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.

ANGER

Outbursts of anger as a trigger of acute cardiovascular events: a systematic review and meta-analysis

Mostofsky E, Penner EA *et al. Eur Heart J* 2014; DOI: 10.1093/eurheartj/ehu033

'...higher rate of cardiovascular events in the 2 h following outbursts of anger.'

It has long been held that anger is associated with a higher risk of myocardial infarction, acute coronary syndrome, ischaemic and haemorrhagic stroke and arrhythmia. However, this had been based on studies with only small sample sizes. This systematic review identified nine case-crossover studies. The investigators report that in the two hours following an outburst of anger, subjects with a 'higher baseline cardiovascular risk and individuals who have frequent outbursts of anger' were five times more likely to have a heart attack and three times more likely to have a stroke. However, a small outburst of anger is trivial in the low risk population, in that there was only one extra cardiovascular event per 10,000 subjects each year. There was some heterogeneity between the studies, and there could be reverse causation in that the cardiovascular event could have precipitated an anger outburst. In addition to psychosocial interventions, the taking of medications such as beta-blockers, aspirin, calcium antagonists, or nitrates may lower the risk from outbursts of anger.

DOI: 10.1038/sj.bdj.2014.259

COXACKIE VIRUS A6

Atypical hand, foot, and mouth disease: a vesiculobullous eruption caused by Coxsackie virus A6

Feder Jr HM, Bennett N, Modlin JF. *Lancet Infect Dis* 2014; **14:** 83–86

Features that differ from classic hand, foot and mouth disease include 'a high rate of onychomadesis (shedding of the nail) during convalescence due to arrest of nail-matrix growth'.

This case report describes a 9-month-old boy who presented with a one-day history of fever (rectal temperature of 39·4 °C) and papular exanthema which first appeared around the mouth and then extended to the face, trunk and buttocks. There was an ulcer on the buccal mucosa. Coxsackie virus A6 was found in the stools and a vesicular-fluid sample. The differential diagnosis included 1) varicella zoster virus infection, 2) eczema herpeticum, and 3) bullous impetigo. Although enterovirus infections are not notifiable in the USA, recently 63 other cases of severe, atypical hand, foot, and mouth disease, in four states, were reported. All were caused by Coxsackie virus A6 and in 63% of this group, the patients were younger than years old. Nineteen percent were admitted to hospital which is a higher rate compared with typical hand, foot, and mouth disease.

DOI: 10.1038/sj.bdj.2014.260

GAGGING

Influence of gag reflex on dental attendance, dental anxiety, self-reported temporomandibular disorders and prosthetic restorations

Akarslan ZZ, Yildirim Biçer AZ. *J Oral Rehabil* 2013; **40:** 932–939

Gagging may be an expression of dental anxiety in those who are reluctant to admit to dental fear.

However, other authors are cited who report there was 'no correlation between state-trait anxiety (anxiety about an event, for example gagging) and dental anxiety...or between anxiety severity and gagging.' In this study, in those who had received either fixed or removable prostheses and also had a gag reflex, the investigators found higher dental anxiety but no difference in attendance patterns. In addition, there were increased self-reported TMD symptoms. This study was carried out with 505 patients who attended the Gazi University School of Dentistry in Ankara, Turkey, 70% of whom comprised the control group with no gag reflex. The data was obtained using questionnaires including the GPA-pa SF (gagging problem assessment questionnaire short form) and the Turkish versions of the modified dental anxiety scale. Not unexpectedly, patients with exaggerated gag reflex wore fewer removable prostheses, particularly maxillary dentures, compared to those without a gag reflex.

DOI: 10.1038/sj.bdj.2014.261

OBSTRUCTIVE SLEEP APNOEA

Development of temporomandibular disorders and posterior open bite in patients with mandibular advancement devices used in the treatment of obstructive sleep apnea

Göz G. *J Orofac Orthop* 2013; DOI: 10.1007/s00056-013-0158-8

'...the signs and symptoms of TMD are not *per se* a contraindication...' to the use of mandibular advancement devices in those with mild obstructive sleep apnoea.

And the investigator states that although TMD may develop in a proportion of those treated with mandibular advancement devices, counterintuitively, those who present with '...TMD before treatment do not exhibit significantly worsened TMD during treatment...' and in some, the symptoms may even decrease. This latter conclusion contradicts the title of this paper. As background, 12% of those living in the US suffer from obstructive sleep apnoea (OSA). Positive airway pressure (PAP) is the gold standard although not tolerated by half of those patients who receive such treatment. In this retrospective study, consecutive patients (n = 167) with OSA (apnoea-hypopnoea index >5: 5–15, 10 second apnoeas/hr = mild) were treated with a mandibular advancement device. A posterior open bite developed in 6.6% of patients. Half the patients did not complete the study, usually because of muscle pain.

DOI: 10.1038/sj.bdj.2014.262