

# Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email [bdj@bda.org](mailto: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](http://www.bdj.co.uk)). A 'Readers' Comments' section appears at the end of the full text of each letter online.

## Paediatric dentistry

### A multidisciplinary approach

Sir, I refer to the article *Dentists urged to see preschool children* (*BDJ* 2017; **223**: 389). The article discusses the new BSPD 'Dental Check by One (DCby1)' campaign designed to get children seeing a dentist before their first birthday.

Recently the media has highlighted the issue 'that 80% of children aged between one and two did not visit an NHS dentist in 2016–17'.<sup>1</sup> The Faculty of Dental Surgery feels that there is a 'widespread misunderstanding among parents, and even health professionals'<sup>2</sup> as to when to first bring a child for a dental appointment and advise that children should be seen as soon as their first tooth appears, at roughly six months of age. The new DCby1 campaign encourages the attendance of children under 12 months which will allow dental professionals to build positive experiences of dentistry, as well as deliver early detection and treatment of oral disease. However, with only '51.5% of the adult population'<sup>3</sup> and '58.2% of the child population'<sup>3</sup> seeing an NHS dentist from March 2016 – March 2017, I believe that to improve the uptake of DCby1 we must use a multidisciplinary approach.

The BSPD has provided a logo for practices to display to indicate their participation in the scheme, but if the parents of the child are not regular attendees at a dental practice the opportunity to reach the target audience may be missed. With a multidisciplinary approach to improving knowledge of early years' dental care there are other opportunities to provide information to new parents. Parents may potentially join an NCT antenatal group and after birth, will receive close care from NHS midwives. Through both these services there is opportunity for improving parental education on dental care and dental visits.

Providing information through non-dental avenues as well as dental avenues will lead to a widespread delivery of information and may reach parents who otherwise would not have knowledge of the campaign. This therefore helps spread awareness of the aims of the DCby1, consequently improving the uptake of the new campaign.

V. Argent, Sussex

1. Campbell D. 80% of under-twos in England failed to visit the dentist last year, says study. *The Guardian*, 8 June 2017. Available at: <https://www.theguardian.com/society/2017/jun/08/80-of-under-twos-in-england-failed-to-visit-the-dentist-last-year-says-study> (accessed October 2017).
2. Royal College of Surgeons of England. 80% of 1 to 2-year-olds didn't visit an NHS dentist last year. 8 June 2017. Available at: <https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/toddler-dental-visit-story/> (accessed October 2017).
3. NHS Digital. NHS Dental Statistics for England - 2016-17, Third Quarterly Report. 25 May 2017. Available at: <http://www.content.digital.nhs.uk/catalogue/PUB24056> (accessed October 2017).

DOI: 10.1038/sj.bdj.2017.895

## Dental notation

### Mental gymnastics

Sir, I must wholeheartedly agree with Mr M. V. B. Nelson (*BDJ* 2017; **223**: 3) regarding the confusion caused by the FDI notation. The FDI system falls down because numbers are used to represent two entirely different things, that is, both the individual teeth and the quadrant in which the tooth is situated. The most common typing error is transposition which would radically change the meaning without necessarily being detectable. The FDI system involves mental gymnastics to translate digital numbers into meaningful anatomical directions. For this reason it is much more prone to error.

It seems that the persistence of the FDI system represents the triumph of officialdom over common sense.

Three components are necessary to communicate a specific tooth.

1. The arch: (upper or lower)
2. The side of the mouth: (left or right)
3. The individual teeth: (1-8 for permanent and A-E for deciduous teeth).

It is simply a matter of stating these clearly in a consistent order.

The system described by Mr Nelson and indeed by myself some 24 years ago (*BDJ* 1993; **174**: 91) has clarity, lacks ambiguity and as such minimises the chance of wrong extraction error.

M. J. Trenouth, Preston

DOI: 10.1038/sj.bdj.2017.896

## Identifying teeth correctly

Sir, I would like to take this opportunity to remind clinicians that when a patient is referred for dental extractions for orthodontic reasons the teeth to be removed are identified by at least two methods. One should be in dental notation (Palmer, FDI or abbreviation) and the other should be in words. This is in line with the British Orthodontic Society Orthodontic Extractions Risk Management Guidelines.<sup>1</sup>

A recent audit carried out at Cambridge University Hospital Oral and Maxillofacial Surgery department revealed that only half of referrals for extractions for orthodontic reasons fulfilled the guideline criteria. Fortunately, there has been no wrong site surgery amongst the cases audited but there have been two instances of delay in treatment provision.

It is of utmost importance that teeth are identified correctly particularly in the case of extractions carried out as part of orthodontic treatment as these rarely have any distinguishing pathological abnormality. The justification therefore often lies within the hands of the referring clinician who has more insight into the orthodontic treatment plan and objectives. Incorrect identification of the