COMMENT

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.

CORONAVIRUS

Antimicrobials Absolutely Abolished

Sir, has the covenant of AAA decreed during the COVID-19 pandemic dismantled the years of stewardship built into dental practice? During Lockdown 1, my last six months in a busy mixed practice seemed to feature all my referrals bouncing back to me. I initially fought off requests from patients for antibiotics and explained adamantly that 'antibiotics are not pain relief'. It was immensely disheartening to call these patients back who could not attend the UDC unless they had completed a course of antibiotics. For irreversible pulpitis cases, I was asked to give antibiotics, knowing that these would not affect pain relief, the only indication being to progress the referral to the UDC. The template even asked for the prescription number to check for my poor prescribing.

In July, the truth dawned on me regarding the effect our prescribing was having. I recall three patients who contacted the practice via 111, asking for help with their dental pain, but noted 'please, no antibiotics'. Initially I found this surprising as it is the opposite of usual patient requests for medical management. These patients explained that they had been prescribed antibiotics from an emergency dentist and acquired *C. difficile* infection resulting in hospital admission and further burden upon the NHS. They were fearful of having more antibiotics. The risk of *C. difficile* infection is not commonly discussed with patients and it was frustrating to reactively state this very real risk to patients following their adverse experiences. These patients subsequently and understandably refused further medical management and progression of their UDC referral was halted, placing them in a dental no man's land with limited prospects until practices reopened.

All this did not feel consistent with 'putting patients' interests first' and I feel the draconian adherence of the UDC referral to the stringent AAA 'guidance' was limiting patients receiving required help. Indeed, many remained in pain until we could see them in our practices having acquired appropriate PPE. The resultant admission of patients with *C. difficile* infection into NHS hospitals will also have added unnecessary pressure onto hospitals, concurrently cancelling oncology cases due to the pandemic. It seems negligent to have these effects overlooked for the sake of ticking a box on a referral form and having patients' best interests in mind. Perhaps we can change the COVID-19 AAA covenant to Analgesia, Advise, Appropriate antibiotics? I am currently working in South Wales in secondary care and spend one day a week in a fantastic UDC that has eliminated the requirement of the patient having to complete a course of antibiotics to qualify for emergency treatment. I hope we can see all health boards follow suit.

S. Alwan, Bae Abertawe, UK

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Hearing loss help

Sir, wearing layers of obstructive personal protective equipment makes verbal and non-verbal communication much more difficult. Consequently, people who are deaf or have hearing loss may experience a disproportionate reduction in their quality of care, since mask wearing prevents lip reading and reduces clinicians' and nurses' speaking volume.[1]

I recently treated a patient with hearing loss, and found success using the 'LiveTranscribe' app which listens to the conversation in real time and instantly converts it to text which the patient can read on their phone.[2] The app does have some issues deciphering dental jargon, however, all in all it is a great communication adjunct. Furthermore, we agreed on hand signals during procedures, adapted from the 'DentiSign' dental sign language tool. It is simple, can be learned in mere seconds, and makes a huge difference in patient care.[3]

It was recently reported that the NHS had received 250,000 clear face masks to support people with hearing loss.[4] We should all hope this gets extended to dental practices because clear face masks could do the world of good for those often forgotten about in our new normal society.

N. Mistry, L. Gartshore, Liverpool, UK

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Facial hair revisited

Sir, I write further to the letter *Beards and masks (BDJ* 2020; **228:** 500) by K. Matharu. The author shares the concerns of those failing FFP3/FFP2 fit testing due to facial hair kept for religious or cultural reasons.

The requirement of advanced PPE appears to be the norm for the foreseeable future. Where a colleague wishes to maintain facial hair for religious or cultural reasons, but the local hospital/trust is unable to supply an alternative eg respirator hood, they are faced with a psychologically challenging dilemma.

Furthermore, colleagues who have failed fit-testing due to their anatomy may also be faced with a similar predicament where the local trust is unable to provide a respirator hood.

