

# 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.

## ORAL CANCER, HOPE AND OPTIMISM

### The roles of hope and optimism on posttraumatic growth in oral cavity cancer patients

Ho S, Rajandram RK *et al. Oral Oncol* 2011; **47**: 121–124

**More hope in those who had been treated successfully for oral cancer than an age-matched healthy population.**

The aim of this cross-sectional study, was to explore the role of hope and optimism in the development of posttraumatic growth (PTG) in 50 patients who had been treated successfully for oral cancer. Posttraumatic growth is a positive psychological change show by 'survivors of traumatic experiences (including cancer)'. Components of PTG are hope and optimism. Validated assessment tools that were customised for these patients (PTG occurs in all cultures, but there are variations) were used to assess PTG, hope and optimism. Those who had been treated successfully for oral cancer had more hope if they had a higher income and were married. In addition, they had more hope than an age-matched healthy population (data gleaned from another study). Hope, distinct from optimism would appear to be important in 'positive reframing and (of) generating positive strategies'.

DOI: 10.1038/sj.bdj.2011.566

## LITTLE IMPACT OF TOOTH SURFACE LOSS

### Dental tooth surface loss and quality of life in university students

Daly B, Newton JT *et al. Prim Dent Care* 2011; **18**: 31–35

**Although tooth surface loss was identified in three quarters of subjects, this had 'little impact on oral health-related quality of life...'**

In this cross-sectional study, tooth surface loss was measured and oral health-related quality of life (OHIP-49) was assessed in 1,010 university students. The investigators reported 1) over three-quarters of the subjects had at least one tooth with tooth surface loss into dentine and 2) that almost half the subjects had severe tooth surface loss. This tooth surface loss was most commonly observed affecting the incisal edges of teeth in both upper and lower anterior sextants. There was no association between tooth surface loss and oral health-related quality of life. The authors conclude that from a 'public health perspective, this must surely raise questions concerning its suitability as a target for clinical intervention, particularly in the absence of long-term studies into the course of tooth surface loss.'

DOI: 10.1038/sj.bdj.2011.567

## ORAL CANCER, TREATMENT AND COMPLICATIONS

### Orofacial pain and predictors in oral squamous cell carcinoma patients receiving treatment

Chen S-C, Liao C-T *et al. Oral Oncol* 2011; **47**: 131–135

**Patients experience pain together with 'significant swallowing, eating, and speech difficulties' following treatment for oral cancer.**

This study explored relationships between the side-effects of treatment for oral squamous cell carcinoma (97.2% of patients, had advanced stage T3 or T4) in a consecutive sample of 72 patients. These side-effects were revealed one month after surgery and then one further month after the completion of radiotherapy. Although both pain and emotional distress significantly improved with time, difficulties with eating were worse after radiotherapy, possibly as a consequence of a dry mouth and taste disturbances. Masticatory constraints emphasised 'the need to provide passive mouth exercise and scar massage...'. The investigators state that with increasing age of patient, eating difficulties, speech difficulties and depression were significant predictors for orofacial pain. This study would imply these symptoms were very common.

DOI: 10.1038/sj.bdj.2011.568

## EXERCISE, DIET AND PERIODONTAL DISEASE

### The association between periodontal disease, physical activity and healthy diet among adults in Jordan

Bawadi HA, Khader YS *et al. J Periodontal Res* 2011; **46**: 74–81

**Both lack of exercise and poor diet were associated with periodontal disease.**

In this cross-sectional study, physical activity levels, diet and periodontal status, among other measurements, were recorded in 340 adults living in Jordan. After applying a range of sophisticated statistical tests and calculating odds ratio ('probability of the event occurring divided by the probability of an event *not* occurring'), it was shown there was significantly increased odds for periodontitis and physical activity (odds ratio 3.8,  $p < 0.005$ ) and periodontitis and healthy eating (odds ratio 3.5,  $p < 0.01$ ). The investigators suggested a possible explanation for effect size between physical activity and periodontal disease may be that those who do not exercise were more obese. They could also have had insulin resistance although the link between this and periodontal disease is controversial. This study did not find an association between periodontal disease and smoking.

DOI: 10.1038/sj.bdj.2011.569