

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.

LOCALISED AGGRESSIVE PERIODONTITIS

Localized aggressive periodontitis treatment response in primary and permanent dentitions

Merchant SN, Vovk A *et al.* *J Periodontol* 2014; **85**: 1722–1729

It would appear that those who received treatment for localised aggressive periodontitis in the primary dentition did not suffer from localised aggressive periodontitis in the permanent dentition.

It was stated that the research aim was to compare treatment outcomes in patients with localised aggressive periodontitis affecting their primary dentition ($n = 22$, 15 completed the study) with treatment outcomes in other patients with localised aggressive periodontitis in their secondary dentition ($n = 75$, only 36 completed the study). As to the thorny issue of diagnosis of localised aggressive periodontitis, among other criteria, it had to involve at least two teeth that included an incisor or molar tooth, probing depth >5 mm with bleeding on probing, and radiographic bone loss. All patients were African Americans with unremarkable medical histories. Periodontal treatment comprised full-mouth mechanical debridement at baseline, 3, 6, and 12 months. At the first appointment, systemic antibiotics were prescribed. The antibiotic regimen comprised 500 mg amoxicillin and 250 mg metronidazole, three times a day for 7 days. More favourable treatment outcomes were observed in those with localised periodontal treatment in the primary dentition. DOI: 10.1038/sj.bdj.2015.223

'EFFECTIVE AND AFFORDABLE'

Periodontal effects of 0.25% sodium hypochlorite twice-weekly oral rinse. A pilot study

Galván M, Gonzalez S *et al.* *J Periodontol Res* 2014; **49**: 696–702

Most who rinsed their mouths with sodium hypochlorite complained of a bad taste, but then they did notice whitening of their teeth!

There is a priority 'to develop effective and affordable self-care techniques for the prevention and treatment of periodontal disease.' The use of toothbrushes, interdental cleaning aids and mouth rinses have sub-optimal outcomes. For example, toothbrushing by itself 'reduces the average plaque scores only by about half, and plaque is left behind on 85% of interdental surfaces'. This was a randomised, controlled, single-blinded, clinical trial. The test group rinsed twice weekly with 0.25% sodium hypochlorite (Clorox regular bleach that contains 6% sodium hypochlorite, diluted with water). The control group rinsed with water. Fifteen patients were allocated to each group. At baseline and 2 weeks, subgingival irrigation was carried out with either 0.25% sodium hypochlorite (test) or water (control). Only 12 participants (7 test, 5 control group) completed the 3 month study. In those who rinsed with sodium hypochlorite, there were significant reductions 1) in the number of teeth that did not show bleeding on probing, and 2) plaque-free surfaces. DOI: 10.1038/sj.bdj.2015.224

CHILDREN – ORAL MALODOUR

The relationship between tongue brushing and halitosis in children: a randomized controlled trial

Ileri Keceli T, Gulmez D *et al.* *Oral Dis* 2015; **21**: 66–73

Oral malodour improved in children with enhanced oral hygiene, regardless as to whether or not tongue brushing was carried out.

The association between tongue coating and oral malodour in adults is well established. In addition, tongue brushing lowers the bacterial load and reduces oral malodour. The aim of this study was to examine such associations in children. Sixty-nine children with halitosis were assigned randomly to one group who carried out tongue brushing twice a day together with oral hygiene following instruction, and one group that performed only oral hygiene, again following instruction. Halitosis was quantified by measuring organoleptic assessment (smelling for oral malodour) and volatile sulphide compounds measurements. The Winkel tongue coating index was significantly lower after 15 days. However, this was not associated with a corresponding decrease in organoleptic scores and volatile sulphide compounds measurements over that achieved by enhanced oral hygiene only. In addition, there was no differences between 'culture-positive anaerobic bacteria', recovered from tongue coating samples at baseline and after 15 days, for both oral hygiene regimens. DOI: 10.1038/sj.bdj.2015.225

ENERGY DRINKS – SUGAR

Energy drinks fuel the obesity epidemic

Search www.actiononsalt.org.uk/actiononsugar/ (or below quote)

'Energy drinks are the Wild West of the soft drinks industry: often shockingly and unnecessarily high in sugar and caffeine...'

Such hyperbole detracts from the key message that most energy drinks are high in sugar. Sugar is not only associated with dental caries but also obesity. This commentary is grounded on a table giving the amounts of sugar in almost two hundred different energy drinks. At the high end of sugars content were Sainsbury's Energy Drink, Orange 1 L with 15.9 g of sugars/100 ml, and some of the ROCKSTAR and Lucozade energy (no data on Lucozade sports) drinks. These drinks contain 'the equivalent of 20 teaspoons of sugar per 500 ml can'. But most of the manufacturers have energy drinks, that contain no sugar (viz the 'zero' brands of Sainsbury's, some of the ROCKSTAR, Red Bull and the KX sugar-free). The Chairman of 'Action on Sugar', argues that 'Children are being deceived...thinking they are going to improve their performance at school, during sports...'. But the relationship between mortality, exercise and obesity is complex (see *Am J Clin Nutr* doi:10.3945/ajcn.114.100065 that found early death associated with physical inactivity was independent of BMI). DOI: 10.1038/sj.bdj.2015.226