

# 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.

## DENTAL PUBLIC HEALTH

### Tooth mortality in smokers and nonsmokers in a selected population in Sana'a, Yemen

Al-Bayaty FH, Wahid NAA *et al.* *J Periodont Res* 2008; **43**: 9-13

#### Tooth loss was consistently and progressively higher in smokers.

Tobacco smoking increases periodontitis and so may increase tooth loss. Yemenis have virtually non-existent oral hygiene and smoking is widespread. Over a period of 2 years, 2,506 persons were examined in a periodontal clinic in Sana'a.

In 548 smokers, mean tooth loss was 3.56, and in 1,958 never-smokers it was 2.5. In the youngest age group, 15-24, respective scores were 0.8 and 0.4 ( $P < 0.001$ ), and in the oldest group, 55-64 yrs, they were 9.6 and 6.9 ( $P < 0.001$ ). In all tooth types except canines, significantly more teeth were lost in smokers. The teeth most frequently missing were first molars.

DOI: 10.1038/sj.bdj.2008.529

## PROSTHODONTICS; NUTRITION

### A randomized-controlled trial of food choices made by edentulous adults

Ellis JS, Thomason JM *et al.* *Clin Oral Impl Res* 2008; **19**: 356-361

#### There were minor differences in food selection and chewing difficulty between subjects with conventional or with implant-supported mandibular dentures.

Some trials have suggested that implant-retained overdentures decrease the negative impact of conventional complete dentures on quality of life and food selection. However, this may be partly because patients have a prior preference for implants. In this study, 126 patients suitable for, and expecting, conventional replacement complete dentures were randomised to 2 groups, one of which then was offered conventional maxillary and implant-supported mandibular dentures.

The final implant group (I) numbered 49, and the conventional group (C), 48, and respectively 44 and 39 completed questionnaires about chewing bread, cheese, carrots, bacon, apples, nuts and lettuce before treatment and at 3 months. At 3 months, I group reported significantly easier chewing of nuts and apples, with trends towards improvement for carrots and lettuce. C group reported significantly greater ease chewing carrots, bacon and nuts. The only significant difference between groups was for nuts, which I subjects found easier to chew.

DOI: 10.1038/sj.bdj.2008.531

## DENTAL PUBLIC HEALTH

### HIV infection and tooth loss

Engeland CG, Jang P *et al.* *Oral Surg* 2008; **105**: 321-326

#### In the highly active anti-retroviral therapy (HAART) era, tooth loss appeared unaffected by HIV status.

Since the introduction of HAART in 1995, HIV infected individuals have had fewer of some associated oral lesions including periodontal diseases, but at the same time there have been more salivary gland problems and xerostomia, the latter affecting over 1/3 of HIV +ve subjects. There is thus a potential for increased caries. However, it is not known whether tooth loss is increased overall.

In this study, 193 HIV +ve individuals were compared with 192 controls matched for gender, age, smoking, and ethnic group. Data were retrospectively examined before treatment, following treatment and after 2 yrs' maintenance. In subjects and controls, respective mean tooth loss was 3.6 and 4.0 at baseline, 4.3 and 4.6 after treatment, and 4.5 and 4.8 after 2 yrs (NS).

DOI: 10.1038/sj.bdj.2008.530

## PREVENTIVE DENTISTRY; TRAUMA

### Evaluation of mouthguards for the prevention of orofacial injuries during United States Army basic military training

dela Cruz GG, Knapik JJ *et al.* *Dent Traumatol* 2008; **24**: 86-90

#### Mouthguards reduced injuries by 50%.

In a US Army training camp, mouthguards were required for one type of activity (pugil stick) up to March 2001, and subsequently for 3 additional activities (unarmed combat, rifle and bayonet training, and obstacle course). Injury rates were compared for the 15 month period leading up to the change, the 6 months after, and the next 9 months.

In the 1st period, 82 orofacial injuries were sustained over 244,762 person-months, and an injury rate of 3.35 cases per 10,000 person-months was calculated. For the 2nd period, respective scores were 14 over 73,932 person-months and 1.89, and for the 3rd, 17 over 89,226, and 1.91. The relative risks of injury in the 1st period when compared with the 2nd and 3rd periods were 1.77 and 1.76 (both  $P < 0.05$ ). The authors note the crucial role of drill sergeants in ensuring that mouthguards were worn when required!

DOI: 10.1038/sj.bdj.2008.532