An overview of the restorative techniques and dental materials commonly applied for the management of tooth wear. *Br Dent J* 2012; **212:** 169-177.
14. Hassall D C. Tooth Surface Loss: Part two. Interventional and restorative aesthetic management of generalised tooth surface loss. *J Priv Dent* July 2014; 70-74.
15. Burke F J T, Lucarotti P S K. Ten-year outcome of porcelain laminate veneers placed within the general dental services in England and Wales. *J Dent* 2009; **37:** 31-38.
16. Friedman M J. A 15-year review of porcelain veneer failure - a clinician's observations. *Compend Contin Educ Dent* 1998; **19:** 625-628.
17. Smales R J, Berekally T L. Long-term survival of direct and indirect restorations placed for the treatment of advanced tooth wear. *Eur J Prosthodont Restor Dent* 2007; **15:** 2-6.

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Coronavirus

P2 Surgery: Crisis…what crisis?

Sir, for those involved in cancer care it is clear that our patients have been the collateral damage of this pandemic. There have never been more patients waiting 104 days for their cancer treatment.[1] This has consequences; even a four-week delay causes a 13% increase in mortality.[2] To mitigate this, NHS England published guidance (P1, P2, P3 and P4 categories) for those with the greatest healthcare need. This has been to ensure P1 and P2 cancer surgery is prioritised alongside patients with COVID-19.[3] However, this national strategy has been implemented at a local level, where there are substantial differences from region to region. This variation has not aligned with either cancer or COVID-19 demand. Instead, this has been due to the ability to escalate beds and surgical capacity.[4]

The main increases in capacity have been the independent sector and the creation of cancer hubs. Some regions have more private hospitals, so finding additional operative capacity is relatively easier.[5] The development of cancer hubs has helped some regions, but not equitably. For instance, the North West region has seen a 188% increase in their 104 day breaches versus London at 98%.[1] Between specialities, there exists a large difference in activity too, with head and neck cancer (HNC) being one of the greatest affected. Dentists, the largest referral base for HNC, have seen a reduction in activity to 25%, compared to 2019 resulting in a 55% decrease in such referrals in April 2020 compared to 33% for lower GI malignancies.[6]

Whilst the strategy for priority triaging of patients has been well intended and needed, it has failed to take into account regional variations of services and different specialities. The success of the vaccination programme makes it easy to believe that these are historic problems. However, the government has modelled for a further wave in the autumn.[7] If this is the case, then we may well see further inequity between cancer patients.

How we go about tackling this is not straightforward, and there is no silver bullet. However, the time to have this conversation is now. National strategy and guidance is one thing, but without thinking local and speciality specific, we will fail to tackle this crisis.

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References

1. COVIDSurg Collaborative, Elective surgery cancellations due to COVID-10 pandemic: global predictive modelling to inform surgical recovery plans. *Br J Surg* 2020; **107:** 1440-1449.
2. Hanna T P, King W D, Thibodeau S *et al.* Mortality due to cancer treatment delay: systematic review and meta-analysis. *BMJ* 2020; 371: m4087 doi:10.1136/bmj.m4087.
3. Clover B. Exclusive: Give urgent cancer surgery the same priority as covid patients, NHS England tells service. *HSJ* 18 January 2021. Available at: https://www.hsj.co.uk/acute-care/exclusive-give-urgent-cancer-surgery-the-same-priority-as-covid-patients-nhs-england-tells-service/7029326.article (accessed April 2021).
4. Shaw R. UK Head and neck cancer surgical capacity during the second wave of the COVID-19 pandemic: Have we learned the lessons? COVIDSurg collaborative. *Clin Otolaryngol* 2021; 00: 1-7 7. https://doi.org/10.1111/coa.13749.
5. SACT COVID-19 Dashboard. Systemic Anti-Cancer Therapy COVID-19 Dashboard. Available at: https://www.cancerdata.nhs.uk/covid-19/sact (accessed April 2021).
6. Richardson B, Bentley S. The disruption and recovery of cancer from COVID-19: pathway, outcomes and restarting. Carnall Farrar, 17 August 2020. Available at: https://www.carnallfarrar.com/media/1570/200813-recovering-cancer-from-coviddocx.pdf (accessed April 2021).
7. Research and analysis. Imperial College London: Unlocking roadmap scenarios for England, 18 February 2021. Available at: https://www.gov.uk/government/publications/imperial-college-london-unlocking-roadmap-scenarios-for-england-18-february-2021 (accessed April 2021).

