Letters to the Editor

Flossing, remoaning and remainia – dentistry in denial'

I write with reference to the letter entitled 'Flossing, remoaning and remainia – dentistry in denial', by a certain Crawford Bain, published in the October issue of *Dental Update* **43**(8): 793.

I found it quite amusing that Professor Bain seems to call up a psychological theory which has no sound proof (cognitive dissonance) as evidence to prove that the profession is 'in denial' about the seemingly non-existent benefits of flossing. He would have done better to bring into question 'confirmation bias',[1] which would also tie into the 'Brexit' issue and its supporters; the eminent scholars of the ever-popular universities of Google and Facebook, whose algorithms feed your frenzy by supplying links to search terms which agree with previously-held beliefs.

What I didn't find so amusing, however, is the generalization that Professor Bain seems to bestow on the profession as being 'in denial' when faced with these meta-analyses which seem to show that flossing confers no benefits. It is a little bit like me assuming that, without ever having met Professor Bain, knowing he supports 'Brexit' (it's easy for him you see, in Dubai he'll probably be getting paid in US$) he must fit the stereotype of being spectacled, in the latter third of his life, sport a crop of white hair and have one or two fused crowns on the anterior teeth (group attribution error/stereotype bias). I would like to think that, as professionals, we take responsibility for keeping abreast of scientific developments to further and update our education to ensure that we do our best for our patients.

And as far as making evidence-based medicine the cornerstone of our practice, this is indeed the holy grail, but its limitations at this point are obvious. This is not to mention flawed or indeed downright falsified or misleading studies that we are exposed to from time to time.[2] Think Andrew Wakefield and MMR, or search for 'scientific misconduct' (ideally on an independent search engine such as DuckDuckGo.com). Even NICE, which I regard as a respectable organization, has changed its position 3 times over the last 10 years on the issue of antibiotic prophylaxis, in the face of the changing understanding of the evidence presented to us. Did NICE, therefore, give us the wrong advice for a number of years or did it do its best given the information available at the time? Fortunately, the issue of advising patients to floss (or not) should have far less serious consequences. This is to say nothing on the sheer volumes of (sometimes conflicting) information that is beamed on us, forcing us to be sceptical by default in a society which has in effect become 'post-fact'.[3]

I will keep you guessing as to whether I do or do not floss personally, but I subscribe to the theory that decomposition gases from day-old food detritus that gets caught in between molars is the reason some people don't get on as well as they'd like to in social situations. I will say, however, that I do floss my children's teeth from time to time as this takes around 43.28 seconds for me to carry out with a floss-pick. You can see how, in the bigger scheme of things, where my children are concerned, I am happier to risk wasting my time on flossing than to expose them to increased risk. You could call it a superstition if you like, a bit like me kissing the barrel before I go shooting. But I would much rather floss my children's teeth in vain than wake up in 10 years' time to be told that actually, when you look at the numbers from a different perspective, flossing could have been helpful.

Being such an ardent supporter of evidence-based science I would assume Professor Bain would not routinely recommend the use of parachutes[4] when people are faced with a 'gravitational challenge', and may suggest our youth indulge in the recreational use of 'ecstasy.[5] Personally, I'd rather my children went horse-riding.

(Still awaiting the £50M a day to be given to the NHS.)

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Dear Editor

I was at first hesitant to respond to Mr Costa since it seems clear from his letter that he has a gun, however, hopefully he is no more accurate with this than in his interpretation of the abundant research into Cognitive Dissonance.[1,2,3] As noted in my original letter, messengers of dissonant facts ('flossing doesn't work'), have historically been denounced, dismissed and even martyred for challenging dogma with evidence. Please don't shoot the messenger!

More scary than his gun is his clairvoyance; my hair is white; spectacles varifocal; cricket and rugby ensured more than a couple of metal/ceramic restorations. I am also unarmed and certainly in the last third of life if his aim is true! Perhaps NICE could investigate the use of tea leaves in treatment planning?

Seriously, I too am baffled by some of the workings of NICE. In their most recent reports on management of Type 1[4] and Type 2[5] diabetes, running to over 200 pages, they make no mention on the significant improvements in blood sugar levels provided by proper periodontal care, with a potential enormous long-term health and financial benefit. Indeed, the panel of over 30 experts included Physicians; Endocrinologists; Nurses; Opthalmologists; Dieticians; Podiatrists; Lay People.... but NO DENTISTS. Fortunately? my fellow Scots do not have NICE just NICOLA.

