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.

Denture hygiene

Safety issues with denture care

Sir, we are delighted that the Oral Health Foundation has recently released guidance[1] to promote the importance of good denture hygiene. The guidance rightly identifies that there are many inconsistencies in current advice and practice which can be confusing for denture wearers and carers who support people with mouth care.

The guidance[2] recommends that dentures are brushed daily, soaked in a denture cleansing solution to disinfect and left out of the mouth overnight.

Whilst this is good advice for those people who are independent, we would like to raise awareness of safety issues for patients with cognitive or visual impairments residing in their own homes, care homes and hospitals.

Manufacturers of denture cleansing products recommend that dentures are meant to be soaked in cleansing solution for a short period of time, but in busy hospital wards and care homes they will often be left in these solutions when not in the mouth, sometimes in glasses or beakers rather than in a denture container. With dehydration common in older patients there is a risk that the denture solution may be accidently mistaken for a drink.

Older patients in particular may be taking a multitude of pills and the denture tablets could get mistaken for their regular medication, especially effervescent tablets. There are many reported cases [3–5] of people accidently ingesting denture tablets or cleansing solutions leading to serious damage to their respiratory and digestive tracts and, in a few cases, this has led to death.

When training care staff, the view of the British Society of Gerodontology is that dentures are cleaned on a daily basis with a toothbrush and soap to remove debris and then rinsed with water. Historically it was common practice to simply leave dentures soaking in a solution without brushing and oral health promotors have worked hard over the years to change this practice.

For some people, for example those with dementia or who are partially sighted, the risk of accidentally swallowing denture cleansers outweighs the benefit of using them.

Denture care including safe storage and denture labelling to help prevent accidental loss is an important part of patient care. We would urge readers to be aware of these potential risks and discuss them with patients and carers.

M. Doshi and V. Jones, by email

1. BDJ. Experts issue guidance on best care for dentures *Br Dent J* **225:** 588.
2. Oral Health Foundation. White paper on optimal care and maintenance of full dentures for oral and general health. Available at https://www.dentalhealth.org/denturecareguidelines (accessed December 2018).
3. Ochi N, Yamane H, Honda Y, Takigawa N. Accidental aspiration of denture cleanser tablets caused severe mucosal edema in upper airway. *Clin Respir J* 2018; **12:** 291–294.
4. Laidlaw S. Accidental Ingestion of Steradent Tablets in a Patient with Cognitive Impairment. *Scot Med J* 2007; **52**. 53-53.
5. Boonekamp C, Voruz F, Fehlmann C. Accidental aspiration of a solid tablet of sodium hypochlorite. *BMJ Case Rep* 2018; **2018:** bcr2018224213.

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Rules of prescribing

Prescribing cannabinoids – how relaxed are the rules?

Sir, 1 November 2018 marked an important change in the law;[1] rescheduling medical cannabis from schedule 1 to schedule 2.

Schedule 1 drugs are deemed to have no therapeutic value and therefore, cannot be lawfully prescribed, whereas, schedule 2 drugs may be prescribed. This change was heavily covered in the media with newspapers headlining 'Medical cannabis products available on prescription,'[2] leading to a noticeable recent surge in the number of patients asking about the benefit of medical cannabis for treating their dental conditions.

The change in legislation follows the well-publicised cases[2] of two young boys who suffer with severe, intractable forms of epilepsy and have found a type of cannabis oil to be effective in managing their symptoms, where other medications have failed.

Cannabis is made up of compounds called cannabinoids, the main ones discussed for their therapeutic effect are; tetrahydrocannabinol (THC) which is the psychoactive component of cannabis responsible for recreational 'highs' and cannabidiol (CBD), which has no psychoactive effect.[3]

The recent upheaval in light of these boys' plights were regarding oils containing both a mixture of THC and CBD which were previously illegal. Medical cannabis products are thought to be of benefit in certain cases of multiple sclerosis spasticity, intractable chemotherapy and severe epilepsy.[3] They are therefore, unlikely to be prescribed for other conditions.

It is unsurprising then, that the new legislation restricts the prescribing of medical cannabis to specialists only on the General Medical Council[4] registry, thus, dentists are excluded.

A letter from the Chief Medical Officer outlining the new shift, highlights that medicinal cannabis may only be prescribed where there is clear evidence of its benefit and where other treatment options have been exhausted. Currently, there are no guidelines, however, NICE are due to produce clinical guidelines on the prescribing of medicinal cannabis products by October 2019.

As healthcare professionals, our clinical judgements should be evidence-based. There is currently no strong evidence or guidelines to support the use of cannabis-derived medication in dentistry and it has not been added to our dental formulary.

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