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Disposable or not?

Sir, I work for the Community Dental Service (CDS), have been fit tested for, and provided with, disposable FFP3 respirators. From discussion with colleagues in general practice and reviewing manufacturers' claims, reusable respirators potentially provide some advantages which include:

- Relatively comfortable to wear for long periods (although not all would agree!)
- Easy to clean
- Reusable therefore economical and reduces environmental pollution
- Easily changeable HEPAC filters
- Positioning of expiratory valve reduces misting of visor.

I therefore approached the Infection Prevention and Control (IPC) lead in my employing trust to seek approval for the introduction of these masks in to our CDS. I was somewhat surprised by the response which effectively actively discouraged their use. The IPC view was that '*despite claims from manufacturers, these masks have not been designed for use in healthcare. As such their ability to be easily decontaminated has not been thought out with IPC in mind. The materials or fabrics used and the complex design conflicts with decontamination*'.

This response presented a dilemma. Either the reusable masks are a suitable product, in which case they should be available to all dentists and DCPs, irrespective of branch of dentistry, or the limitations should be clearly set out and their use either prohibited or restricted to very specific circumstances. I was pleased to receive the *NHS Dentistry and Oral Health Update* dated 25 February 2021 (NHS England) with details of a new service to deal with PPE-related complaints and enquiries (ppe.complaintsandenquiries@nhs.net). Contact with them provided a prompt response containing the following link with relevant, important information: http://www.medidex.com/research/866-reprocessing-of-respirator-masks-covid19.html, leading to the UK Decision Making Committee on PPE (DMC) interim advice paper.[1] Key points (available in more detail via the link) are:

- Reusable half mask respiratory protective devices (P3 respirators) are generally used outside of a healthcare environment, however, they may be used when healthcare workers cannot pass or complete a fit test with single use respirator face masks, but are able to pass a fit test with a reusable respirator. This is particularly true for individuals with small faces, especially women
- Reusable respirator masks are usually intended for use in a non-clinical environment – they are intended to protect against dust and particulate matter rather than microbiological challenges
- They are not usually intended to be decontaminated after microbiological contamination
- There is no currently agreed standard for decontamination of such masks and therefore a UK PPE Decontamination Group is working with industry to develop guidance on appropriate methods

for the decontamination of reusable respirators for routine healthcare use
- Currently any reprocessing is likely to be independent of manufacturers' instructions for use; therefore, it is the responsibility of healthcare providers to carry out a risk assessment before purchasing and deploying reusable respirators for their staff. The HSE state that employers should contact the manufacturer for advice on the decontamination of these devices, and satisfy themselves that there is nothing further that may impact upon the risk assessment and decision made
- For reusable PPE already in use in a healthcare setting, employers should still contact the manufacturer for advice on the decontamination of these devices and perform a risk assessment
- The DMC interim advice paper gives details of what should be incorporated into the risk assessment.

I would strongly recommend colleagues to review the information accessible via this link and trust that the BDA will also review this situation.

R. S. Moore, Liverpool, UK

Reference

1. Evans J, Phillips P. Reusable respirator half masks and Covid 19 - issues for consideration and interim advice. January 202 Available at: http://www.medidex.com/images/pdf/RandD/Reusable_respirator_masks_-_issues_for_consideration-DMC-2021-01-22.pdf (accessed April 2021).

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Multidisciplinary care

Thyroids and dentistry

Sir, 15% of the UK have clinically observable thyroid enlargement; it is not known how many patients undergo diagnostic evaluation, a similar estimate remaining undetected.[1,2] Goitre is indicative of hyperthyroidism (90% harmless), whereas hypothyroidism has a wide clinical spectrum, from physiologically and clinically asymptomatic in 4%–20% of the population to morbid multi-system failure.[1]

NICE estimate 2% of the population, but 5% of those over 60 have hypothyroidism with a 10:1 female to male preference.[1] Associated cardiovascular disease and psychiatric illness are seen in adults and childhood risks of educational failure are grave concerns of thyroid disease.

