

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. 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.

Anaesthesia

(DGA) deaths since 'A conscious decision'

Sir, mortality from general anaesthesia declined greatly in the second half of the twentieth century, therefore any death from dental general anaesthesia (DGA) received even greater condemnation. This led to the publication of what was known as 'The Poswillo report' in 1990 which recommended DGA should be avoided wherever possible and other practices utilised. DGA use declined and sedation increased; however, deaths still occurred. Therefore, in 2000 the Department of Health published 'A conscious decision'² which recommended 'General anaesthesia for dental treatment should only take place in a hospital setting'. It also recommended 'better data must be obtained on fatal and non-fatal complications'.

Before 'A conscious decision', DGA activity was recorded by the Dental Practice Board and from this data we know there were approximately 300,000 patients who underwent DGAs each year in the 1990s, with two patients dying each year. The data available to us now is taken from hospital episode statistics which don't record whether general anaesthesia was used, so estimates are made from the procedures carried out. The number of surgical extractions, simple extractions and 'excision of dental lesion of jaw' procedures done in the four nations was 221,574 in 2017;³ however, the number of these that required GA is not known.

What effect has this change in practice had? It was the author's aim to find the number of DGA-related deaths since 2000.

Freedom of Information (FOI) requests were sent via email to each health board or trust in the UK requesting 'the number of deaths per year since 2000 from general anaesthesia for dental procedures'.

Table 1 Responses from each health board/trust in each of the four nations from the FOI requests sent

	England	Scotland	Wales	Northern Ireland	Total
Full reply of records since 2000	159	11	7	3	174
Incomplete records	19	1	0	2	21
Failed to reply	12	1	0	0	13
Unable to reply due to cost or lack of records	16	2	0	0	18
Total FOI sent	206	15	7	5	233
Number of deaths	15	0	0	0	15

There was a total of 15 deaths (see Table 1). However, even these could not be directly attributed to the DGA as the death was linked with the care episode, not a specific cause. Also the interpretation of the FOI may be subjective.

If this data is to be accepted then there has been a decrease in the number of deaths per year from DGA since the 1990s (from 2 per year to 0.88). However, given the variability in responses the study highlights the lack of knowledge about:

- The number of DGAs carried out and
- The morbidity and mortality rate as a result of DGA.

A universal monitoring system has been advocated previously.⁴

I. Murphy, J. Szuster and D. Richards, by email

- Department of Health. *A conscious decision: a review of the use of general anaesthesia and conscious sedation in primary dental care*. London: Department of Health, 2000.
- Wildsmith J A. Death in the dental chair – an avoidable catastrophe? *Br J Anaesth* 1998; **80**: 877–877.
- NHS. Hospital Admitted Patient Care Activity 2016-17. Available online at <https://digital.nhs.uk/catalogue/PUB30098> (accessed 11 May 2018).

- Robertson S, Chaollai A N, Dyer T A. What do we really know about UK paediatric dental general anaesthesia services? *Br Dent J* 2012; **212**: 165–167.

DOI: 10.1038/sj.bdj.2018.449

Assessment of anxiety

Sir, good measurement is the keystone to the scientific method. It is heartening to see therefore the paper by Shokouhi and Kerr in this Journal reviewing the Indicator of Sedation Need (IOSN).¹ We note under the section of 'patient anxiety' that the Corah's dental anxiety scale (CDAS) might be considered as more accurate than the current measure: modified dental anxiety scale (MDAS). The basis of Shokouhi and Kerr's argument is a review of 15 dental anxiety measures by Newton and Buck published 18 years ago.² We would caution substituting MDAS with CDAS based upon a review that is almost two decades old. The MDAS has now replaced the CDAS in study reports dated this century (88 vs 13 PubMed hits MDAS vs CDAS dental anxiety) and has extensive age/gender UK normative values.³ The recommendation should therefore hold to retain the MDAS as the recognised