

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 Paul Hellyer

Antibiotic resistance – an international problem

Current prescribing trends of antibiotics by dentists in Australia from 2013 to 2016. Part 1

Teoh L, Stewart K, Marino RJ, McCullough MJ. *Aust Dent J* 2018; **63**: 329–337

Improving antibiotic stewardship by dentists may help

Overprescribing of antibiotics exposes patients to the risk of adverse effects, allergic reaction and unnecessary personal costs. At a societal level, overprescribing contributes to the development of antibiotic resistance with associated increased costs due to longer durations of treatment and higher mortality rates.

Dentists in Australia prescribe 3% of the total antibiotics dispensed in the country, less than in many other countries (9% in the UK, for instance), and on average write one antibiotic prescription per week. Numbers of prescriptions have fallen by 7% since 2013. Broad spectrum amoxicillin and amoxicillin/clavulanic acid accounted for 75% of prescriptions, followed by metronidazole (14%) and clindamycin (5%).

The research shows that dentists do not always follow the national guidelines for antibiotic prescribing. Optimising antibiotic stewardship by dental practitioners can usefully slow the worldwide problem of the development of antibiotic resistant bacteria.

DOI: 10.1038/sj.bdj.2018.784

Continuity of care in practice is important

An up to 50-year follow-up of crown and veneer survival in a dental practice

Oley RC, Andiappan M, Frost P. *J Prosthet Dent* 2018; **119**: 935–941

The retrospective review from a single dental practitioner and laboratory

As part of a service evaluation, this paper reports on the longevity of extra-coronal restorations placed by one practitioner, and constructed by one commercial dental laboratory, over a period of up to 50 years.

Practice records revealed 223 restorations were placed between 1966 and 1996 in 47 patients, who had all received at least annual follow up appointments with radiographs as appropriate and oral hygiene and dietary advice from a dental hygienist. Failure of a restoration was recorded if it had been re-cemented more than once, a loss of marginal integrity was noted or pulpal or periapical disease. Standardised preparation methods were used, including recording of the tapers of the preparations. 179 posterior crowns, 22 anterior veneers and 22 anterior crowns were monitored. The earliest crowns were cemented with zinc phosphate cement but glass ionomers and adhesive resins were used in latter years.

Over the period of study, only 6 metal-ceramic crowns failed, all due to a loss of vitality. The study highlights the importance of continuity of care and monitoring of oral hygiene and diet to the longevity of restorations.

DOI: 10.1038/sj.bdj.2018.786

Median time to complaint resolution = 4 months

Complaints about dental practitioners: an analysis of 6 years of complaints about dentists, dental prosthetists, oral health therapists, dental therapists and dental hygienists in Australia

Thomas LA, Tibble H, Too LS, Hopcraft MS, Bismark MM. *Aust Dent J* 2018; **63**: 285–293

Dentists receive more complaints than other health practitioners

10% of all complaints made to the Australian Health Practitioners Regulation Agency (AHPRA) between 2011 and 2016 concerned dental practitioners (general dentists and dental specialists, dental prosthetists, dental hygienists, dental therapists and oral health therapists); yet dental practitioners make only 3.5% of all health care practitioners regulated. The complaint rate for dental practitioners was 42.7 per 1,000. Dentists and dental prosthetists had 5x higher rate of complaints than other dental professionals. 706 dentists (4%) were the subject of more than one complaint to AHPRA and accounted for 2107 (49%) of complaints about dentists.

The majority of complaints were made by patients (or their relatives). 6% were made by other practitioners. Most complaints concerned performance issues (eg diagnosis and treatment), whilst 25% concerned conduct (dishonesty, infection control and crossing sexual boundaries) and 2% concerned health issues (substance misuse, mental health etc).

Sixty percent of complaints resulted in no further action against the practitioner. Median time for resolution of all complaints was 120 days. The importance of appropriate triage and swift resolution of complaints is emphasized.

DOI: 10.1038/sj.bdj.2018.785

Does size matter?

Five-year survival of short single-tooth implants (6 mm): a randomized controlled clinical trial

Naenni N, Sahrman P, Schmidlin PR et al. *J Dent Res* 2018; **97**: 887–892

Shorter implants are a reasonable option

Shorter implants are less likely to impact on neighbouring anatomic structures and require less remaining bone height.

This clinical trial reviewed the 5 year outcome of 86 patients who randomly received either a 10mm or a 6 mm implant, according standardised surgical and loading protocols, in either the mandible or the maxilla.

At the end of the study period, no 10 mm implants had failed but 4 (9%) of the 6 mm implants had been lost. The difference was statistically significant. No significant differences were found between the 2 groups in the clinical measures used (probing depths, bleeding on probing), between smokers and non-smokers and between the maxilla and the mandible.

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