

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.

AGEING

Translating research for professional development and effective clinical practice with older adults

Steffan AM. *Cogn Behav Pract* 2012; **19**: 155–160

Cognitive behavioural therapy (CBT) with older adults.

This is one of two commentaries on a series of articles published in this edition of the journal exploring CBT with older adults. CBT has been used in dental care to support those with debilitating psychological disorders. It is invariably carried out in secondary care. Briefly, CBT assists the client to reflect on themselves, other people and issues, and on how what they do can affect these (<http://www.rcpsych.ac.uk/mental-healthinfoforall/treatments/cbt.aspx>). Some of the articles in this journal use clinical vignettes to help 'Tim' or 'Mrs Smith' manage conditions such as depression or compulsive hoarding. Despite older adults often 'preferring nonpharmacological treatments over medication', CBT may not be entirely generalisable as it was developed with younger people. This therapy requires between 5 and 20 sessions. The cost implications of treating those with 'greater comorbidity and fewer remaining years' were not examined, possibly because such discussions are 'inherently ageist'.

DOI: 10.1038/sj.bdj.2012.954

LIP AND TONGUE PIERCING AGAIN

Dental and periodontal complications of lip and tongue piercing: prevalence and influencing factors

Plessas A, Pepelassi E. *Aust Dent J* 2012; **57**: 71–78

What are the real risks associated with oral piercings?

It was conceded that this cross-sectional study (n = 110 subjects), had no control group. Notwithstanding these limitations, the authors claim that one third of teeth showed damage and one third of gingival sites showed recession adjacent to the barbells/rings. Nevertheless, some other studies have not found associations between oral piercings and tooth damage. In this study, it was reported that the longer the ornaments were worn, the more severe was the harm. Over 10% of the subjects carried out the piercings on themselves and in about 5%, the desire for the ornaments was to give sexual gratification. Following piercing, there was a high prevalence of post-operative pain. However, there were no severe complications such as airway obstruction caused by a bleed or late complications such as Ludwig's angina.

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AUTHORITATIVE AND ACCESSIBLE

Critical issues in clinical periodontal research

Preshaw PM. *Periodontol* 2000, 2012; **59**: 7–13

This *Critical Issues* edition is a rigorous exploration of contemporary and apposite periodontal research and treatment.

This is a commentary on the 11 papers that comprise this edition of the journal. Two papers describe surgical techniques used to treat recession defects. The use of collagen membranes is recommended in order to avoid problems associated with harvesting donor tissue. In the substantive paper, some illustrations show the use of a bone graft combined with a collagen membrane. Another paper explores the continuing conundrum of osteoporosis and periodontal disease, but now overlaid by implant therapy and bisphosphonates drug therapy. It would not qualify as a *Critical Issues* edition, if there was not a paper on periodontal regeneration, the 'holy grail' of periodontal treatment. Other papers examine research methodology. Apart from highlighting the usual problems associated with randomisation, the pertinent ethical question is asked 'but what about the patients who participate in them (RCTs)?'

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RISK MANAGEMENT

Hierarchical decisions on teeth vs implants in the periodontitis-susceptible patient: the modern dilemma

Donos N, Laurell L et al. *Periodontol* 2000 2012; **59**: 89–110

'...survival data on implants primarily relate to implant systems that are no longer available.'

At the heart of this paper is Figure 9. It is a pyramid, analogous to a risk 'carrot diagram'. However, in this figure, the 'unacceptable region' is at the apex and comprises that minority of patients for whom implants are contra-indicated. Reasons could be because aggressive periodontitis has not been stabilised or that there is compromised alveolar bone quality and quantity. At the base of this pyramid, are those patients who would benefit from implants because predictable oral health has been demonstrated, there is a favourable dental implant bed and there are realistic expectations. Reconstruction with implants is compared with other treatment strategies. For example, the 'shortened dental arch concept' is contrasted with the 'periodontal-prosthetic concept' whereby dentitions with marked reduced periodontal support are restored with cross-arch bridges.

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