

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 Dr Trevor Watts.

BEHAVIOURAL SCIENCE; SMOKING

Patient feedback as a motivating force to quit smoking

Hanioka T, Ojima M *et al.* *Community Dent Oral Epidemiol* 2007; **35**: 310-317

Dentists may help patients to quit smoking.

There is little evidence on whether dental professional advice may help patients to quit smoking. The present investigators recruited 45 dentists in a Japanese preventive dentistry association, 35 of whom completed it. Smoking patients were assigned consecutively to an intervention group (IG) who received an explanation of the relevance of smoking to dental diseases with subsequent reinforcement, and a non-intervention group (NG). About 63% of patients completed the study: 248 IG and 249 NG.

About 3/4 of patients reported unwillingness to quit within 6 months (precontemplation stage), 16% wished to quit after 1 month but before 6 months (contemplation stage), and over 7% wanted to quit within 1 month (preparation). In the IG, 12% reported an attempt to quit, as opposed to 5% in the NG.

DOI: 10.1038/bdj.2007.1199

PERIODONTICS

Clinical evaluation of partial- and full-mouth scaling in the treatment of chronic periodontitis

Knöfler GU, Purschwitz RE *et al.* *J Periodontol* 2007; **78**: 2135-2142

One-visit scaling and root planing had an outcome similar to the same treatment in 2 visits.

Some researchers have advocated full mouth (FM) one-visit scaling and root planing (SRP) as a way of avoiding premature re-infection of pockets. In this study, 20 subjects with chronic adult periodontitis were treated with FMSRP in 1 visit, and 17 at 2 visits. During the procedure, saline irrigation was performed. After the 1-visit procedure, subjects rinsed with 0.2% chlorhexidine (CHX) for 1 wk, 12-hourly. After the 2-visit procedure, subjects brushed their tongues and rinsed with CHX for 2 weeks 12-hourly.

In the 1-visit group, mean PD reduced from 3.2 to 2.9 mm after 12 months, and in the 2-visit group, from 3.0 to 2.7. Respective mean changes (mm) for clinical attachment level were 3.5 to 3.2 and 3.2 to 2.9, and for BOP, from 39% to 16%, and 40% to 17%. The authors conclude that the 1 visit treatment is not superior in outcome to the traditional method. This implies that re-infection of pockets is not a problem.

DOI: 10.1038/bdj.2007.1201

CARIOLOGY; METABOLIC MEDICINE

Root surface and coronal caries in adults with type 2 diabetes mellitus

Hintao J, Teanpaisan R *et al.* *Community Dent Oral Epidemiol* 2007; **35**: 302-309

Type 2 diabetes was a significant risk factor for root caries in this population.

Different investigators have reported various results for the relationship between diabetes and caries. This study in a Thai hospital compared 105 type 2 diabetic patients, and 103 non-diabetic controls attending for health check-ups.

Diabetic subjects had significantly more missing teeth than controls (10 v. 8), exposed root surfaces (26 v. 19) and root caries (prevalence 40% v. 18.5%). For coronal caries in the total 208 subjects, there were significant, though small, odds ratios for smoking history, dentures, *Lactobacillus* counts, age, missing teeth and salivary buffer capacity. For root surface caries there were significant ORs with type 2 diabetes (2.1), missing teeth, salivary buffer capacity and presence of coronal caries.

DOI: 10.1038/bdj.2007.1200

ONCOLOGY; EPIDEMIOLOGY

Racial disparity in stage at diagnosis and survival among adults with oral cancer in the US

Shiboski CH, Schmidt BL *et al.* *Community Dent Oral Epidemiol* 2007; **35**: 233-240

Black males in the USA have lowest survival rates for oral cancer.

From 1992-2001, cancer of the oral cavity and pharynx was the 4th commonest malignancy in the USA. This study explored a large database (SEER) from 1973-2002 in relation to relative ethnic survival rates.

During the period, 46,855 cases of oral cancer were reported. Among black adults, 60% of tongue and 50% of floor of mouth tumours were >4 cm at diagnosis; among whites, respective rates were 44% and 40%. Larger tumour size at any oral site was commoner among black people ($P < 0.001$). Respective oral cancer 5-year survival rates were higher among white men and women than black men and women. For instance, tongue rates from 1988-2002 were 0.53 and 0.59 for white men and women, and 0.31 and 0.39 for black men and women.

The authors consider that delayed diagnosis is responsible for the lower survival rates in black men and women, and recommend targeted screening strategies.

DOI: 10.1038/bdj.2007.1202