While timing of children's flossing to the 100th of a second perhaps indicates OCD and is more suited to Olympic finals than oral hygiene practices, he should rest assured, particularly in this post Halloween (and Brexit) period, where comfort food is clearly in use, that the one area where flossing was shown to be effective was in high caries risk children

when flossed daily by a dental professional.[6]

His expectation that scientists will 'get it right', if we give them another chance, smacks of the Liberal Democrats' approach to Brexit. I note the post-Trump riots have been explained as 'This is what happens when you give children a trophy for losing'. And, of course, I cannot accept, and must strongly challenge the result of the England – Scotland World Cup game, and none of we liberal urban elite can accept that Australia really beat Scotland by one point again!

Finally, with regards to parachutes Mr Costa should recall that they, like minds, work better when they are open!

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The Editorial Director now considers this correspondence closed.

Wearing elastics in the 21st century

We always look forward to the 'Technique Tip' section of *Dental Update*. Elastic wear is an important part of orthodontic treatment and we present a simplified method of elastic wear.

Configurations of inter-arch elastics range from quite simple (such as Class II) to rather complex (such as triangular) elastics. Some configurations are learned easily by patients, while others require a great deal of practice and co-operation. Quite often, patients seem to understand the elastic wearing instructions and demonstrate proper placement of the elastics before leaving the practice, but then forget the configuration only to return 4–6 weeks later with disastrous tooth movements or, sometimes, they call for further instructions, book a return visit, or end up being non-compliant.

Elastic wear can be reinforced with a photographic reminder which can be advantageous for patients. Standard elastic wear photos can be circulated to the patient in print format. And now, with the leap of this century into the electronic world, smart phone use has become commonplace among patients, and photos can be circulated via multimedia services to respective patients[1] (Figure 1).

For patients who do not have a smart phone or other electronic gadgets, especially young children, a simple visual aid can be fabricated to reinforce the elastic configuration to the patients. A clinician can utilize the box which is used to dispense the brackets. The elastic wear can be shown in triangular fashion, for settling, or oblique fashion, for Class II and III wear

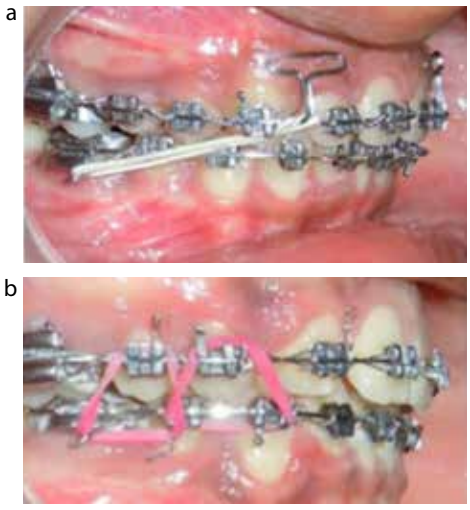

Figure 1. **(a, b)** Images demonstrating elastic wear.

Figure 2. Triangular and oblique elastic wear.

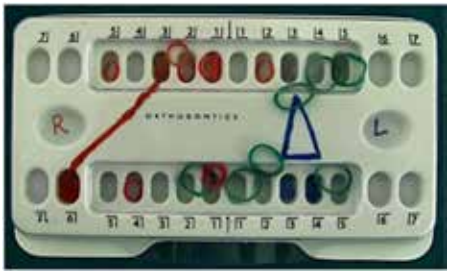

Figure 3. Coloured elastics.

(Figure 2). Even the colour of the elastic can be shown if different colour elastics are to be used in different quadrants. The elastics can also be dispensed in the box (Figure 3).

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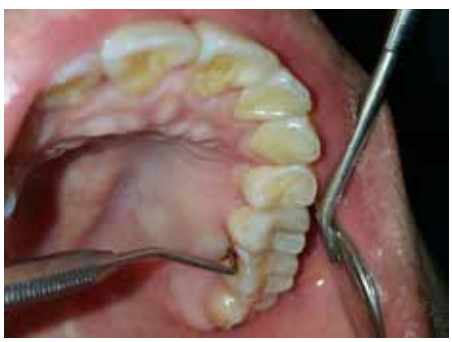

Figure 1. Clinical image of deep periodontal pocket associated with disto-palatal aspect of maxillary first molar.