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.

Pharmacists and GPs lack oral health knowledge

Sturrock A, Preshaw P M, Hayes C, Wilkes S. 'We do not seem to engage with dentists': a qualitative study of primary healthcare staff and patients in the north east of England and the role of pharmacists in oral healthcare. *BMJ Open* 2020; 10: DOI: 10.1136/bmjopen-2019-032261.

Poor communication channels between GPs and GDPs highlighted.

The number of clinical pharmacists (CPs) is increasing and their role includes medication reviews, managing long term conditions implementing medication safety guidance, supporting public health campaigns and signposting to appropriate healthcare professionals. The authors state that 'each of these areas represent an opportunity for the provision of oral healthcare (*sic*) by CPs'. This paper explores the attitudes and perceptions of primary healthcare staff and patients to the role of CPs in providing oral healthcare advice and any potential barriers to this process.

Using interviews and focus groups, the authors sought the views of patients (n = 6) and a convenience sample of pharmacists, general medical practitioners, general practice nurses and administrative staff (n = 16). Four themes emerged: 1) enhanced clinical roles; 2) limited knowledge; 3) isolation of the dental team; 4) integration of oral health advice.

CPs were generally happy with their expanding clinical role and some patients perceived the benefit of their role. However, all healthcare professionals reported limited knowledge of basic oral healthcare advice and of assessment and management of dental infections. One CP is quoted as saying that even if the GP thinks 'it's an abscess', they have a duty of care to treat that infection, 'even if we don't know a great deal about more complex dental issues'. Participants also claimed little knowledge of the links between oral and systemic disease, such as diabetes and medication-related osteonecrosis of the jaw (MRONJ), one participant seeming to remember some advice about dental check ups for patients on bisphosphonates, from 'a couple of years ago' but 'that might have lapsed a bit'.

The lack of communication between dentists and medical practitioners was a concern to GPs and CPs. Prescribing information could not be easily shared as dentists do not have access to the patient's Summary Care Records. One GP stated that he could not recall contact from dentists. Worryingly, both patients and healthcare professionals described a reluctance to engage with dental services, due to cost, dental phobias and lack of education on the benefits of good oral health.

This paper highlights the isolation of general dental practice from the rest of NHS primary care services and shows that there is the need for education in oral healthcare, prevention and treatment for non-dental practitioners. Confusingly, the authors use the terms 'oral healthcare provision' and 'oral healthcare advice' interchangeably. No participants from general dental practice were included in the study.

<https://doi.org/10.1038/s41415-020-1506-x>

Patient information videos

Ozsoy H E. Evaluation of YouTube videos about smile design using the DISCERN tool and Journal of the American Medical Association benchmarks. *J Prosth Dent* 2020; DOI: 10.1016/j.prosdent.2019.12.016. [Epub ahead of print].

Frequently unbalanced and biased.

The internet and social media are now important sources of information for patients. YouTube has over 1 billion users daily. Using two different evaluation tools, this study examined the top 100 YouTube sites, resulting from a search for the keywords 'smile design'.

Twenty-two videos were excluded as duplicates, non-relevant or not in English. Of the remainder, all scored poorly in the areas of providing additional sources of support and information, areas of uncertainty, treatment risk, the effect of no treatment and the possibility that there were other treatment options. Many were considered as unbalanced and biased by both evaluation tools.

In line with previous studies of information on YouTube about other medical issues, the research found that videos on smile design contained misleading and incomplete information. Dentists have a responsibility to check the reliability of their uploaded video content and available benchmarks are well described in this paper.

<https://doi.org/10.1038/s41415-020-1508-8>

Time for a coffee break!

Cameron M I, Morisco D, Hofstetter D *et al.* Systematically improving espresso: insights from mathematical modelling and experiment. *Matter* 2020; 2: 631–648.

Maths and science improves the consistency of your espresso.

Coffee consumption is increasing. In 2015, the coffee industry was worth \$225.2 billion. An espresso is the basis for cappuccino, latte and all the other menu choices a barrista can offer. The importance of a consistent product cannot be overestimated. More than 2,000 different compounds are extracted from the grounds during brewing. Traditionally, an espresso is a 25–35 ml beverage prepared from 7–9 g of ground coffee made with water heated to 92–95° C forced through the granular bed under 9–10 bar of static water pressure for 20–30 seconds. Variables include tamp force, flow rate and time, the particle size of the ground coffee and age of the beans.

Using mathematical modelling, the research team showed that extraction yield, the percentage of coffee solids which ends up in the cup, thus affecting flavour, could be predicted consistently, unless the grind was too fine. In this case, uneven water flow through the grounds due to clogging, produced inconsistent results. Greater consistency is possible by using a coarser grind and less coffee, as water flows more evenly through the grounds. Less coffee decreases coffee waste by 25%, with consequent savings in costs (see also <https://bit.ly/3cTdKHI>).

<https://doi.org/10.1038/s41415-020-1507-9>