COMMENT

Letters to the editor

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Oral health

Couvade syndrome and toothache

Sir, Couvade syndrome is a peculiar condition whereby an expectant father experiences somatic symptoms for which there is no physiological explanation. It is derived from an old French word for 'brooding' and was first described in 1865. A number of symptoms can occur, including nausea, epigastric discomfort, constipation, diarrhoea, headache, dizziness, food cravings, nosebleed, itch, muscle tremors and, most pertinently, toothache. It generally manifests during the third month of pregnancy before decreasing through the second trimester, then increasing again through the third trimester. There are various suggested aetiological theories, including a somatic expression of anxiety, ambivalence about fatherhood (linked to poor role modelling), viewing the foetus as a rival, and a mechanism to focus attention to the impending offspring.[1] All of these are speculative.

The prevalence of Couvade in the UK has been estimated at between 11 and 50% of expectant fathers, although most data are decades old.[1] It may be more common than realised owing to the lack of diagnostic criteria and awareness. Most diagnoses are made by exclusion of physical causes and it is self-limiting as it tends to resolve after childbirth. Treatments are not well studied but likely to include cognitive and psychological therapies, and GP involvement.

The relationship with toothache is interesting as in case series this is one of the commonest symptoms experienced.[2] Significantly more toothache has been recorded among expectant fathers compared to matched controls.[3] The reason for any link is unclear but suggested to be related to a belief that pregnancy damages a woman's teeth, a belief widely documented from historical times through to the late twentieth century. Indeed, references to toothache among expectant fathers were apparently made in 'Westward Ho!', a play from 1607, and Shakespeare's 'Much ado about nothing'.[1] However, very little has been written about this association and I can find no mention in the dental literature.

Therefore, if a patient presents with unexplained toothache and has a pregnant partner, particularly if other unexplained symptoms are also present, perhaps the possibility of Couvade should be considered.

B. Steel, Northumberland

1. Klein H. Couvade syndrome: male counterpart to pregnancy. *Int J Psychiatry Med* 1991; **21:** 57–69.
2. Laplante P. The Couvade Syndrome: the biological, psychological and social impact of pregnancy on the expectant father. *Can Fam Physician* 1991; **37:** 1633–1660.
3. Trethowan W H, Conlon M F. The Couvade syndrome. *Br J Psychiatry* 1965; **111:** 57–66.

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Oral pathology

A sad omission

Sir, I refer to the excellent article *Aggressive denosumab-related jaw necrosis – a case series* by M. Badr *et al.* (*BDJ* 2017; **223:** 13–16). This case series emphasised the significant dento-alveolar pathology that can ensue following an extraction for a patient undergoing denosumab therapy. Although the authors refer to 'cooperation between the patients' general dentist and oncologist', they don't introduce the possibility of avoiding extraction by endodontic treatment, which I think is a sad omission. Working as a specialist referral endodontist I am happy to say that I treat many such patients. Usually these are elderly patients often with restoratively compromised teeth where, in more 'ordinary' terms, root canal treatment may not be recommended. However, my experience has been that even a 'compromised' root canal treatment with no definitive restoration can arrest the periradicular infection and most importantly avoid an extraction. In my referral area we have always encouraged our general dentists to undertake root canal treatment for these patients or refer them if necessary.

What this area of treatment really needs is better communication between the lead clinician, usually an oncologist and the patient's general dentist. In my nearly 50 years of clinical dental practice I have often found that this communication can be very difficult and is often the weak link.

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NHS dentistry

Improving our public standing

Sir, recently the issue of the 1% public sector pay cap gained significant media attention. There were rumblings amongst cabinet ministers that following a change in public mood since the General Election the cap could be lifted. This was mostly due to a feeling that after years of pay restraint and with inflation rising to above the Bank of England target of 2% that a change in direction was needed. Public support and appreciation for 'hard working' public sector workers is usually high especially for those in security, education and healthcare. With increased costs and a minimal uplift in fees from the NHS the self-employed GDP has felt a real terms fall in income of 35% over the last ten years.[1] This is perhaps shouldering a larger burden of the public spending squeeze than most within the public sector.

However, a recent opinion poll by Opinium published on 14 July shows there is minimal public sympathy for this.[2] As part of a wider political opinion poll 2,013

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