Immunological and inflammatory responses to chronic localised infections impact thyroid function, yet the 2017 World Workshop on Periodontal Diseases doesn't define a relationship between periodontal disease and hypothyroidism.[3] A literature review demonstrated a bidirectional association between hypothyroidism and periodontal disease.[4] The following points are relevant:

1. For dental patients and those with thyroid disease, regular extra-oral clinical examination of the head and neck is vital
2. Inflamed and friable gingival tissues and probing depths of 5–6 mm could indicate endocrine imbalance or poor thyroid pharmacological control[4]
3. Following such findings, co-ordinated referral to a periodontist and endocrinologist could improve the outcomes for both conditions
4. Reviewing medication before treatment is vital to understand thyroid drug action and medication for cardiovascular disease and psychiatric illness, with the risk of adverse interaction being significantly reduced
5. For patients with thyroid disease, local anaesthesia with epinephrine is contra-indicated but felypressin is not safer. Levothyroxine has a narrow therapeutic index. Maintaining a biochemical and clinical euthyroid state is complex; careful consideration is needed before using local anaesthetic or any drug.

Thyroid patients present unique challenges, with the majority expressing low life-quality and dissatisfaction with medical care, nearly 90% citing internet data being more valuable than their doctor.[5] Until a dental study is undertaken, clear-cut person-centred communication, aiming for a constructive relationship from diagnosis to delivery of care, working with periodontists and endocrinologists are essential steps to improve life-quality and treatment for those with thyroid disease, many of whom, from the evidence, we are yet to recognise in dental practice.

J. Laszlo, London, UK

References

1. National Institute for Health and Care Excellence. Thyroid Disease: Assessment and management. NICE Guideline [NG 145] 20 November 2019.
2. Chiovato L, Magri F, Carlé A. Hypothyroidism in context: where we've been and where we're going. *Adv Ther* 2019; **36(Suppl 2):** 47-58.
3. Albandar J M, Susin C, Hughes F J. Manifestations of systemic diseases and conditions that affect the periodontal attachment apparatus: Case definitions and diagnostic considerations. *J Periodontol* 2018; **89(Suppl 1):** S183–S203.
4. Aldulaijan H A, Cohen R E, Stellrecht E M, Levine M J, Yerke L M. Relationship between hypothyroidism and periodontitis: A scoping review. *Clin Exp Dent Res* 2020; **6:** 147-157.
5. Mitchell A L, Hegedüs L, Žarković M, Hickey J L, Perros P. Patient satisfaction and quality of life in hypothyroidism: an online survey by the British thyroid foundation. *Clin Endocrinol* 2021; **94:** 513-520.

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Cosmetic dentistry

TikTok teeth

Sir, I write to increase the awareness of a recent trend on the social media platform TikTok, which involves participants filing the incisal edges of their anterior teeth using a nail file to obtain a more even smile.

This trend, which is of course irreversible, poses many risks and patients must be educated by the dental community regarding these which obviously include hypersensitivity, damage to dental tissue, nerve damage and infection control. Patients may believe this a quick fix to their problems but correction of the damage would be a lengthy and often costly procedure. We have a duty as healthcare professionals to advocate against this alarming practice.

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Dental education

Pandemic progress

Sir, we read with great interest Sharif Islam's perspective on the current state of undergraduate education and the effect of the pandemic.[1] We agree entirely with Sharif regarding the great value experienced clinical supervisors bring to student clinical education. Looking at our final year BDS and DTH clinic, we have one supervisor who qualified in 1969 and another in 1974, who, along with a team of colleagues, have worked tirelessly throughout the pandemic to ensure students gain the necessary clinical skills, in order to progress in their careers.

As highlighted in our letter in the *BDJ*, rather than hand pieces being 'holstered and still', the clinics in our facilities in Peninsula Dental School have remained as busy as ever throughout this academic year,[2] allowing students to gain the necessary experience. This may have been with AGPs in purpose built pods or on open clinics, where speed increasing hand pieces allow further utility. Supervision ratios have inevitably increased, so students in many cases receive one on one supervision allowing skills to develop further.