either take DCTs from daytime theatres and clinics, where learning and training is supervised and highly efficient, or recruit even more DCTs (which would require lowering the entry standards), thus taking even more dentists from the underfunded primary care sector. All this in order to plug a costly part of the rota with low efficiency, unsupervised 'training' at greater cost to the NHS.

Long gone are the days of the 84-hour-week OMFS SHO on the 1-in-2 rota, and I would say this is a welcome change. Many are quite happy and secure with our career choices without having to experience 'life as a proper doctor'. DCT training is already sufficiently disruptive to personal lives in terms of yearly reapplication, OOH work, and the implications of moving post every 6-12 months; without also working nights which are shown to be nothing but harmful to the health of doctors[2] and patients.[3] I suspect many would much rather have our sacred EWTD (European Working Time Directive) 48 hours per week spent in theatre or clinic, experiencing one-to-one, hands-on teaching, rather than coming to the ward at 3 am to reassure both patient and nurse that their NG tube is meant to be in their throat and doesn't possess the sentience to perform intra-oesophageal somersaults and tracheal abseiling.

J. White, by email

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Restorative dentistry

Tooth wear terms

Sir, we read the well-composed themed issue of the *British Dental Journal* on tooth wear (*BDJ* Vol. 224, Issue 5, 2018) with great interest. This successfully collected contributions from well-known authors from all around the globe, each with their own specialities. The statements that 'prevention is key', 'the progression of tooth wear is not inevitable' and 'restorations are not the only option' are of great importance for clinical dental practice. This was also clearly stated in a recently published European consensus paper.[1]

Nevertheless, we believe that this issue of the *BDJ* offered a great opportunity to address two additional important areas:

1. The choice of the most appropriate nomenclature of the various subtypes of tooth wear
2. The development of a universally applicable tool for the assessment of tooth wear.

The first deals with the nomenclature of subtypes of tooth wear. In this special issue, the traditional terms of dental erosion, attrition, and abrasion were used. Although the dental community is used to these terms, these do not adequately emphasise the multifactorial nature of tooth wear. Tooth wear is an umbrella term with two main subtypes, ie chemical (erosive) tooth wear and mechanical tooth wear. Both subtypes are further subdivided into intrinsic and extrinsic forms. This means that there are a total of four subtypes, ie intrinsic erosive tooth wear (due to stomach acid), extrinsic erosive tooth wear (due to an erosive diet), intrinsic mechanical tooth wear (due to tooth-to-tooth contact, through function or bruxism) and extrinsic mechanical wear (due to other reasons, like nail biting, pen biting, tooth brushing, etc).[2] The traditional terms describing subtypes of tooth wear have been used for a long period of time, but now the next step forward should emphasise the multifactorial nature of tooth wear.

The second area which should be addressed relates to the need for a tool for assessment of tooth wear. The Basic Erosive Wear Examination (BEWE) as one such assessment tool. However, the name BEWE is confusing and the authors suggest it should instead be the 'Basic Tooth Wear Examination (BTWE)', because all subtypes of tooth wear are being assessed with this tool- not only chemical (erosive) tooth wear. As mentioned in the editorial, the tool only yields a numerical score as to quantify the severity of the observed wear, but qualification, ie establishing which subtype(s) of wear are present, cannot be performed with this tool. The editorial recognised that identifying the first subtle changes due to wear is difficult but of great importance. Hence, qualification is a necessity. Since the BEWE is not suitable for this purpose, its applicability is limited. To overcome that limitation, a modular evaluation system was designed, the Tooth Wear Evaluation System (TWES).[2] This comprehensive yet clinically applicable system allows, amongst other factors, both quantification and qualification of tooth wear. The authors suggest that the dental community use this universally applicable tool for the assessment of tooth wear, thereby improving the communication between dental clinicians diagnosing and managing tooth wear, as well as between researchers studying this intriguing, clinically relevant, and increasingly prevalent condition.

P. Wetselaar, F. Lobbezoo, Amsterdam, The Netherlands
H. Beddis, Leeds, UK

1. Loomans B, Opdam N, Attin T *et al.* Severe Tooth Wear: European Consensus Statement on Management Guidelines. *J Adhes Dent* 2017; **19:** 111–119.
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The Guest Editor of the BDJ *Tooth Wear themed issue, Professor David Bartlett responds:*

I would like to thank the authors of the letter for their kind words and I am delighted to hear they enjoyed and valued everyone's work. I appreciate their views on terminology but there remains differing views on what should be used to describe worn teeth. Common terminology becomes the norm even when to some it is not accurate. I have similar views with the term 'tooth wear' but this is not held globally and a better reflection is 'erosive tooth wear' as it captures the views and beliefs of more dentists from more cultures. I fully accept there are challenges, but on the whole it's what most people use and that leaves us using this common term.

In a way the comments about the BEWE are similar. We specifically chose the term erosive tooth wear to reflect the different terminologies and to reflect the views of other dentists from overseas, most notably Europe. For this reason, we used the term erosive tooth wear which in my view encompasses both erosion and tooth wear. But some dentists focus more on erosion only. Achieving consensus across different cultures and countries is always a compromise and I hope that the index receives support to allow dentists the opportunity to screen for the condition and those that undertake research the capacity to record it.

Thanks again for your kind comments.

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