

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.

Domiciliary visits can be rewarding

Kerr E, Watson S, McMullan J, Srinivasan M, McKenna G J. General dentists' attitudes and perceived barriers in providing domiciliary dental care to older adults in long-term care facilities or their homes in Northern Ireland: a descriptive qualitative study. *Gerodontology* 2022; **39**: 257–265.

But GDPs are reluctant to attend.

In Northern Ireland, general dental practitioners (GDPs) are responsible for their registered patients, whether they can visit the dental surgery or not. The numbers of domiciliary visits by GDPs has remained static for the past five years. Fewer domiciliary visits by GDPs places additional strain on community dental services.

From 12 semi-structured telephone interviews with GDPs, barriers to providing domiciliary care were identified:

1. The risk of being sued in a litigious society
2. Poor remuneration make visits uneconomic
3. The complex nature of the treatment needed
4. Uncertainty concerning organisation and a lack of training.
5. Practice policies – corporates provide no domiciliary care.

A sixth theme identified recognised that GDPs had positive attitudes to providing the service, enjoying the interaction with patients, particularly if they were long-term, loyal patients of the practice.

<https://doi.org/10.1038/s41415-022-5329-9>

Fluoride varnish application in nursing homes

Jabir E, McGrade C, Quinn G *et al.* Evaluating the effectiveness of fluoride varnish in preventing caries amongst Long-Term Care Facility Residents. *Gerodontology* 2022; **39**: 250–256.

A potentially effective strategy.

Research on the effectiveness of fluoride interventions has been mostly carried out on children. Whilst regular application of fluoride varnish has been shown to prevent root caries in adults, it is not possible to extrapolate these findings to those residing in long-term care facilities (LTCFs) who have specific characteristics of co-morbidities, polypharmacy, limited self-care abilities, and reduced access to professional mouth care.

Comparing the effectiveness of a twice-yearly application of fluoride varnish to residents of nine LTCFs and oral hygiene instruction to the staff (the intervention group), with the provision of routine oral care but no fluoride application, to residents of nine different matched LTCFs (the control group), this quality improvement project found a significant reduction in the incidence of carious lesions in the intervention group when compared to the control group. Despite the provision of oral health training to the LCTF staff, no reduction in plaque scores was observed.

<https://doi.org/10.1038/s41415-022-5331-2>

Incidental findings on panoramic radiographs

Maia P R L, Tomaz A F G, Maia E F T, Lima K C, de Oliveira P T. Prevalence of soft tissue calcifications in panoramic radiographs of the maxillo-facial region of older adults. *Gerodontology* 2022; **39**: 266–272.

Potentially life-saving.

Examining 1,176 panoramic radiographs of people over 60 years of age, referred to a university imaging department in Brazil, 43% were found to have at least one soft tissue calcification. Twelve percent of the radiographs exhibited carotid artery calcifications (CAC), typified by 'vertical, linear oriented, irregular, heterogenous radiopacities adjacent to the spine at the level of vertebrae C3 and C4 and inferior to the mandibular angle.' CAC may be related to the high level of co-morbidities in older patients and may be an indicator of atherosclerotic disease, predisposing to stroke and myocardial infarction. Prompt referral for medical investigation is needed.

Calcification of the thyroid (round cord-like radiopacities) and triticeous (round or oval radiopacities) cartilages may also be present (significantly more frequent in women) and could be confused with CAC. If in doubt, referral is appropriate. Ten percent of radiographs exhibited tonsilloliths (significantly more frequent in men). Sialoliths, calcified lymph nodes and phleboliths were present in smaller numbers.

<https://doi.org/10.1038/s41415-022-5330-3>

Integrating oral health into medical screening visits

Vernon L T, Teng K A, Kaelber D C, Heintschel G P, Nelson S. Time to integrate oral health screening into medicine? A survey of primary care providers of older adults and an evidence-based rationale for integration. *Gerodontology* 2022; **39**: 231–240.

Lack of time is a barrier.

The links between oral health and general health are becoming increasingly well recognised. Poor oral health may lead to pain, tooth loss and poor quality of life. Medical practitioners, however, appear reluctant to examine or screen the mouth disease at routine examinations.

Physicians and nurse practitioners (n = 202) working in primary medical care in Ohio, USA, were sent an online questionnaire about their current practice and any barriers to integrating an oral examination into routine medical screening (response rate 41%). Only 50% of respondents reported routinely examining the mouths of attendees, although a majority had referred patients to a dentist for treatment at some time. Most respondents recognised the importance of oral health and felt confident to recognise the presence of oral pathology. However, there was a recognition that there was little medical/dental integration in their practice and the major barrier to this was a lack of time and a lack of training.

The need to provide brief, tailored and targeted interventions at medical reviews to address the oral health needs of older adults is stressed.

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