COMMENT

Letters to the editor

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Otolaryngology

Nasal perforation

Sir, Olbas oil is a popular product used to relieve nasal congestion. The manufacturers describe it as a 'mixture of pure plant oils, with ingredients including clove oil, eucalyptus, juniper berry and cajuput'. It is recommended that a few drops are used on a handkerchief or in a bowl of hot water and inhaled.[1]

A 63-year-old female attended a general dental practice for a routine examination where the dentist observed a defect in the nasal septum. Upon closer examination the defect was revealed to be some 10 × 15 mm in size. The patient was somewhat embarrassed but, following reassurance about confidentiality, explained the origins of the defect. She reported that she had been applying one drop of Olbas oil to each nostril on a daily basis beginning some 20 years previously. She would place a drop on each side of the nasal septum which made her feel that she could breathe easily and that this cleared her head. One day, some ten years later, she blew her nose and found that she forced a hole in the nasal septum. This enlarged as it healed leaving the defect shown in Figure 1. The patient discontinued the use of Olbas oil in that way but did not report the damage to any health professional. It was only noticed on dental examination. The patient was encouraged to report this to her general medical practitioner but reassured that, given the appearance and clear history, there was no reason for undue concern.

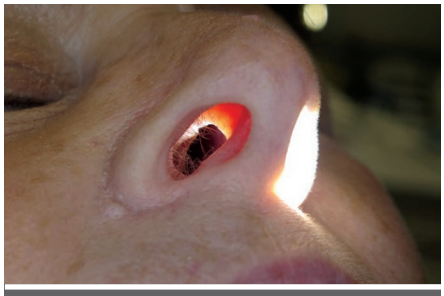

Fig. 1 Hole in the nasal septum caused after prolonged Olbas oil use

There is little published evidence about the safety and effectiveness of Olbas oil although one Polish study in 1997 reported no harmful effects when the product was inhaled, as recommended by the manufacturer, by healthy volunteers for a period of 28 days.[2] In the case reported here, the product was applied directly to nasal mucosa on a daily basis for a period of ten years. Perforation of the nasal septum can occur for several reasons, notably chronic cocaine abuse, sarcoidosis and chronic granulomatous diseases. In this case, the features were strongly linked with the clinical history so the aetiology was identifiable, but colleagues should always consider onward referral via the patient's GP.

A. Shelley, K. Horner, by email

1. Lanes Health. Olbas product website, 2017. www.olbas.co.uk (accessed March 2017).
2. Olszewska-Ziaber A, Zalewski P, Olszewski J, Zielinska-Bliźniewska H, Pietkiewicz P. [Clinical studies of Olbas oil tolerance and its effect on nasal mucosa in healthy volunteers]. *Otolaryngol Pol* 1997; **51 (Suppl 25):** 353–355.

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Prevention

Meeting the patient's needs

Sir, we have been using both Duraphat and Profluorid for caries prevention for a few years now and a letter in a recent *BDJ* issue[1] has created a great learning opportunity for clinical supervision within our team and a chance to revisit the evidence supporting our daily practice. We initially started using Profluorid at a time when we could not obtain Duraphat and somehow we never stopped using it. Both products are fluoride varnish preparations releasing an identical amount of fluoride to the dental hard tissues; however, we were not aware of the licence differences between them.

The GMC has published extensive guidance for doctors on prescribing unlicensed preparations.[2,3] The MHRA provides guidance on the use of unlicensed medication and medical devices, and it specifically suggests that: 'An unlicensed medicinal product may only be supplied in order to meet the special needs of an individual patient'.[4] A number of special care/paediatric patients may not tolerate the texture and flavour of Duraphat but they may be able to accept Profluorid. As clinicians we are able to make the decision that a standard licensed preparation does not meet the patient's needs and therefore, we can justify whether the prescription of a safe alternative is more appropriate. Obviously the patient needs to be informed. Good record keeping and appropriate follow up are also essential.

E. Solou, J. Turnbull, by email

1. Sherborne M, Oliver S. Prevention: Fluoride varnish flavours. *Br Dent J* 2017; **222:** 142.
2. General Medical Council. Hot topic: Prescribing unlicensed medicines. November 2015. Available at: http://www.gmc-uk.org/guidance/28349.asp (accessed March 2017).
3. General Medical Council. Prescribing guidance: Prescribing unlicensed medicines. Available at: http://www.gmc-uk.org/mobile/14327 (accessed March 2017).
4. MHRA. The supply of unlicensed medicinal products ('specials'). MHRA Guidance Note 14. 2014. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/373505/The_supply_of_unlicensed_medicinal_products__specials_.pdf (accessed March 2017).

