had rheumatic fever, a heart murmur, angina pectoris (cardiac syndrome) and high blood pressure.

A panoramic x-ray showed what appeared to be bilateral fractures of both condyles just below the severe osteoporosis (Figure 1 – incidental finding on OPG x-ray and Figure 2 – TMJ views). Consequently, *Forsteo* 2x daily injection (osteoporosis) and *Calcichew* D3 forte (osteoporosis) were added to the patient's pre-diagnosis list of medications: *Bisoprolol* (high blood pressure), *Zirtec* (antihistamine) and *Beconase* nasal spray.

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The dental implant: first or last option?

I read with interest the title of the forthcoming *Dental Update* seminar: *The Dental Implant: First or Last Option*. This seems to address an important question in dentistry today.

Dentists of my age (qualified 1971) never thought that we would see the day when trying to save a tooth was not the best option. Whereas peers would nearly always consider providing 'heroic' restorations admirable, there is now the possibility that some would consider it foolish at best and against the patient's best interest at worst; and they could be right! On the other hand, there is a suspicion that sometimes patients are disadvantaged by the reluctance of some clinicians to offer difficult endodontic and restorative solutions, preferring to provide the relative ease of replacement by implant. So there is a difficult balance to be made between the traditional skills of advanced restorative procedures, and the new possibilities of implant-supported dentistry.

In my view, to answer the question 'What is best for this patient?' is going to need a lot more evidence than is currently available. But I welcome that the debate has started and, before we get all the answers, let's learn what the right questions are.

The second point that I would like to make is not about the choices that we have to present to our patients, but the process by which we help our patients make these often difficult and complex decisions. We would all agree that it is the clinician's responsibility to describe the clinical options, each with the pros and cons. Most patients will then need to consider these. In our practice, we have found the role of Treatment Co-ordinator to be very valuable, and I recommend it to colleagues. This person, who will be a registered PCD, will have been trained in Treatment Planning, and has the role of supporting the patient during the decision-making process. This may even involve the arrangements to gain a second opinion, which offers the patient an even higher level of reassurance that everything is being done in his/her best interests. If then, as is often the case, more than one clinician is involved in the delivery of the agreed treatment plan, the co-ordinating part of the job is invaluable. Since the introduction of this role within our practice, I cannot imagine how we managed without it.

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