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.

EMOTIONS

Dental decisions – an emotional experience?

Johnson I, Chestnutt I *et al.* *Dent Update* 2010; **37**: 700–705

'...emotional skills may develop the quality of the dental experience...'

Dental care should be evidence-based, or at least what is out there. Nevertheless, the authors argue emotions shape this somewhat austere approach. But what is emotion? – 'everyone knows what an emotion is'. Such resonates with a similar enigmatic definition of professionalism. Emotions are short-lived responses but moods last longer and are reactions to more general effects. It is stated that depending on the mood states of dentists and patients separately and together, when using the same information, different treatment plans are devised. This reinforces the view that consent should be a process and not a one-off action. The authors cite others that have identified that 'switching off of emotions is associated with burnout and depersonalization of care.' It is concluded that an evidence-based approach could be linked with emotions in that there should be 'evidence-based training for dentists in emotional skills'.

DOI: 10.1038/sj.bdj.2011.308

SPECIAL CARE DENTISTRY

Treating patients with autism spectrum disorder—SCDA members' attitudes and behavior

Weil TN, Bagramian RA *et al.* *Spec Care Dentist* 2011; **31**: 8–17

The defining characteristics of autism spectrum disorder (ASD) are impairment in communication and restricted and repetitive activities. This study found that the majority of those who provide dental care for patients with ASD find the experience rewarding. However, this observation has to be interpreted in the light that less than ten percent of 789 dental care professionals (members of the Special Care Dentistry Association in the US) completed the web-based questionnaire seeking their views on this, and related areas. This should not detract however, from an insightful summary of ASD. The authors state that those with ASD have problems with communication. Sometimes the speech is echoic ('repeated from another person's speech') or scripted ('from a favorite television program or video'). Visits to the dentist may not be easy for those with ASD, as they do not like their routine broken and may have a 'heightened sensory perceptions to smells, sounds, or tastes'.

DOI: 10.1038/sj.bdj.2011.309

SPECIAL CARE DENTISTRY

Orofacial function and oral health in patients with Parkinson's disease

Bakke M, Larsen SL *et al.* *Eur J Oral Sci* 2011; **119**: 27–32

Particular dental needs for those with Parkinson's disease.

The oral health and oral function of 15 patients with Parkinson's disease (Hoehn & Yahr Stages 2–4, mild to moderate disease) were compared with 15 matched controls. Those with Parkinson's disease generally had both worse oral health (caries and periodontal disease) and masticatory function. However, in contrast to other studies, there was no tenderness on palpating the masseter and temporalis muscles. The authors therefore suggest that patients with Parkinson's disease do not suffer from 'orofacial pain from jaw muscles'. Few patients reported a dry mouth, despite many taking levodopa and other drugs that cause xerostomia. Although it may therefore appear counterintuitive, the investigators found, as in other studies, an increased frequency of drooling. Dental preventative measures are central for those patients with Parkinson's disease.

DOI: 10.1038/sj.bdj.2011.310

IS PERIODONTITIS A CAUSATIVE FACTOR OF DIABETES?

Periodontal disease and incident diabetes: a seven-year study

Ide R, Hoshuyama T *et al.* *J Dent Res* 2011; **90**: 41–46

There is no association between periodontitis and the development of diabetes although there is an increased risk.

There is a growing body of information pointing towards an association between periodontal diseases and incident diabetes (risk of developing diabetes within a defined time period). However, the authors of this paper state that these studies have methodological limitations. In this study, 5,848 middle-aged non-diabetic Japanese civil servants were categorised as to their periodontal health/disease using the Community Periodontal Index. This group was then followed-up for a mean period of 6.5 years. Hazard Ratios, in this study the effect of periodontitis on the risk of developing diabetes, were calculated after taking account of confounding factors (age, sex, smoking, BMI, triglyceride level and hypertension, among others). The investigators 'found that having periodontitis at baseline was not an independent risk factor for incident diabetes...' although there was a tendency for an increased risk.

DOI: 10.1038/sj.bdj.2011.311