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Conflict of interest: none declared

Self-test questions

The following statements are either true or false (answers on page 115)

5. The risk of cervical cancer is increased in women taking immunosuppressant drugs.
6. Calcineurin inhibitors increase the risk of cardiovascular disease.

Dental notes

Prepared by Dr M McCullough of the Australian Dental Association

Painful paediatric procedures (see page 94)

Dental procedures can be one of a child's most uncomfortable experiences if not handled correctly. They can have adverse psychological effects for the remainder of the child's life with regard to both future dental experiences, and how they relate to other healthcare professionals. Dentists need to be acutely aware of a child's feelings of vulnerability and fear of the unknown when coming to the dentist for the first time. Ideally the dentist should follow guidelines such as the standards of care of the Australasian Academy of Paediatric Dentistry.

Children should be introduced to the dental surgery in a non-threatening manner, ideally when only an examination is necessary. However, on occasion a child requires treatment after they have been in pain for some time, and the expectation of treatment is overlaid by previous experience or embellished accounts of the experiences of their friends, siblings and most importantly the attitudes portrayed by adults, particularly their parents. The concerns and procedures outlined in the medical article (page 94) are generally applicable to dental practice. Establishing rapport with the child and communicating at the appropriate developmental level leads to the use of behaviour management techniques such as 'tell, show, do', distraction and systematic desensitisation which should result in an atraumatic dental visit for the child.

Local anaesthesia has, in the past, been considered by some practitioners to be unnecessary for deciduous teeth; however it should be stressed that if a procedure is predicted to be painful anaesthesia should be provided. Topical anaesthesia should be used, with the material localised onto dry mucosa for 60 seconds, minimising the amount that the child may taste by using the end of a cotton roll. Local anaesthesia should be introduced through tight mucosa for inferior alveolar blocks and buccal infiltrations. For palatal tissues, the needle can

be inserted in the already anaesthetised buccal papilla and gently forwarded until the solution can be deposited into the palatal tissues. Care should be taken regarding dosage and toxic concentrations and practitioners should be aware of the signs of toxicity. Occasionally, referral to a specialist paediatric dentist and the use of sedation or general anaesthesia for lengthy and involved procedures may be the best approach for the long-term psychological well-being and positive health behaviour of the child.

Xerostomia: a common adverse effect of drugs and radiation (see page 97)

Xerostomia (dry mouth) is a relatively common condition and is due to salivary dysfunction. It has multiple causes, including developmental, inflammatory and neoplastic disorders. Common causes are anxiety, an adverse effect of drugs, and radiotherapy in the head and neck region. A decrease in the quantity or quality of saliva has a profound effect on the oral environment. This results in extensive and recurrent smooth surface dental decay, increased periodontal disease, significant worsening of any underlying mucosal disease and an increased likelihood of oral candidosis and difficulty with the retention of dentures. Ideally, before patients start taking drugs that can cause xerostomia or undergoing radiotherapy in the head and neck region, they should have a detailed dental check-up followed by treatment of any active disease. Topical agents can be very useful in reducing decalcification and promoting mineralisation of teeth. Dentists can advise patients on methods for the care of their teeth as well as methods to diminish the feeling of oral dryness that so profoundly affects patients' quality of life. Patients with xerostomia must have regular dental reviews and excellent oral hygiene as the removal of any teeth may result in them being unable to cope with dentures. Patients with Sjogren's syndrome also require long-term follow-up as they have a significantly higher incidence of lymphoma in their salivary glands.