LETTERS TO THE EDITOR

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Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space. Readers may now comment on letters via the *BDJ* website (www.bdj.co.uk). A 'Readers' Comments' section appears at the end of the full text of each letter online.

DIABETES

Multi-disciplinary approaches

Sir, diabetes is becoming an increasingly common condition, with 3 million sufferers in the UK, and 850,000 thought to be undiagnosed.¹ The World Health Organisation (WHO), projects diabetes to become the seventh most common cause of death by 2030.² The condition impacts on quality of life, longevity and is increasingly imparting a burden on healthcare resources. Despite this, diabetes incidence can be delayed or even prevented.³

Recently the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP) conducted a review of current literature, finding emerging evidence to support a 'bi-directional' link between diabetes and periodontitis.⁴ Epidemiological studies suggest that patients with poor periodontal health are at greater risk of developing frank diabetes than those with good periodontal health.⁵

At present UK National Screening Guidelines recommend screening for diabetes amongst high-risk populations, in which periodontitis patients are not generally considered. This represents a population of patients where diabetes may remain undiagnosed.

With the EFP Manifesto recommendations for diabetic screening amongst periodontal patients with co-founding risk factors for diabetes, and the recent awareness campaign by Diabetes UK, it is timely that we as a profession look into multi-disciplinary approaches for the detection of susceptible patients with our medical colleagues.

One such method could exploit the use of gingival crevice blood, measuring glycaemic levels from periodontitis patients as a diabetic screening method carried out at dental appointments. This could be followed up by referrals to physicians for further testing if necessary. There is some evidence to suggest the viability of such a method mainly amongst Indian^{6,7} and Middle Eastern⁸ populations. Promising comments from patients in clinical trials include 'easier', 'less invasive' and 'convenient' in

comparison to the standard finger prick blood collection method.⁹

There is a need for research to be conducted to support this technique amongst UK populations. If found to be reliable and practical, it has the potential to invite new ways of patient and professional interaction and viewing the dental visit in the context of general health.

H. Halai, London

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PROSTHETICS

Galvanic effect

Sir, a patient arrived complaining of a metallic taste whenever he was wearing his partial upper chrome cobalt denture. The notes showed I had provided this some three months earlier which had replaced an ill-fitting acrylic prosthesis. He had complained of the taste ever since.

On examination, I was particularly pleased with the retention, fit, occlusion and aesthetics of the denture but I could

see no part of the chrome in contact with amalgam and the circumferential clasp was round a porcelain bonded crown 27 which had been made abroad previously – I saw no reason for the galvanic effect. Closer examination revealed a small area of exposed metal mesially which was in contact with the clasp arm – surely not, I thought.

I took a deep breath and drilled into the metal through to the dentine and removed all visible metal. Incidentally the metal was very hard to remove and I suspected a cheap non-precious material. I filled the defect with reinforced glass ionomer having first primed the dentine, polished up and replaced the denture. The effect was instant and very satisfying especially as it was very early on a Monday morning (not my best time) and the galvanic effect had instantly disappeared.

I guess that is a good reason to use a suitable good quality metal in our crown and bridge work.

P. Williams, Lowestoft
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NHS DENTISTRY

A serious shift

Sir, the opinion piece by Len D'Cruz makes fascinating reading. I was particularly interested in the compulsory subjects for postgraduate education and the drivers for patient focused care.

Maybe the syllabus has changed since I qualified from King's in 1985 or maybe students are skipping the lectures on professional ethics and struggling to make the connection between the aetiology of dental caries, periodontal disease and prevention.

I suspect I am one of many who reluctantly walked away from NHS dentistry. It is good to see that those remaining who have been awarded pilot schemes are now realising the benefits of this way of working. I would like to assure any dentists concerned about deskilling that it is exactly the opposite. Apart from the enjoyment of working as part of a well-motivated and professional team, my working day is