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Off-label use of medicines

Sir, Sherborne and Oliver[1] asked whether it is acceptable to be using fluoride varnish Profluorid instead of Duraphat to help prevent caries in children, in line with *Delivering better oral health: an evidence-based toolkit for prevention*?[2]

In the above toolkit, it states: 'Clinicians should be aware that there are many fluoride

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varnishes on the market. They may not be licensed for caries control, although they may have similar formulations, and this should be taken into consideration with respect to prescriber's responsibilities.'[2]

The use of fluoride varnish other than Duraphat is a frequently asked question within the Childsmile programme in Scotland. The answer states: 'Duraphat is the only fluoride varnish licensed for use as a preventive product in the UK so is always the varnish of choice in the Childsmile programme. If you choose to use another fluoride varnish (containing sodium fluoride 22,600 ppm) then you must have a sound clinical reason for doing so as you would be using it "off label" and our advice is that, in those circumstances, you must give an explanation to the parent/guardian as to why you are using an "off label" product and record this in the notes. You would also assume all responsibility for any adverse event associated with an alternative varnish – whether it is applied by a dentist or a suitably trained dental nurse. It is likely that the main reason for considering the use of an alternative to Duraphat would be when a patient has an established allergy to colophony (a constituent of pink sticking plaster) and again, this should be clearly explained to the parent/guardian and recorded in the patient notes.'[3]

Both fluoride varnishes Duraphat and Profluorid contain colophony. Therefore they are contraindicated in patients with known allergies to colophony. For these patients, other fluoride varnishes (eg Fluor Protector) should be considered.

The responsibility that falls on healthcare professionals when prescribing an unlicensed medicine or a medicine off-label may be greater than when prescribing a licensed medicine within the terms of its licence. Dentists should pay particular attention to the risks associated with using unlicensed medicines or using a licensed medicine off-label. These risks may include: adverse reactions; product quality, or discrepant product information or labelling.[4]

C. A. Yeung, Lanarkshire

1. Sherborne M, Oliver S. Prevention: Fluoride varnish flavours. *Br Dent J* 2017; **222:** 142.
2. Public Health England. *Delivering better oral health: an evidence-based toolkit for prevention.* 3rd ed. London: Public Health England, 2014.
3. Childsmile. FAQs for dental staff. Online information available at http://www.child-smile.org.uk/professionals/information-for-dental-practice-staff/faqs-for-dental-staff.aspx (accessed 17 February 2017).
4. Medicines and Healthcare products Regulatory Agency. Off-label or unlicensed use of medicines: prescribers' responsibilities. *Drug Safety Update* 2009; **2:** 6.

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NHS dentistry

A lack of help

Sir, it is with trepidation that I am writing this letter. I am a full-time NHS dentist, an associate in a busy practice, an essential member of the BDA, and as a precautionary measure I have a policy with Dentists' Provident. Over a year ago in December 2015 our daughter was diagnosed with a germ cell tumour that was suffocating her pituitary gland. Her treatment included chemotherapy, a six-hour brain operation to remove the residue of the tumour and radiotherapy. As you can imagine not only did this put immense emotional pressure on us but also physically I had to attend meetings and hospital appointments. This would obviously affect the fulfilment of UDA targets. I phoned the BDA where an advisor told me that since I am only an essential member I am not really entitled to advice. Nevertheless, due to the circumstances the advisor agreed to talk to me on compassionate grounds. However, he told me that only if I were to claim that I was incapacitated would I be able to ask for help. I phoned the NHS and asked for advice. They told me that they weren't my employer since I was only a performer so they didn't have any legal or ethical obligations towards me. I would have to discuss UDA targets with the practice owner and maybe organise a locum. Then I phoned Dentists' Provident and they said that since it wasn't me who was ill they wouldn't help. I felt that there was a lack in our professional organisations regarding help in such circumstances. Eventually the lacking UDAs were clawed back but at least my daughter has had her all clear. I sincerely hope that if any other colleague were to find themselves in this situation that they find better help.

M. Glickman, by email

Simon Elliott, Executive director of Dentists' Provident, responds to Dr Glickman: I was very sad to read about the incredibly difficult time you and your family have been through over the last year but I am pleased to hear that your daughter has now had the all clear.

While we can't comment on your individual call here, our head of claims will be contacting you shortly to discuss this more fully. However, I can say that our primary motives are not sales or profits but, as a mutual membership organisation, to always try to do the best by our members in their times of need. Every day I see my colleagues make decisions based on principles and decency rather than simply 'the terms and conditions of membership'.

When contacted by a member we always try to get a deeper understanding of the situation they are in and encourage them to give us as much information as possible so that we can consider each case in full and on its individual merit.

Editor-in-Chief's note: I am pleased to read that Dr Glickman's daughter has received the all clear and trust that family life is returning to normal. The BDA will always take personal circumstances into consideration in circumstances such as this and, as their Journal, we are grateful to Dr Glickman for giving us the opportunity to publish his letter for the information, help and guidance of BDA members, readers and the wider dental community.

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Child dental health

Bombarded children

Sir, I read the article on food advertisements and children with interest.[1] This is an area I feel strongly about, both as a mother to two young children and as an oral surgeon. Demand is ever increasing for GA exodontia, and children as young as three or four are often having full dental clearances. This paints a depressing picture about the national state of our physical and oral health. Such major procedures are not only traumatic but also often lead to dental phobias. These children are at risk not only of dental phobia but also obesity and type 2 diabetes; this health burden is likely to become unsustainable for the NHS.[2]

From a personal perspective, becoming a mother has opened my eyes not only to the effect advertising has on young children but also the culture we live in. My 4-year-old is like a sponge absorbing information, and he will take as gold anything said on television – far more credible than his mother. I am dismayed by the number of adverts for junk food and the wild claims attached to them; for example, a well-known chocolate spread being promoted as a healthy breakfast alternative along with most cereals, which have eye-watering amounts of sugar. I do not enjoy, but understand my responsibility, having to explain to him why these foods are not healthy and why he cannot regularly eat them. However, we cannot blame advertising

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