

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

Smoking cessation advice in dental practice

Ordell S, Ekbäck G. Smoking cessation and associated dental factors in a cohort of smokers born in 1942: 5 year follow up. *Int Dent J* 2019; **69**: 107–112.

Older patients are receptive to the information given.

The World Health Organisation estimates that the percentage of deaths attributable to tobacco in older people is 14% (60–69 years of age), 13% (70–79) and 10% (80+). The rates are generally higher for men. Smoking cessation advice given in dental practices is considered to be effective but restraints include time limitations and lack of remuneration.

Cross sectional postal surveys collected data on smoking habits from a cohort born in 1942 in two Swedish districts considered representative of the Swedish population as a whole. Data were analysed from surveys in 2007 and 2012. Response rates exceeded 70% in both years.

The smoking cessation rate of the sample cohort was 28%. Smoking cessation was associated with being able to recall information being given at a dental office and with bleeding gums. Females and not living in a city were also significantly associated with smoking cessation.

A short intervention about tobacco usage within the context of dental appointments is effective in this age group, and the increased likelihood of bleeding gums due to nicotine reduction should be mentioned in counselling.

DOI: 10.1038/s41415-019-0307-6

Toothpaste advertising

Hujoel P P. Historical perspectives on advertising and the meme that personal oral hygiene prevents dental caries. *Gerodontology* 2019; **36**: 36–44.

Is there a conflict between marketing claims and evidence of benefits?

The concept that oral hygiene measures (without the use of fluoride) can prevent dental caries arose in the 1930s with the marketing campaign of the Pepsodent Company. Direct-to-consumer marketing created 'global memes on the therapeutic benefits of oral hygiene'.

The American Dental Association (ADA) set up a regulatory committee to control unscientific claims, toothpaste advertisements being described as 'quackish' and 'humbuggery'. However, in trying to restrict what could be claimed in advertisements, the ADA Journal lost advertising revenues from the manufacturers and control of what could be written passed to the business manager of the ADA.

The concept that a self-cleaned mouth, even when reinforced by professional prophylaxis 'at least once every three months', would prevent all oral disease created a false sense of security, discounting the harm caused by dietary sugar and other potential risk factors.

The author contends that non-evidence-based claims for toothpaste are increasingly being made and that 'advertising revenues can [...] lead professional organisations to adopt conflicted editorial policies.'

DOI: 10.1038/s41415-019-0351-2

What makes a therapeutic healthcare space?

Bates V. Sensing space and making place: the hospital and therapeutic landscapes in two cancer narratives. *Med Hum* 2019; **45**: 10–20.

It's all in the mind of the patient.

Waiting, lack of movement and noise commonly form part of an appointment for dental treatment. How do patients respond?

We place ourselves in a space with our senses. Without senses, places make little sense. A place is made a healthy space when it is a 'positive and affective experience for the patient.' Using the illness narratives of two cancer patients, the author explores the concept that built healthcare facilities (eg hospitals) only become therapeutic environments when there is a dynamic relationship between the patient and the created spaces.

Some responses, however, may be negative. For instance, the author highlights the sense of entrapment felt by one of the narrators when undergoing a scan. As he becomes aware of the lack of movement, isolation and a lack of human touch, so other senses, such as taste, become heightened. With no other distractions, his thoughts turn to negativity about his situation. For the other narrator, the same circumstances highlight the negative aspects of noise – 'noise is to sound what stench is to smell' – something unwanted and invasive.

DOI: 10.1038/s41415-019-0352-1

Large variations in costs and subsidies

Eaton K A, Ramsdale M, Leggett H *et al*. Variations in the provision and cost of oral healthcare in 11 European countries: a case study. *Int Dent J* 2019; **69**: 130–140.

Modes of delivery also vary widely across Europe.

Using a scenario in which a young healthy patient requires some straightforward dental care, the costs and delivery of care across 11 European Union member states were compared.

In all but one country, some of the treatment could be carried out by a dental hygienist. France does not recognise dental hygienists as part of the dental workforce. In the majority of countries, with additional training, dental nurses could carry out oral hygiene instruction and take radiographs. In Denmark, with further training a dental nurse could place a filling under the supervision of a dentist and carry out a scale and polish.

In most countries, the dentist would be supported by a full time dental nurse. Countries in northwest Europe tended to work in multi-dentist practices whereas elsewhere, single handed practice predominated.

In mainland Europe, cost of treatment varied between €158 in France to €603 in Denmark. Public subsidy for these costs ranged from 0% in Italy, the Netherlands and Spain to 100% in France and Hungary.

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