

# 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.

## REVISITING COSTEN SYNDROME

### Tinnitus in patients with temporo-mandibular joint disorder: proposal for a new treatment protocol

Attanasio G, Leonardi A *et al.* *J Craniomaxillofac Surg* 2015; **43**: 724–727

**Only if otologic disorders and neurological diseases have been excluded, could treatment of a patient suffering from tinnitus be focussed on managing TMD.**

Over 80 years ago, James B Costen who was an otolaryngologist included tinnitus as a component in his once famous syndrome. In this study, the investigators recruited 86 consecutive patients with tinnitus but without hearing impairment. For 55 of this original cohort of patients only, measurements for tinnitus (Tinnitus Handicap Inventory) and other symptoms were assessed using a VAS scale. In those patients with TMD (n=35), there was a decrease in Tinnitus Handicap Inventory and VAS values following treatment with a splint worn for 8–15 hours each day. A possible explanation could be that there is a close anatomical relationship between the 'second branch of the trigeminal nerve and the dorsal cochlear nucleus'. This eponymous syndrome is seldom now referred to, as associations were made between occlusal perturbations such as overclosure and the signs and symptoms of TMD.

DOI: 10.1038/sj.bdj.2016.19

## 'TO ACCEPT, TO GIVE UP, OR...'

### Patients' experiences of changes in health complaints before, during, and after removal of dental amalgam

Sjursen TT, BINDER P-E *et al.* *Int J Qual Stud Health Well-being* 2015; **10**: 28157 - <http://dx.doi.org/10.3402/qhw.v10.28157>

**The following themes were identified: 'Something is not working; betrayed by the body', 'You are out there on your own', 'Not being sure of the importance of amalgam removal', 'The relief experienced after amalgam removal' and 'To accept, to give up, or to continue the search'.**

Using purposive sampling, 20 patients were recruited from the intervention group in a Norwegian amalgam removal trial. Among other criteria, there were no signs of contact allergic reaction to dental amalgam, these patients had 'health complaints from at least three organ systems' but 'no severe medical disorders/food allergies/psychological difficulties'. Five years after replacement of their dental amalgams, interviews were carried out with 12 participants only. This statement summarises the key finding; 'The dental amalgam was certainly important to get rid of, but it is uncertain how important the removal was for the experienced changes in health complaints.' In this erudite paper, the authors give some support to the tenets of the nosologist (those that study the classification of diseases and consider such important). They quote Kirmayer; 'The meanings given to symptoms and distress can transform suffering.'

DOI: 10.1038/sj.bdj.2016.21

## 'RECLAIMING LIFE'

### Exploring the oral health experiences of homeless people: a deconstruction-reconstruction formulation

Coles E, Freeman R. *Community Dent Oral Epidemiol* 2015 Jul 23. doi: 10.1111/cdoe.12190

**'...all I was interested in was getting my drugs, that was my main priority, teeth were the last thing I ever thought about, until I got toothache...'**

For those who are homeless, is their oral health awareness lost under 'the cosh of current life events'? Homelessness was conceptualised as a 'dynamic process', from deconstruction of the self, through construction of a homelessness identity to reconstruction of a life beyond homelessness. Oral health was used to illustrate this 'deconstruction-reconstruction formulation'. Underpinning the research, were two theoretical positions – that of Kant and the idea that consciousness or awareness is over-determined and that of Gaddini that 'the mouth is a central component of the mind-body continuum'. This is in contrast to Nettleton, who argues that 'the mouth should be considered as separate and thereby distinguished from the rest of the body'. The investigators used grounded theory methodology 'to understand the [homelessness] world' with the assertion that there is no prior knowledge of it. A purposive sample of 34 homeless people was recruited from homeless populations in four Scottish cities. Interviews were carried out to ascertain 'the problems and perceived barriers that homeless people felt affected... their good oral health and access to oral health services'. During the interview and only if considered appropriate, the investigators sought reflections from the participants on their homelessness and emotional journey. The findings suggest the need for 'responsive, acceptable and appropriate dental services for homeless people'. The second author is a colleague of the abstractor.

DOI: 10.1038/sj.bdj.2016.20

## HALITOSIS

### Relationship between subjective halitosis and psychological factors

Vali A, Roohafza H *et al.* *Int Dent J* 2015; **65**: 120–126

**'...anxiety, depression and stress, as well as some personality traits... are associated with subjective halitosis.'**

This cross-section community-based study recruited 4,763 participants living in the Isfahan province of Iran. The subjects answered questions on subjective halitosis and questionnaires on anxiety, stress and personality traits. The response rate was 86.16%. Over one half of the participants considered they had halitosis. They were more anxious [OR = 1.76, 95% CI: 1.38–2.24], stressed (OR = 1.41, 95% CI: 1.17– 1.71), depressed (OR = 1.31, 95% CI: 1.09–1.57) and showed traits of 'neuroticism' although 'consciousness' was shown to be a 'protective factor'. It was not reported whether or not those with subjective halitosis did indeed have halitosis.

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