

# 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 John R. Radford.

## ANXIETY AND DEPRESSION

### Anxiety and depression in patients with chronic temporomandibular pain and in controls

Giannakopoulos NN, Keller L *et al.* *J Dent* 2010; **38**: 369-376

#### **Anxiety disorders are not, but depression is associated with oro-facial pain.**

The experimental group comprised 61 men and 161 women, recruited from a secondary care setting. All were diagnosed with temporomandibular joint disorders using the Research Diagnostic Criteria for Temporomandibular Disorders. Anxiety disorders and depression were measured using the Hospital Anxiety and Depression Scale (HADS). This is a self-administered questionnaire with a disadvantage in that it 'serve(s) only for screening' of such conditions. Pain-free individuals were recruited as negative controls and those with chronic facial pain were positive controls. Anxiety ('permanent state of worry and nervousness... accompanied by compulsive behaviour or attacks of panic') is not associated with oro-facial pain. Depression ('pessimistic sense of inadequacy and a despondent lack of activity') however, was shown to have a relationship with and may 'play an important role in women with chronic myofascial pain'.

DOI: 10.1038/sj.bdj.2010.1200

## FLAPLESS IMPLANT SURGERY

### Effects of soft tissue punch size on the healing of peri-implant tissue in flapless implant surgery

Lee D-H, Choi B-H *et al.* *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2010; **109**: 525-530

#### **A statistically better outcome when using smaller soft tissue punch sizes, but is this of any clinical significance?**

There are numerous purported advantages of flapless implant surgery, most focusing on patient comfort and 'preservation of... soft tissue architecture'. This study was approved by the Animal Care and Use Committee of the Yonsei Medical Center in Seoul, Korea. Using mongrel dogs, the investigators report that the outcome when placing a 4 mm diameter implant, after use of a 3 mm tissue punch, was superior to when the punch size was 4 mm or 5 mm. These measurements were recorded 3 months after surgery. The mean probing depths for the 3 mm punch was  $1.2 \pm 0.6$  v  $1.8 \pm 0.6$  mm for a 5 mm punch ( $p < 0.5$ ) and for bone loss  $0.3 \pm 0.1$  v  $0.7 \pm 0.5$  mm ( $p < 0.5$ ) respectively. Do significant, but such small differences, result in better long-term patient outcomes?

DOI: 10.1038/sj.bdj.2010.1201

## 'PRIMA DIGESTIO FIT IN ORE'

### Malocclusion, mastication and the gastrointestinal system. A review

Proff P. *J Orofac Orthop* 2010; **71**: 96-107

#### **Those with an Angle Class III malocclusion have a reduced masticatory efficiency.**

The distinctive chin was a characteristic of the Habsburg (Hapsburg) dynasty. But was this the cause of the 'eating and digestive disorders' of Carlos II, the last ruling member of the Spanish Habsburg family? A lack of posterior occluding units 'leads to the premature swallowing of incompletely-chewed particles, to longer chewing, or to the avoidance of foods difficult to chew'. When orthodontic malocclusion is considered, 'only an Angle Class III exhibits a clearly reduced masticatory efficiency'. When looking at associations between such malocclusions and gastrointestinal disturbances, a recent study has showed that 'patients (with a severe Class III malocclusion) reported significantly more severe reflux symptoms than the 20 control subjects'. But taken as a whole, this article gives scant evidence for the much vaunted statement 'the first digestion takes place in the mouth'.

DOI: 10.1038/sj.bdj.2010.1202

## METAL-BASED PROSTHESES

### Comparison of clasp retention on enamel and composite resin-recontoured abutments following repeated removal *in vitro*

Zarrati S, Sadighpour L *et al.* *J Prosthet Dent* 2010; **103**: 240-244

#### **After simulated use, the removal forces of cobalt chrome T-clasps against resin composite recontoured abutments were significantly reduced compared with those against natural enamel.**

The aim of this study was to compare the retentive capacity of cobalt chrome T-clasps against 1) 0.25 mm resin composite undercuts, or 2) 0.25 mm natural enamel undercuts, after repeated placement and removal of this retentive component. This cycle was carried out 4,500 times in order 'to simulate a 4-year service period'. It was reported that 'retention loss was 3 times greater in the composite resin-recontoured abutments than in natural teeth (53.65% and 15.80%) relative to the initial values'. The authors did not speculate if the remaining retentive capacities were such that they would resist dislodgement of the denture in clinical use.

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