

E-cig guidance updated

Electronic cigarettes containing nicotine could increase the number of people who stop smoking compared to nicotine replacement therapies, no treatment or electronic cigarettes without nicotine.

The Cochrane Review¹ compared the effects of electronic cigarettes with other ways of delivering nicotine – such as patches and chewing gum – or with dummy electronic cigarettes that did not contain nicotine or no treatment.

Researchers identified three studies in 1,498 people that compared nicotine-containing electronic cigarettes with nicotine replacement therapy given as patches or gum. The results showed that more people quit smoking if they used electronic cigarettes containing nicotine than if they used another form of nicotine replacement. If six people in 100 quit by using nicotine replacement therapy, ten people in 100 would quit by using electronic cigarettes containing nicotine. This means an additional four people in 100 could potentially quit smoking with nicotine containing electronic cigarettes.

Similar results were seen in another three studies, involving 802 people, that compared nicotine-containing electronic cigarettes with electronic cigarettes that did not contain nicotine.

The authors did not detect any clear evidence of serious harms from nicotine electronic

cigarettes. However, evidence about serious harms is uncertain because the overall number of studies was small and serious health problems were very rare in both users and non-users of nicotine electronic cigarettes. There was no information about the effects of long-term use (more than two years) of nicotine-containing electronic cigarettes. The studies showed that throat and mouth irritation, headache, cough, and nausea are the most commonly reported side effects in the short- to medium-term (up to two years). The studies assessed the potential harms of electronic cigarettes when used to help people who smoke, quit smoking so did not assess other potential harms such as whether electronic cigarettes encourage nicotine use among people who do not smoke.

Reference

1. Hartmann-Boyce J, McRobbie H, Lindson N *et al*. Electronic cigarettes for smoking cessation. *Cochrane Database Sys Rev* 2020; <https://doi.org/10.1002/14651858.CD010216.pub4>.



'Dramatic rise' in antibiotics prescribed to dental patients in England during COVID-19 lockdown

A new study has revealed one of the unintended consequences of the COVID-19 lockdowns in England earlier this year has been a 25% increase in the prescription of antibiotics by dentists.

The research, published in the *BDJ*,¹ highlighted regional variances, with London (60%) and the South West (10%) showing the highest and lowest variances respectively. The East of England had the highest rate of dental antibiotic prescriptions per 1,000 of the population every month over the study period (April to July 2020).

Antibiotic resistance (ABR) is a global problem that poses a significant threat to health and wealth, due to prolonged illnesses, longer hospital stays and increased mortality. The World Health Organisation (WHO) has highlighted the urgency of tackling ABR by including it in the five platforms to global health and wellbeing. ABR is a problem that affects

everyone and needs tackling urgently. If ABR continues to increase, it is estimated that infections resistant to drugs will be the number one cause of death globally within the next 30 years.

Antibiotics do not cure toothache. Most dental infections are amenable to treatment by a dental procedure to remove the source of the infection without the need for antibiotics. In normal times, antibiotic-only treatment plans are rarely appropriate. Unnecessary use of antibiotics drives the development and spread of resistant infections.

Dr Wendy Thompson, author of the study, clinical academic in primary dental care at the University of Manchester and member of the FDI ABR Working Group, said: 'Antibiotics are life-saving drugs; when people really need them, they really need to work.

'Infections that are resistant to antibiotics pose a serious risk to patient safety-which

is why the large rise in dental antibiotic prescribing (over 25 per cent in the three months of April to June) is a huge concern. After years of a downward trend, restricted access to dental care due to COVID-19 drove this sudden increase. We must guard against it happening again when the UK finds itself in another lockdown environment.

'We live in especially challenging times. Patients waiting for access to care often receive more antibiotics than those patients who receive the right treatment immediately. As dental care provision returns to a 'new normal' in the COVID-19 era, it is important to ensure access to high-quality, urgent dental care and to optimise the use of antibiotics.'

Reference

1. Shah S, Wordley V and Thompson W. How did COVID-19 impact on dental antibiotic prescribing across England? *Br Dent J* 2020; **229**: 601–604.