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 John R. Radford.

REFUSING IMPLANT DENTISTRY

Refusal of implant supported mandibular overdentures by elderly patients

Ellis JS, Levine A *et al. Gerodontology* 2010; DOI:10.1111/j.1741-2358.2009.00348.x

'...urban legends or horror stories...' although such beliefs about implants were only revealed by those patients from the Montreal group.

A qualitative approach was used to determine 'a rich and deep understanding' as to why people refused implants to support mandibular overdentures. In total, 30 (or 32) edentulous subjects, all who had declined implants, were allocated to five focus groups. These subjects were from Newcastle, UK and Montreal, Canada. Consistent themes that emerged were 1) the pain associated with the surgical procedure, 2) not being able to wear the prosthesis after surgery and 3) it being seen as unseemly to receive such treatment for someone of their age. The comments included 'It's very scary. Imagine yourself having your jaw drilled, then the infection' and '(when) I've had enough (bad dentures), I put them in the drawer... because they hurt...implants, they can hurt all the time.'

DOI: 10.1038/sj.bdj.2011.403

RECONCILING 'REAL LIFE' AND THE 'IVORY TOWER'

Evaluation of a dental outreach teaching programme

Eriksen HM, Bergdahl M *et al. Eur J Dent Educ* 2011; **15:** 3–7

Tensions '...between university clinical routines *versus* experience from "real life" situations...'.

The merits of outreach teaching have been well ventilated. But there are continuing concerns as to the cost-effectiveness and the supervision by 'uncalibrated dental personnel lacking necessary pedagogic qualifications.' This outreach programme, co-ordinated by the Institute for Clinical Dentistry in Tromsø, placed particular emphases on 1) the delivery of care encompassing a dental public health ethos and 2) the robust training of outreach tutors. Two students are allocated to each outreach clinic for a total of 30 weeks. The programme was well received by both the students and tutors. However, tutors considered that the students placed too much emphasis on invasive dentistry in preference to preventative care. Concerns common to both groups, were that the 'case-mix' was less than ideal.

DOI: 10.1038/sj.bdj.2011.404

ORTHODONTIC BONDING MATERIALS – A BALANCE

Comparison of shear bond strengths of orthodontic brackets bonded with flowable composites

Turget MD, Attar N *et al. Dent Mater J* 2011; **30:** 66–71

Flowable composites used for orthodontic bracket bonding may 'pose a risk of damaging the enamel surface during debonding.'

Materials used for orthodontic bonding must possess 1) adequate shear bond strength (SBS) in order to withstand forces applied during orthodontic treatment, yet 2) have an appropriate adhesive remnant index (ARI) thereby reflecting minimal damage to the enamel surface during debonding. This *in vitro* study compared SBS and ARI for the bonding of stainless steel brackets to 60 extracted human premolar teeth using five different combinations of flowable composites. The investigators reported that only Transbond Plus Self Etching Primer and Light Cure Adhesive Paste (authors state that the earlier version, Transbond XT, is the gold standard) and Clearfil S3 Bond+Clearfil Majesty Flow demonstrated adequate SBS. However, they argue that the latter material had an unacceptable ARI.

DOI: 10.1038/sj.bdj.2011.405

OBTURATORS FOLLOWING ABLATIVE SURGERY

Evaluation of the quality of life of patients with maxillofacial defects after prosthodontic therapy with obturator prostheses.

Depprich R, Naujoks C *et al. Int J Oral Maxillofac Surg* 2011; **40:** 71–79

Are there insurmountable methodological problems when exploring such treatment modalities?

The authors acknowledge that this study has the following limitations: 1) patients who have received surgery for maxillary tumours, come to terms with their outcome as 'being alive outweighed the disadvantages of obturator therapy', 2) as most patients in this study were over 60 years of age, acceptance would be more favourable in this than a younger group and, 3) of the original cohort of 43 patients, six patients 'were not available' to participate in the study and six patients had sadly died. The authors assert that results from the questionnaire show 'patient's quality of life after obturation (such treatment) is acceptable compared with the quality of life of the normal population'. This does not concur, however, with the observation that half the group reported they were reluctant to socialise because of problems with eating, speech and appearance.

DOI: 10.1038/sj.bdj.2011.406