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.

MENTAL DISORDERS

Editorial. Diagnosis, diagnosis, diagnosis: towards DSM-5

Wykes T, Callard F. *J Ment Health* 2010; **19**: 301-304

Diagnosis of some mental disorders may not be 'an essential part of treatment decisions' and, in addition, may 'medicalize' the 'human condition itself'.

There are associations between some types of orofacial pain of non-dental origin and psychiatric illness. So although it is rare, the dentist forms a conduit for referral of patients to someone competent. The entire edition of this journal explores aspects of mental disorders and recovery, under the umbrella of the draft for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5 (V): www.dsm5.org), published by the American Psychiatric Association. The contributors include authorities in the field and, from amongst others, politicians and the author Sir Terry Pratchett. One of the more controversial proposed diagnosis is psychosis risk syndrome. It is argued that early treatment of this may prevent 'a later florid onset of psychosis'.

DOI: 10.1038/sj.bdj.2010.905

'MOBILE GENES ON PLASMIDS'

Emergence of a new antibiotic resistance mechanism in India, Pakistan, and the UK: a molecular, biological, and epidemiological study

Kumarasamy KK, Toleman MA *et al. Lancet Infectious Dis* 2010; **10**: 597-602.

'The potential of NDM-1 to be a worldwide public health problem is great...'

When prescribing an antimicrobial agent, a dentist prefers the overriding benefit for their patient who has systemic signs and symptoms of infection over the potential adverse effect on 'global public health'. In this study, Enterobacteriaceae containing the carbapenem resistance gene *bla*_{NDM-1} gene (New Delhi metallo- β -lactamase-1) were identified in patients living in several Indian and Pakistan cities and in the UK. These bacteria were highly resistant to all antibiotics except to tigecycline and colistin. It should be noted that Enterobacteriaceae are generally only associated with oro-facial infections in compromised patients. The authors cite a recent editorial that 'predicts that the NDM-1 problem is likely to get substantially worse in the foreseeable future.'

DOI: 10.1038/sj.bdj.2010.906

'THE AMERICANIZATION OF MENTAL ILLNESS'

Misdiagnosing normality: psychiatry's failure to address the problem of false positive diagnoses of mental disorder in a changing professional environment

Wakefield JC. *J Ment Health* 2010; **19**: 337-351

The context of an action and the personal meaning of a stressor are not given full weight by the proposals for DSM-V.

False positive diagnoses are endemic in health care, not least in psychiatry. There is a distinction between 'loss and stress', and mental disorders which may present with similar, but morbid features. For example, a commentator is cited who noted that when mountain climbing, 'his symptoms were identical to those of a panic attack'. Yet such a response is normal. To be fair, a 'clinical significance criterion' was incorporated in DSM-IV. The author warns that 'the recent proposals for the DSM-V overall make the situation with respect to false positives much worse.' Such issues are fundamental in addressing the continuing criticism that psychiatry, can impose on the community 'social control through the use of medical power.'

DOI: 10.1038/sj.bdj.2010.907

'CLASSIFICATION SYSTEMS VERSUS DIAGNOSES'

Comparison of the clinical features of chronic and aggressive periodontitis

Armitage GC, Cullinan MP. *Periodontol* 2000 2010; **53**: 12-27

'...arguments among clinicians about whether the patient has chronic or aggressive periodontitis are pointless, especially if the proposed treatment is going to be the same.'

'Cementopathia', or is there a better understanding as to the cause of 'periodontosis'? Localised aggressive periodontitis, as it is now known, shares characteristics with chronic periodontitis in that the 'affected individuals have no known medical or general health conditions that might contribute' to this perturbation. If not, it is 'periodontitis as a manifestation of systemic disease'. In this paper, the author explores commonality and differences between chronic and aggressive periodontitis, illustrating these with clinical pictures and radiographs. Aspects of this paper are pragmatic but others are thought-provoking. For example, 'what point does a modifier of host immune responses become so important that the periodontitis becomes a manifestation of that modifier?'

DOI: 10.1038/sj.bdj.2010.908