

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.

SPECIALIST GENERALISTS?

The great debate. Dental specialist lists: are they necessary?

Mosedale R, Batchelor P. *Prim Dent Care* 2012; **19**: 111–115

Will the profession become so fragmented that there will be an 'upper anterior root reamer specialist list'?

Although lacking the intensity of a tightly ventilated argument, this written debate adds a different dimension. The arguments for specialists lists have been well rehearsed and are predicated on the claim that some patients require complex care, particularly those who are elderly and dentate. The case against specialist lists is illustrated by a triangle. This is an analogy for population need, 'the height of which corresponds to the growing complexity of a problem'. The triangle can be fragmented into 'compartments on some ill-defined basis consisting of technical or managerial complexities'. Alternatively, this triangle could be a single area representing the 'entitlement' of all dental practitioners to meet the need of the community but to 'send to colleagues should they feel (that patient's need)...is beyond their current capabilities.'

DOI: 10.1038/sj.bdj.2013.186

DELIVERING ORAL HEALTH FOR ELDERLY RESIDENTS

Improving residents' oral health through staff education in nursing homes

Le P, Dempster L *et al. Spec Care Dentist* 2012; **32**: 242–250

'Residents often did not want to participate (in this study), saying that their teeth were old and did not warrant examination or brushing...'

Baseline photographs of the mouths of residents of the nursing home in which this study was carried out, showed a disturbing need for oral home care. These investigators found that the knowledge of carers improved immediately after receiving oral care education and this information was retained after six months. But did this translate into improved oral health of residents? There was no effect on the mean modified Gingival Index of the study group (n = 41) between baseline and six months, nor for control group (n = 39: another nursing home). However, plaque levels were significantly lower at the six-month follow-up for both the study and control groups (possibly the Hawthorne effect).

DOI: 10.1038/sj.bdj.2013.188

SMOKING – ANXIETY

Change in anxiety following successful and unsuccessful attempts at smoking cessation: cohort study

McDermott MS, Marteau TM *et al. Br J Psychiatry* 2013; **202**: 62–67

Stopping smoking reduces anxiety.

The received wisdom that smoking relieves stress is a major barrier for quitting smoking. Nevertheless, unequivocally anxiety increases during the first few days of a 'quit attempt', but what happens in the long term? This paper describes secondary analysis of data obtained in a smoking cessation trial. Support included behavioural approaches, education and pharmacotherapy. Anxiety was measured using Spielberger State-Trait Anxiety Inventory. Using linear regression, it was shown that those who quit smoking were significantly less anxious. However, anxiety increased for those that had a 'failed quit attempt', particularly for those who report that they smoke to cope with stress. The smoking cessation support worker, must therefore maximise the chances of success for those who have decided they wish to stop smoking.

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SMOKING – EXCESS MORTALITY

The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK

Pirie K, Peto R *et al. Lancet*. 2013; **381**: 133–141.

There is little if no 'excess mortality' from smoking in women that quit before 30 years of age.

Oral healthcare workers increasingly facilitate smoking cessation. In this prospective study looking at 1.2 million women (mortality of most were between the ages of 55–74 years), those who smoked at baseline and still smoked at the three-year resurvey, had triple the overall mortality compared with those who never smoked. In addition, even for those who smoked 'fewer than ten cigarettes per day at baseline, 12-year mortality was doubled'. So although 'the absolute hazards of prolonged smoking are substantial, so too are the absolute benefits of cessation.' Not only is 'excess mortality' all but avoided in those who stop smoking before 30 years of age, 90% of 'excess mortality' is also avoided in those that stop before 40 years of age.

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