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 ***including*** any references. Authors must sign the letter, which may be edited for reasons of space.

CORONAVIRUS

Pandemic bruxism

Sir, with increasing levels of unemployment, isolation and changes in normal routine during the pandemic, impacts on mental health are unavoidable.[1] Elevated levels of stress and anxiety have a well-established link to bruxism,[2] a common factor that predisposes a tooth to crack and fracture.[3]

Consequently, there has been an increase in patients presenting with features of toothwear, attributed to grinding and jaw clenching. Studies have illustrated increasing levels of bruxism and temporomandibular disorders in those suffering with an aggravated psycho-emotional status.[4] Having diagnosed several patients attending in pain with tooth fractures, the prevalence of such pathology has also been seen increasingly in dental practices.[5]

Conducting a thorough examination, looking for early signs of toothwear and taking a detailed social history can play an important role in establishing a patient's risk of bruxism and tooth fracture. In patients suffering from stress and demonstrating evidence of bruxism, giving advice on how to cope with anxiety, signposting to national agencies and providing interventions such as mouth guards can help to minimise the risk of toothwear and fractures.

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NHS Volunteer Responders Scheme

Sir, the NHS Volunteer Responders Scheme (NHS VRS) was set up as part of the UK government's response to COVID-19 for members of society self-isolating and in need of help. With 2.3 million people identified as clinically extremely vulnerable and another 1.7 million people to be added to the shielding list, the pandemic has left many of our patients feeling isolated, vulnerable and in desperate need of human contact.[1]

According to Age UK, in January 2017, before the pandemic changed our perception of daily life, for people over the age of 60, nearly half a million would usually spend every day alone and another half a million people would go 5–6 days without seeing or speaking to anyone at all.[2] We could be the person our vulnerable patient has sought for help and we can make a difference. The NHS VRS offers services such as delivering shopping, medication and even a 'Check in and Chat' service to regularly call patients, especially those at risk of loneliness.[3] Patients of ours required to self-isolate can even make a self-referral to seek assistance directly.

Therefore, I would like to remind readers that as dental professionals we can refer or signpost our vulnerable patients to the NHS VRS and even volunteer with the Scheme ourselves. Finally, please bear in mind that, sadly, loneliness can kill too just like COVID-19.

S. Patel, Birmingham, UK

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https://doi.org/10.1038/s41415-021-2791-8

Vaccine hesitancy

Sir, as healthcare professionals (HCPs) from the black community we agree with the letter *Public vaccine distrust* that community level vaccine coverage is crucial.[1]

Vaccine hesitancy was recently noted as highest in Black (71.8%) compared to Pakistani/Bangladeshi (42.3%), mixed ethnicity (32.4%) and non-UK/Irish white (26.4%) ethnic groups[2] with significant differences in the willingness of people from a BAME (Black, Asian and Minority Ethnic) group accepting the vaccine compared to those from white ethnic groups.[3,4] GPs have also raised concerns about low vaccine uptake as a primary care network showed 20–30% of people from the BAME group did not attend vaccines clinics compared to 2–3% in other groups.[5] Worryingly, there is clear evidence that COVID-19 does not affect all ethnic groups equally with disproportionate hospitalisations and excess mortality amongst the BAME community in the first wave, who are, sadly, also reluctant to participate in vaccine trials.[6]

We can relate to the vaccine hesitancy displayed by our community. Historical