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Satisfaction with dental care among elderly Finnish men

Tuominen R, Tuominen M
Community Dent Oral Epidemiol 1998; 26: 95-100

Dentate subjects were more satisfied than the edentulous, and maintaining their dentition was apparently the principle goal of the former.

Questionnaires were sent to a systematic sample of 2048 men aged 58-94 yrs (mean 73), who were all military veterans. The response rate was 76%. Nearly half of the non-responding subjects' questionnaires were returned and in more than half of these the subject had died or been admitted to long-term care.

The 667 dentate subjects differed significantly from edentulous (635) in the following ways: 63% (versus 98%) wore removable dentures; 58% (29%) used dental services in past 12 months; 9% (2%) were on a recall programme; 44% (9%) had regular check-ups; and the dentate had slightly lower age, higher income and could reach the clinic a little more quickly.

Dentate subjects scored higher in 11 of 14 items on a modified Dental Satisfaction Questionnaire. The authors interpreted their findings to suggest that dentate subjects should as far as possible be kept in that condition, and that all subjects should be encouraged to participate in a recall system.

Toothbrushing forces in children with fixed orthodontic appliances

Heasman PA, Macgregor IDM et al.
Br J Orthod 1998; 25: 187-190

Placing a fixed appliance does not appear to alter the patient's usual brushing forces.

Toothbrushing force relates to plaque removal and it is not known how orthodontic appliances may interfere. Thirty subjects aged 10-15, who were to receive fixed appliances, took part in this study. None had received oral hygiene instruction. A toothbrush incorporating strain gauges and a radiotelemetry unit was used.

At baseline, mean brushing force was 194g, and the appliances were then fitted. The authors indicate that a clinically significant difference, for which their trial was designed to test, would be 25%. Two weeks later, mean force was statistically unchanged at 203g, and at 14 weeks, it was 201g. There were no differences between the 10 males and 20 females. The authors conclude that patients should not be told that brushing force may reduce when a fixed appliance is placed.

Fired ceramic inlays: a 6-year follow up

Van Dijken JWV, Höglund-Åberg C et al.
J Dent 1998; 26: 219-225

Fracture or loss of inlays occurred in one-third of cases, but was dependent partly on luting agent.

In 50 patients, 118 fired ceramic inlays were placed. Half were luted with a composite resin agent, half with a glass polyalkenoate (ionomer) cement. With the exception of 2 patients, all were seen at 6 months, and then yearly to 6 years. At each visit, a modified version of the US Public Health Service criteria was applied. This examination assessed: anatomical form, marginal adaptation and discolouration, colour match, roughness and caries.

By 6 years, failure occurred with 12% of inlays luted with composite resin, and 26% luted with glass polyalkenoate. Defective but acceptable inlays were noted with 7% of the composite group and 12% of the polyalkenoate group. The authors note that the latter cement had inferior adhesion, which might relate both to loss and other types of defect.

Adjunctive use of a subgingival controlled-release chlorhexidine chip reduces probing depth and improves attachment level compared with scaling and root planing alone

Jeffcoat MK, Bray KS et al.
J Periodontol 1998; 69: 989-997

Use of a chlorhexidine chip after root planing reduced probing depth by an extra 0.3 mm and increased clinical attachment by 0.2 mm in pockets of 5-8 mm.

In 2 trials, each with 5 participating centres, 447 patients were recruited, each with at least 10 natural teeth and 4 of these with pockets of 5-8 mm. Conditions of treatment were meant to approximate to those in dental practice.

Following 1 hour of scaling and root planing (SRP), 2 sites in each patient received a biodegradable chip, either releasing chlorhexidine over 7-10 days (225 subjects), or a placebo (222). The other 2 sites served as SRP controls. All patients were stratified according to smoking status, and sites were randomly assigned to treatments. Active and placebo groups each lost 14 patients. Chips were replaced at 3 and 6 months if pockets were still 5 mm or more at those dates.

Initial mean probing depths were: SRP, 5.6 mm; placebo + SRP, 5.6 mm; active + SRP, 5.7 mm. Respective reductions 9 months later were: 0.65 mm; 0.69 mm; 0.95 mm. Initial mean clinical attachment levels were respectively: 5.1 mm; 5.1 mm; 5.3 mm. Reductions after 9 months were: 0.58 mm; 0.55 mm; 0.75 mm. The extra improvements with the chip are clinically small, but might be of significance in some cases.