

Letters to the editor

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Special care dentistry

Frailty scale

Sir, the challenges that the ageing population will present to the dental profession have long been forecasted and the word 'frail' is often bandied about. But what does this word mean? The British Geriatrics Society define frailty as 'a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves'.¹ Do we eyeball a person and say they are frail? Is it a binary decision: frail/not frail?

In my search for answers, I came across the Rockwood Clinical Frailty Scale² (Fig. 1) which is widely used in geriatric medicine on a global level. Clinical descriptors and pictographs allow clinicians to recognise and quantify frailty.

The Clinical Frailty Scale is validated, quick to apply and avoids bias. The tool can particularly help newly-qualified clinicians to evaluate the risk/benefits of treatment options and justify their clinical

decision-making. Recording a frailty score in patient notes could also be used in defence of 'supervised neglect'.

Dental treatment planning for the ageing population can be complex and sometimes the decision between radical anticipatory care or the carefully-considered option of not treating disease is a grey area. The Clinical Frailty Scale provides a reminder of the heterogeneity of ageing. It's not a panacea to treatment planning for the ageing population – but it's another tool to have in the toolkit when dealing with complexity.

M. Young, *Tayside, UK*

References

1. British Geriatrics Society. Introduction to Frailty, Fit for Frailty Part 1. 2014. Available at: <https://www.bgs.org.uk/resources/introduction-to-frailty> (accessed October 2019).
2. The 9-point Clinical Frailty Scale was adapted from the 7-point scale used in the Canadian Study of Health and Aging (CMAJ 2005; 173: 489-495) and has been reprinted with the permission of The Geriatric Medicine Research, Dalhousie University, Halifax, Nova Scotia.

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Fig. 1 The Rockwood Clinical Frailty Scale.² Reprinted with the permission of The Geriatric Medicine Research, Dalhousie University, Halifax, Nova Scotia

Green dentistry

Throwing out the baby...

Sir, I write further to a recent letter published in the *BDJ* on 'Green dentistry: Single use plastic' (2019; 227: 327).

Having been employed in the dental profession for some decades I was somewhat amused by the comments regarding the ways in which plastic can be reduced within the dental industry. How many practitioners still remember the glass (autoclavable) dapons pots, glass mouth rinse beakers and metal aspirator tips? These items are still in use in some practices if you look hard enough. I feel that we have in recent decades, along with many others, denegated the 'old' ways in the belief that 'new' is always better. Within this thought I must also urge the dental chair/unit manufacturers to review aspects of the modern dental chair. How many times within a single appointment is an operator compelled to alter the position of the operating light? Compare the modern lighting to the old, large mirror edged operating lights of half a century ago. How often was it necessary to adjust their angles? Could not manufacturers produce a light with the illumination of the modern bulb with the light arc of the old? With such a fast changing profession, I feel we are sometimes at risk of throwing out the baby with the bath water.

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Emergency dentistry

Tongue trapped in lid

Sir, a non-verbal, 28-year-old gentleman with autism and severe learning difficulties presented at the Ipswich accident and emergency department (ED), with his tongue trapped in the lumen of the lid of a re-usable plastic drinking bottle. The patient attended with two carers. They had attempted to remove the bottle by unscrewing it from the