

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.

ORAL PATHOLOGY; EPIDEMIOLOGY

Familial risk of oral clefts by morphological type and severity: population based cohort study of first degree relatives

Sivertsen Å, Wilcox AJ *et al.* *BMJ* 2008; **336**: 432-434

A very large study contradicts some current views on clefts.

Although there are over 400 known inherited conditions which are associated with oral clefts, most appear as isolated defects. Norway has a high rate of oral clefts and excellent data records. From 1967 to 2001, 2.1 million children were born there, and 4,138 with clefts were treated at the 2 hospitals providing this care.

In offspring of mothers with clefts, prevalence of clefts was 3.6%, and in fathers, 4.7%, compared with 0.2% for parents without clefts. Among subsequent siblings of children with clefts, 4.6% also had clefts. Data also suggested that in these subjects, cleft lip alone and cleft lip with cleft palate together were 2 expressions of one condition. Relative risk of recurrence in 1st degree relatives was 32 for cleft lip and 56 for cleft palate. Anatomical severity of the cleft did not affect the likelihood of recurrence, which has implications for families wanting more children.

DOI: 10.1038/sj.bdj.2008.295

IMPLANT DENTISTRY; ORAL PATHOLOGY

Osteoporosis and edentulous jaws

Slagter KW, Raghoobar GM *et al.* *Int J Prosthodont* 2008; **21**: 19-26

This systematic review found no association between bone mineral density (BMD) and implant loss.

There is some current debate over whether osteoporosis has any significant effect on periodontal disease or implant survival. This review found 569 articles of which 7 related to edentulous jaws, and 4 to the question of implant support.

There appeared to be a relationship between BMD in the mandible and other parts of the skeleton, although the authors considered this relationship to lack full support because of different study outcome parameters.

In 3 out of 4 implant studies, no relationship was found between BMD and implant loss. The remaining study suggested definite marginal bone loss in osteoporotic patients. The authors conclude that there is no evidence that endosseous implants are contraindicated in these patients.

DOI: 10.1038/sj.bdj.2008.297

PAEDIATRIC DENTISTRY

Dental appointment no-shows: why do some parents fail to take their children to the dentist?

Hallberg U, Camling E *et al.* *Int J Paediatr Dent* 2008; **18**: 27-34

These parents may be overloaded with tasks.

Despite free dental care to the age of 19, and a risk-related recall appointment system, some children in Sweden repeatedly fail to attend. Following an unsuccessful attempt to interview parents of a sample of parents of these children at clinics, taped interviews were made by telephone with a fresh sample of 16 parents (ages 35-63, 9 female). Data were collected and analysed according to the methods of grounded theory.

Four categories of reason were identified for failure to attend. The core category was 'being overloaded in everyday life', and the 3 related categories were: 'lack of dental healthcare tradition', 'lack of trust in the dental healthcare system' and 'lack of parental confidence' (a desire to shift responsibility to healthcare professionals). The authors considered that parental responsibility needed promotion, and that ways should be sought of overcoming the barriers to attendance.

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BEHAVIOURAL SCIENCE

Effect of orthognathic surgery for class III correction on quality of life as measured by SF-36

Nicodemo D, Pereira MD *et al.* *Int J Oral Maxillofac Surg* 2008; **37**: 131-134

There were definite improvements in quality of life (QoL) for patients receiving such surgery.

Improved QoL is one of the objectives of orthognathic surgery. This study reports on 29 consecutive patients (aged 17-40 yrs; -ve overjet of 4+ mm) who had received initial orthodontic preparation for 12-18 months. Patients were interviewed in the 30 days before surgery, and 6 months after, using the 36-item Short-Form Health Survey (SF-36) validated for Brazil.

In respect of routine task performance, mood and other feelings, pain and self-perceived general health, no difference was observed after surgery. In respect of degree of vitality for daily tasks, males and females improved significantly; significant emotional improvements were seen in females only; and in relation to physical health effects on activity, and social activities, improvements were seen in all patients.

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