

# 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.

## OCCLUSION AND TMD

### Correlation between centric relation–maximum intercuspation discrepancy and temporomandibular joint dysfunction

He SS, Deng X *et al.* *Acta Odontol Scand* 2010; **68**: 368–376

**Significantly more young adults had temporomandibular joint dysfunction (TMD), if there was a discrepancy of more than 1 mm between centric relation and maximum intercuspation (CR–MI).**

The experimental group comprised 107 young adult patients diagnosed with TMD, about to receive orthodontic treatment. The control group was made up from 70 subjects without TMD. Psychological status was assessed using two validated questionnaires. The bimanual manipulation technique was used to identify CR, and MI was recorded using a standard method. Casts were mounted on an articulator and CR–MI discrepancies were measured. There was no difference in psychological status between the test and control groups. If CR–MI exceeded 1 mm in the vertical or horizontal plane or 0.5 mm in the transverse plane, significantly more subjects suffered from TMD (72.9% v 11.4%,  $p < 0.001$ ). The authors suggest 'that CR–MI discrepancy is an important factor in the development of TMD.'

DOI: 10.1038/sj.bdj.2011.22

## 'ALWAYS IN THE CORNER'

### Living with uncertainty: temporomandibular disorders

Durham J, Steele JG *et al.* *J Dent Res* 2010; **89**: 827–830

**As uncertainty results in negative impacts for sufferers, the diagnosis of TMDs (temporomandibular disorders) 'needs to be encouraged at the first point of contact.'**

The aim of this qualitative study was to explore problems that sufferers of TMDs experience in receiving a diagnosis for their condition. Semi-structured interviews were carried out on 'a purposive maximum variation sample' of chronic sufferers of TMDs until no new themes emerged (19 interviews in total). The following comments are insightful: 'Well, I felt terrible, especially when my GP [general medical practitioner]...told me I was a timewaster...'; 'Always in the corner, you know, at a party taking painkillers and drinking water rather than having fun'. But when a practitioner made a diagnosis, a sufferer commented 'I mean you had a name for it and you knew you weren't alone with it so it eased your mind...'

DOI: 10.1038/sj.bdj.2011.23

## WHEN OPINIONS BECOME TRUTHS

### Some dogmas related to prosthodontics, temporomandibular disorders and occlusion

Carlsson GE. *Acta Odontol Scand* 2010; **68**: 313–322

**'a clash of cultures—between that of the researcher and that of the practitioner.'**

There is tension, if not antithesis, between those who follow dogma ('beliefs or opinions, held to be true') and those who practise evidence-based dentistry. When considering complete dentures, it 'does not matter which type of teeth are used or which occlusal philosophy is used as long as the scheme chosen contributes to stability in function and parafunctions'. It is argued that it is 'prudent to stop spiteful debates about the 'best occlusal scheme' until more evidence is available.' When examining the role of the shortened dental arch, 'patient preferences rather than the number of posterior teeth' is the most important factor to consider. When scrutinising the management of temporomandibular joint dysfunction (TMD), there is a consensus that intra-oral appliances result in favourable outcomes. However, this does not necessarily support a simple causal relationship between occlusion and TMD.

DOI: 10.1038/sj.bdj.2011.24

## TONGUE CARE

### Relationship between oral status and prevalence of periodontopathic bacteria on the tongues of elderly individuals

Kishi M, Ohara-Nemoto Y *et al.* *J Med Microbiol* 2010; **59**: 1354–1359

**Both periodontal treatment and tongue care for the elderly.**

Oral infectious diseases in dentate elderly people have been associated with aspiration pneumonia, cardiovascular diseases and decreased kidney function. In this study, associations were sought between periodontopathic organisms isolated from periodontal pockets and the dorsum of the tongue and oral status including levels of H<sub>2</sub>S and CH<sub>3</sub>SH (methanethiol also known as methyl mercaptan). The study group comprised 165 independent Japanese individuals each of whom were 85 years of age. The prevalence of periodontopathic bacteria was significantly higher in dentate subjects compared with edentulous subjects (91.4% v 40.3%). *Treponema denticola* was associated with teeth with deep pockets and with the levels of CH<sub>3</sub>SH.

DOI: 10.1038/sj.bdj.2011.25