

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 Reena Wadia.

Non-publication and selective outcome reporting

Diakonoff H, Khalil G, Jungo S, Treluyer J M, Fron-Chabouis H, Smail-Faugeron V. Nonpublication and Selective Outcome Reporting of Oral Health Trials. *J Dent Res* 2023; DOI: 10.1177/00220345231158544.

There is a high rate of non-publication and selective outcome reporting in the field of oral health.

Less than one-quarter of oral health trials are registered in a public registry. However, no study has assessed the extent of study publication and selective outcome reporting bias in oral health. This study identified oral health trials registered between 2006 and 2016 in ClinicalTrials.gov. The authors assessed whether results of early discontinued trials, trials having an unknown status, and completed trials had been published and, among published trials, whether outcomes differed between the registered record and the corresponding publication. A total of 1,399 trials were included – 6% were discontinued, 18% had an unknown status, and 77% were completed. The registration was prospective for 52% of trials. Over half the registered trials were unpublished. Trials conducted in the United States or Brazil were associated with increased odds of publication, whereas trials registered prospectively and industry-sponsored trials were associated with decreased odds. Among the 479 published trials with completed status, the primary outcomes of 45% of articles differed from that registered.

<https://doi.org/10.1038/s41415-023-5802-0>

Temporomandibular disorders in endodontic patients

Daline I H, Slade G D, Fouad A F, Nixdorf D R, Tchivileva I E. Prevalence of painful temporomandibular disorders in endodontic patients with tooth pain. *J Oral Rehabil* 2023; DOI: 10.1111/joor.13457.

A majority of patients with tooth pain seeking endodontic treatment had painful TMDs; one-quarter had TMD as a component or sole cause of their pain.

This cross-sectional study investigated prevalence of painful temporomandibular disorders (TMDs) in patients presenting for endodontic treatment of a painful tooth. Patients reporting tooth pain in the 30 days before attending for non-surgical root canal treatment or retreatment were enrolled. Before endodontic treatment, they completed questionnaires and an orofacial pain specialist/endodontic resident diagnosed TMD using published Diagnostic Criteria. Among 100 patients enrolled, prevalence of painful TMDs was 54%. In 26% of patients, TMD pain was unrelated to endodontic pain; in 20%, TMD contributed to their chief pain complaint; and in 8%, TMD was a sole aetiology for pain. TMD prevalence was associated with more severe symptoms and signs of tooth pain and with psychological factors.

<https://doi.org/10.1038/s41415-023-5804-y>

Implant decision making – patient vs clinician

Tonogai J, von Bergmann H, Chvartzaid D, Dempster L. Patient and clinician perspectives on implant dentistry decision aid content: results from an enhanced Delphi study. *J Prosthodont* 2023; DOI: 10.1111/jopr.13691.

Patients' opinions were significantly different than clinicians' opinions on the relative importance of items.

This study investigated patient and clinician perspectives on what is considered important to include in a decision aid for replacement of a missing tooth with an implant. An online modified Delphi method with pair comparisons technique was used to survey participants (66 patients, 48 prosthodontists, 46 periodontists, and 31 oral surgeons) in Canada from November 2020 to April 2021 regarding the importance of information provided during an implant consultation. Round one included 19 items derived from the literature and informed consent protocols. The decision to retain an item was based on group consensus. After analysis of round one results, a second-round survey was sent to all participants to rank the relative importance. In round one, all items except purpose of steps reached group consensus. In round two, the highest group ranked items were patient responsibilities for treatment success and follow-ups after treatment. The lowest group ranked items were cost factors and restorative steps. Significant differences between the stakeholder groups were found on several items including diagnosis, non-implant options and cost.

<https://doi.org/10.1038/s41415-023-5803-z>

Denture stomatitis

McReynolds D E, Moorthy A, Moneley J O, Jabra-Rizk M A, Sultan A S. Denture Stomatitis – An interdisciplinary clinical review. *J Prosthodont* 2023; DOI: 10.1111/jopr.13687.

Effective long-term treatment of denture stomatitis relies upon sustained patient-driven behavioural change.

Denture stomatitis represents a very common, multi-factorial infectious, inflammatory and hyperplastic condition which is primarily caused by poor oral hygiene, poor denture hygiene and full denture wear, bringing about the emergence of advanced *Candida*-containing polymicrobial biofilms in close proximity to the host's mucosal tissues. Effective treatment relies upon sustained patient-driven behavioural change which should focus on daily prosthesis-level cleaning and disinfection, removal of dentures at night, every night, engagement with professional denture maintenance, and when required, denture replacement. Anti-fungal medications offer limited benefit outside of short-term use due to the emergence of resistance. For medically compromised and nursing-home populations, treatment lowers the risk of aspirational pneumonia and associated mortality.

<https://doi.org/10.1038/s41415-023-5805-x>