Letters to the editor

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Aesthetic dentistry

Advancing the maxilla

Sir, I read the paper by Drs Chan, Mehta and Banerji (*BDJ* 2017; **223**: 272–278) with interest: a well-designed paper confirming that dentists and non-dentists differ in their judgement of aesthetics depending on how much of the face is exposed. Somewhat naturally the dentists thought the teeth had the most influence in the 'zoomed' views, however when more of the face was exposed in the 'lower two thirds of the face views' the judgements of the two groups became more unified. The authors concluded 'both the lips and teeth seem to contribute to the aesthetic appeal of a smile.'

Interestingly, Perrett *et al.*¹ showed that attractive eyes are one of the most distinctive features of a good looking face. Most eyeballs

are very similar and it is the prominence of the zygomatic process which creates much of their beauty. This process of course is part of the maxilla but is an area hardly visible in the views shown in this paper. While most orthodontists consider that the maxilla cannot be moved by appliances, the orthotropic group considers it essential to advance the maxilla to improve appearance. I attach a photograph to illustrate this (Figs 1–2). Those involved in the aesthetics of dentistry should perhaps include most of the face in their observations.

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1. Perrett D I, May K A, Yoshikawa S. Facial shape and judgements of female attractiveness. *Nature* 1994; **368**: 239–242.

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Dental caries

Caries risk assessment tools

Sir, Rai asked whether there is any official parameter for low/medium/high risk category which could be used for caries risk assessment.¹ This topic has been discussed by Doméjean *et al.*² in the recent themed issue of minimum intervention in the *BDJ*.

Scientific reviews of the literature have found that the single best indicator of a patient developing caries in the future is past caries experience.³ Several other factors may be helpful when used in combination with past caries experience. These factors are outlined in the two caries risk assessment forms developed by the American Dental Association. One form is for patients aged 0–6⁴ and the other is for patients over six years of age.⁵ These forms are accompanied by completion instructions.⁶

The Faculty of General Dental Practice (UK) has produced guidelines on the use of dental radiography according to caries risk status for children and adults. Individuals who do not clearly fit into high or low caries risk categories are considered to be at moderate caries risk.³

Different caries risk assessment models have been developed to help dental professionals assess patients' caries risk.² While many dentists apparently do some type of informal caries risk assessment, there remains the need for broadly adopted ideally electronic caries risk assessment tools that can help dental professionals in establishing and documenting the caries risk status of their patients as well as tracking changes over time.

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1. Rai K. Oral health: Caries risk category. *Br Dent J* 2017; **223**: 307–308.
2. Doméjean S, Banerjee A, Featherstone J D B. Caries risk/susceptibility assessment: its value in minimum intervention oral healthcare. *Br Dent J* 2017; **223**: 191–197.
3. Faculty of General Dental Practice (UK). *Selection criteria for dental radiography*. 3rd ed. London: Faculty of General Dental Practice (UK), 2013.
4. American Dental Association. Caries Risk Assessment Form (Age 0–6). Available at: http://www.ada.org/~media/ADA/Member%20Center/Files/topics_caries_under6.pdf (accessed September 2017).
4. American Dental Association. Caries Risk Assessment Form (Age >6). Available at: http://www.ada.org/~media/ADA/Science%20and%20Research/Files/topic_caries_over6.pdf (accessed September 2017).
5. American Dental Association. ADA Caries Risk Assessment Form Completion Instructions. Available at: http://www.ada.org/~media/ADA/Member%20Center/Files/topics_caries_instructions.pdf (accessed September 2017).

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Oral health

The Sakata model

Sir, to tackle major challenges to its health system, Japan has enacted recent legislation to create integrated community-based comprehensive services (ICCS)¹ of which, as Wilson articulated in his commentary,² oral health is an essential part. The committee organised by the Japan Ministry of Health, Labour and Welfare recently recommended the promotion of inter-professional collaboration, oral care in the context of ICCS, and preventive oral health care.³ The Japanese government is currently developing a new vision for oral healthcare along this line.

Fig. 1 Aime age nine

Fig. 2 Aime age 13