

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by Reena Wadia

Dental pain – GDP or GMP?

Currie C C, Stone S J, Brocklehurst P, Slade G, Durham J, Pearce M S. Dental attendances to general medical practitioners in Wales: a 44-year analysis. *J Dent Res* 2021; doi: 10.1177/00220345211044108. Online ahead of print.

Patients' reliance on medical care for dental problems was influenced by social deprivation and health policy.

One-third of the UK population is composed of problem-oriented dental attenders, seeking dental care only when they have acute dental pain or problems. Patients seek urgent dental care from a range of health care professionals, including general medical practitioners. This study identified trends in dental attendance at Welsh medical practices over a 44-year period. Over the period, there were 439,361 dental Read codes, accounting for 288,147 patient attendances. The overall attendance rate was 2.6 attendances per 1,000 patient-years. The attendance rate was negligible through 1987 but increased sharply to 5 per 1,000 patient-years in 2006 before almost halving to 2.6 per 1,000 in 2017 to a pattern that coincided with changes to National Health Service policies. Overall, 26,312 patients were repeat attenders and were associated with living in an area classified as urban and deprived or rural. Repeat attendance was associated with greater odds of having received an antibiotic prescription but lower odds of having been referred to another service. Future interventions to discourage dental attendance at medical practitioners should be targeted at those in the most deprived urban areas or rural areas. Health policy may influence attendance rates and should be considered in the future when changes are made.

<https://doi.org/10.1038/s41415-021-3562-2>

Implants in HIV patients

Neumeier T T, Reddy M, Geurs N, Hill J, Neumeier H. Longitudinal study of dental implants in HIV-positive patients. *J Prosthodont* 2021; doi: 10.1111/jopr.13421. Online ahead of print.

HIV *per se* was not a contraindication for implant-supported restorations.

This study compared the clinical outcome of dental implants and their restorations over a three-year period in both positive and negative HIV patients. Twenty patients testing positive and 21 negative control patients were selected. Over the three-year period, 25 of 42 implants placed in the negative control group were assessed, and 17 of 27 implants placed in the positive control group were evaluated. The overall patient retention rate was 77%. At the three-year follow-up, restorations examined were fully functional and causing no pain. Overall, implant retention within the positive group was 96%. Implant retention within the negative control group was 100%. No differences were noted between groups for bone loss.

<https://doi.org/10.1038/s41415-021-3582-y>

Malocclusion severity and quality of life

Närhi L, Tolvanen M, Pirttiniemi P, Silvola A-S. Malocclusion severity and its associations with oral health-related quality of life in an adult population. *Eur J Orthod* 2021; doi: 10.1093/ejo/cjab070. Online ahead of print.

There is an association between malocclusion severity and OHRQoL in adult population, particularly in women.

This study investigated malocclusion severity and its associations with oral health-related quality of life (OHRQoL) among middle-aged adults. The study included 1,786 subjects from the Northern Finland Birth Cohort 1966 who attended dental and oral examination as part of the 46-year-old follow-up study. Malocclusion severity was assessed using the Dental Health Component (DHC) of the Index of Orthodontic Treatment Need (IOTN) and the Peer Assessment Rating index (PAR) from digital 3D dental models. Participants also answered a questionnaire including the Oral Health Impact Profile (OHIP-14) and a question on their satisfaction with occlusal function. In the study, 31.3% had great or very great orthodontic treatment need according to the DHC and the mean PAR total score was 22.05. The most severe malocclusions were associated with OHRQoL, especially the psychosocial and handicap dimensions, and satisfaction with occlusal function. Women reported significantly more OHRQoL impacts than men.

<https://doi.org/10.1038/s41415-021-3583-x>

Influence of aging on periodontal regenerative therapy

Mikami R, Mizutani K, Shioyama H *et al.* Influence of aging on periodontal regenerative therapy using enamel matrix derivative: a 3-year prospective cohort study. *J Clin Periodontol* 2021; doi: 10.1111/jcpe.13552. Online ahead of print.

Periodontal regenerative therapy with EMD significantly improved clinical outcomes on long-term observation, irrespective of the patient's age.

This study investigated the influence of chronological ageing on periodontal regenerative therapy outcomes with enamel matrix derivative (EMD). In total, 253 intrabony defects (151 patients) including 44 furcation involvements were prospectively investigated for three years after regenerative therapy with EMD by evaluating probing pocket depth (PPD), clinical attachment level (CAL) and radiographic bone defect depth (RBD). Participants' mean age was 55.9 ± 12.3 years (range: 22–85). Significant improvement was observed with PPD reductions of 2.84 ± 1.73 and 2.87 ± 1.87 mm, CAL gains of 2.40 ± 1.87 and 2.47 ± 1.89 mm, and RBD gains of 1.76 ± 1.98 and 2.39 ± 2.41 mm at one- and three-year examinations, respectively. At one-year examination, multivariate analysis revealed significant negative association between age and improvement in PPD and CAL. However, by the three-year examination, no significant association was noted between age and improvement in PPD, CAL or RBD.

<https://doi.org/10.1038/s41415-021-3584-9>