Clinical activities for such colleagues will be limited to non-aerosol generating procedures. For colleagues in surgical training pathways, eg dental core training or middle-grade staff, this presents a further frustration: the specialty job application for oral surgery may ask how many surgical procedures they have carried out, and assign a score based on this. Colleagues who find themselves in the aforementioned predicaments may be disadvantaged. Should this element of the application process be revised?

I. Rehman, Glasgow, UK

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PPE consistency please

Sir, with regard to protection, since the beginning of the pandemic the UK Government has changed its *Infection prevention and control* guidance 37 times.[1] This easily leads to confusion within hospitals and can often result in individuals following their personal interpretation of the guidance.

We would like to highlight the need for ongoing vigilance and consistency by all members of the team. An example within our hospital operating theatre was noted where five clinicians, including anaesthetists, oral surgeons, nurses and students all wore differing levels and styles of personal protective equipment (PPE) whilst working on the same case. Ideally, PPE recommendations for each case should be covered at the team brief at the start of a list and repeated during the WHO checklist. Clarity from the start of the case is paramount to effective safe operating and reassures all personnel that they are adequately protected with the chosen PPE.

The Royal College of Surgeons stated online that members should not put themselves at risk due to inadequate PPE whilst also stating that the guidance to be followed should be based on each individual trust protocol.[2] This also leads to discrepancies with trainees often rotating around various hospitals. It now appears likely that managing the risk of COVID-19 will be a challenge for clinicians for the foreseeable future. We believe there is a need for consistency and ongoing education regarding PPE both at a national and local level to ensure safety of all members of the clinical team and patients.

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Failure to attend or fear to attend?

Sir, I write from a district general hospital, reflecting on the rise in patients failing to attend appointments. Could it be that with increased awareness of COVID-19, patients have again become fearful of the risks associated with attending hospitals?

Where does the line get drawn between what can wait and what is necessary? Can a symptomatic tooth be left untreated until a severe abscess or swelling develops, requiring hospital admission? Can a two-week wait appointment go missed and a lesion only be investigated at the point it is more advanced and complex to treat? As clinicians it is far simpler to answer these questions, but we cannot expect the same difficult decisions to be made by our patients who are looking to us for advice in these times.

Recently, when questioning a patient presenting with a carcinoma of the lip on why they left this un-investigated for many months, the response we have become accustomed to hearing was given, 'COVID'. We want to encourage patients to feel comfortable attending their appointments, but how do we do this in a way that doesn't disregard the rising number of cases? What we can do is offer clear advice to our patients about precautions being implemented in healthcare settings, and what the patient themselves can do before the appointment.[1] With the majority of complaints stemming from poor communication, it is important that the message we send to patients is clear, informative and consistent, and one that does not instil fear but instead inspires confidence.[2]

L. Smith, Torbay, UK

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Mental health

Compromised wellbeing

Sir, my clinical supervisor shared with us earlier today that one of her patients broke down in tears in two consecutive appointments, due to major changes in the patient's life impacted by the COVID-19 pandemic. I learnt that the negative impact of the COVID-19 pandemic on mental health can be a lot more prevalent than we all like to think.

Undoubtedly, the impact of the COVID-19 pandemic is extensive on people's lives. It is possible that every one of us knows someone that has, or we ourselves have, suffered from bereavement, financial or unemployment worries, parenting challenges, domestic conflicts, a sense of loneliness, fear of uncertainty, or any other stressors that can compromise our mental wellbeing, at some point during the outbreak.

However, signs and symptoms of compromised mental wellbeing can be difficult to pick up under social distancing measures. As dental practitioners, we have the opportunity to meet colleagues and patients for face-to-face treatments, which put us in a unique position to recognise mental health problems. But the question is, where should we signpost them to?

Before referring someone to their GP or the NHS mental health service, remember, sometimes, all the individual needs is a good listener. It is therefore important to have appropriate information on alternative resources available and signpost accordingly. Specific tips and advice on different challenges faced during the COVID-19 pandemic can be accessed at https://www.mentalhealth.org.uk; a list of NHS-recommended helplines is available at https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/; and local helplines and mental health organisations should also be explored and utilised.