidence-based approaches such as skills-based learning using a settings-approach, as well as the effective use of fluoride through supervised tooth brushing with a 1,450 ppm-fluoride toothpaste in nursery classes, child centres and other venues, as is the case for the Manchester initiative, is a timely development that needs widespread public support.

While the Manchester initiative works within a well-developed (oral) health care system, the situation on a global level, and particularly in low- and middle-income countries, is very different. Almost all dental decay remains untreated and creates a largely ignored public health problem affecting children in particular.^{1,2} Weak health systems offering unaffordable or no oral care at all for the masses require a dramatic change in professional thinking and political priorities. The WHO and the world's leading oral health organisations recommend jointly that 'exposure to appropriate fluoride, in particular through fluoride toothpaste, will improve quality of life and enhance the achievement of the Millennium Development Goals by reducing the high dental disease burden of entire populations, especially children'.³

In an unprecedented move, the World Bank, the WHO and the United Nations have chosen an innovative school health programme in the Philippines, the 'Fit for School Programme' as best-practice model for innovation in global health.⁴ This horizontal programme consists of simple, evidence-based high impact interventions that integrate daily supervised tooth brushing with an adult-strength fluoride toothpaste with other health interventions such as daily supervised hand washing with soap to prevent gastrointestinal and respiratory diseases. The programme is the national school health flagship programme of the Ministry of

Education and currently covers over 1.5 million children in elementary schools and day-care centres.

While the Manchester initiative is to be highly commended, it might be considered to integrate more general health promoting habits as regular habits within the school setting. Many interventions in school health have good evidence for improving health and education performance,⁵ such as hand washing with soap,^{6,7} physical activity to tackle obesity,⁸ or tobacco use prevention.⁹ For many years the dental profession has been advocating the integration of oral health within general health. The improvement of child health through evidence-based health promotion in a school health programme is an ideal opportunity to make this a reality. More information on the FIT for School programme can be found at: <http://www.fitforschool.ph/>

C. J. Holmgren, Mérigny

B. Monse, Manila

H. W. van Palenstein, Utrecht

H. Benzan, Berlin

1. Baelum V, van Palenstein Helderma W, Hugoson A, Yee R, Fejerskov O. A global perspective on changes in the burden of caries and periodontitis: implications for dentistry. *J Oral Rehabil* 2007; **34**: 872-906.
2. Beaglehole R, Benzan H, Crail J, Mackay J. *The oral health atlas: mapping a neglected global health issue*. Geneva & Brighton: FDI World Dental Education Ltd & Myriad Editions, 2009.
3. World Health Organization, FDI World Dental Federation, International Association for Dental Research, Chinese Stomatological Association. *Beijing Declaration: Achieving dental health through fluoride in China and South East Asia*. Conference on oral health through fluoride in China and South East Asia. 2007.
4. InWent Capacity Building International. United Nations award Fit for School. *The health care program of the Philippines was honoured in Washington*. Press release: InWent Capacity Building International, Bonn 21 Dec 2009 <http://www.inwent.org/presse/pressemitteilungen/165113/index.php.en> (accessed April 2010).
5. Murray N G, Low B J, Hollis C, Cross A W, Davis S M. Coordinated school health programs and academic achievement: a systematic review of the literature. *J Sch Health* 2007; **77**: 589-600.
6. Guinan M, McGuckin M, Ali Y. The effect of a comprehensive handwashing program on absenteeism in elementary schools. *Am J Infect Control* 2002; **30**: 217-220.
7. London School of Hygiene & Tropical Medicine. *Improve school toilets and reduce rates of absenteeism in UK schools, advise hygiene experts*. Press release. <http://www.lshmt.ac.uk/news/2010/handwashing.html> (accessed January 2011).
8. Sharma M. School-based interventions for childhood and adolescent obesity. *Obes Rev* 2006; **7**: 261-269.
9. Dobbins M, DeCorby K, Manske S, Goldblatt E. Effective practices for school-based tobacco use prevention. *Prev Med* 2008; **46**: 289-297.

DOI: 10.1038/sj.bdj.2011.248

BEWARE THE MENTAL FORAMEN

Sir, I read recently with interest the

article by Renton *et al.*¹ regarding trigeminal nerve injuries secondary to mandibular local anaesthesia. Although I found this article interesting I was disappointed that the authors failed to mention damage that potentially can and, in reality, does occur at the site of injection for the mental nerve blockade. Many dental surgeons use mental nerve blocks, including myself, for provision of more limited anaesthesia when working on the lower incisors. Often patients require bilateral mental nerve blockade for scaling of this region to reduce the sensitivity whilst performing this minor but nonetheless uncomfortable task. Recently, I had a rather agitated patient come in to my practice complaining of numbness of several days in the region of distribution of the mental nerve after having had the area anaesthetised. It occurred to me that the mental nerve may have been damaged exiting its foramen by perhaps direct impingement by the needle tip in an attempt to deliver the anaesthetic as close to, or even within, the mental foramen itself by overzealous technique. This had resulted in a nerve compression injury. I reassured the patient that any nerve damage arising in this fashion hopefully ought to resolve itself in a few more days. The importance of careful study of the anatomy of the mental foramen has come into focus these days due to the more frequent use of dental implants in that region of the mouth.² It is useful to note this as mental nerve compression injuries may take up to several months for normal sensation to return.³ Therefore, it ought to be cautioned that, as in the case indicated above coming to my practice, mental nerve injuries can occur even with routine infiltration technique in the area. Particular and careful technique is required to avoid this unpleasant occurrence.

J. Loudon

Sydney

1. Renton T, Adey-Viscuso D, Meehan J G, Yilmaz Z. Trigeminal nerve injuries in relation to the local anaesthesia in mandibular injections. *Br Dent J* 2010; **209**: E15.
2. Greenstein G, Tarnow D. The mental foramen and nerve: clinical and anatomical factors related to dental implant placement: a literature review. *J Periodontol* 2006; **77**: 1933-1943.
3. Robinson P P. Observations on the recovery of sensation following inferior alveolar nerve injuries. *Br J Oral Maxillofac Surg* 1988; **26**: 177-189.

DOI: 10.1038/sj.bdj.2011.249