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; PAEDODONTICS

Psychosocial concomitants to dental fear and behaviour management problems

Gustafsson A, Arnrup K *et al.* *Int J Paediatr Dent* 2007; **17**: 449–459

Children with dental behaviour management problems (DBMPs) more often had social problems as well.

DBMPs are related to a number of known factors, but dental fear (DF) may be a reason only in a minority of children with DBMPs. In a large Swedish study, DF affected 6.7%, and DBMPs 10.5%, but fewer than half the latter had DF. The present study compared 230 DBMP children (none with any known communication disorders or psychiatric diagnoses) referred to a specialist clinic, and 248 controls.

In the DBMP group, significantly more children had low socioeconomic status, were not living with 2 parents, were in social care, had professional support, or had no leisure-time activities, and significantly more of their parents had DF. More of them also had interaction problems with siblings, parents or other children and more had unsatisfactory school performance. The authors suggest it is important for dentists to know more about their individual circumstances.

DOI: 10.1038/sj.bdj.2008.246

PERIODONTOLOGY; SUBSTANCE ABUSE

Cannabis smoking and periodontal disease among young adults

Thomson WM, Poulton R *et al.* *JAMA* 2008; **299**: 525–531

Cannabis smoking may be an independent risk factor for periodontitis.

Cannabis smoking effects are difficult to assess because of the confounding effects of tobacco use. In New Zealand, cannabis is not usually mixed with tobacco to smoke. This is a further study of data from the Dunedin birth cohort, at ages 26 and 32, in 903 participants (89% of the living subjects).

Overall, 30% of subjects had never smoked cannabis, nearly 50% had used it occasionally, and about 20% used it weekly. At age 32, 50% had never smoked tobacco, 33% smoked it at 32 yrs, and 17% were ex-smokers. A significant increase in attachment loss was noted in subjects with the highest 20% of cannabis exposure (RR = 2.2), and with each pack-year of tobacco use (1.06).

DOI: 10.1038/sj.bdj.2008.248

ORAL SURGERY; LOCAL ANAESTHESIA

A blinded randomized controlled trial comparing lignocaine and placebo administration to the palate for removal of maxillary third molars

Badcock ME, Gordon I *et al.* *Int J Oral Maxillofac Surg* 2007; **36**: 1177–1182

Placebo had effects similar to LA in this area.

Greater palatine nerve blocks are uncomfortable for patients, and make some dentists nervous, but maxillary teeth have been removed without these blocks. In the present study, patients requiring removal of 2 maxillary 3rd molars were given buccal lidocaine infiltrations, and palatal block injections of lidocaine and normal saline were randomly allocated to the 2 sides. All treatment was given by one dentist.

No patient required further injections to complete the extractions. All patients rated all extractions as acceptable, and there were no differences in pain VAS scores for the number of roots, degree of eruption, or technique of extraction. However, extractions taking < 1 min were significantly more comfortable than those taking longer.

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ONCOLOGY; BEHAVIOURAL SCIENCE

Quality of life related to oral function in edentulous head and neck cancer patients posttreatment

Schoen PJ, Reintsema H *et al.* *Int J Prosthodont* 2007; **20**: 469–477

There was a high level of dissatisfaction with mandibular prostheses. Quality of life (QoL) is usually affected adversely after surgery for oral cancer. In this study, 84 patients who had been treated over a 10 yr period with conventional mandibular complete dentures after surgery for oral squamous cell carcinoma were contacted, and 80% participated. Their mean cumulative oral cavity radiation dose was 62 Gy.

Of 65 patients with a maxillary prosthesis, 15 never wore it, compared with 29 of 67 with mandibular dentures. General QoL was assessed as good in general for these patients, but 33 who did not wear their mandibular prostheses had significantly worse scores for oral function and comfort. A subgroup of 44 in whom there were specific indications for implant-supported prostheses also had significantly worse results for these scores. The authors consider that implants might make a substantial difference to QoL in these patients.

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