

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.

MULTIMODALITY TREATMENTS

Advances in non-surgical facial aesthetics

Pickett A. *Fac Dent J* 2012; 3: 184–190

Botulinum toxin (BoNT) to facilitate 'muscle relaxation', in combination with a 'light' filler for 'dermal treatment' and a 'heavy' filler for 'lifting capacity'.

Not only are non-surgical facial aesthetic therapies increasingly being performed but there is an almost rapacious desire for them. For example, Asian people want 'more shaped features than a round lower face'. When considering BoNT, only type A products are licenced for aesthetic use in the UK and this is restricted to the management of glabellar lines. Botulinum toxin is not licenced for the management of masseteric hypertrophy and bruxism despite such treatments having favourable outcomes. Dermal fillers based on collagen are no longer available and have been replaced by hyaluronic acid products derived from bacteria. A cocktail of BoNT, hydroxyapatite filler, adrenaline and lidocaine 'is not to be recommended under any circumstances'.

DOI: 10.1038/sj.bdj.2012.1104

TOPICAL APPLICATION OF BISPHOSPHONATES?

What you need to know about bisphosphonates: an overview and general recommendations for orthodontic treatment

Abela S, Chotai M *et al. J Orthod* 2012; 39: 186–192

For those on bisphosphonates, the response to orthodontic forces should be ascertained before embarking on complex treatment.

The prevalence of bisphosphate therapy for those receiving orthodontic care is only touched on by this paper. Nevertheless, these drugs are prescribed for children with '...osteoporosis, genetic and acquired metabolic bone diseases, heterotopic calcifications in soft tissues, and for hypercalcemia' (*Clin Pediatr* 2012; DOI: 10.1177/0009922812452118). For those on bisphosphonates, orthodontic treatment should be discontinued if the movement of teeth is sub-optimal, or there is excessive tooth mobility. The latter could be as a consequence of the bisphosphonate increasing the 'vulnerability of the root surface' to resorption. Interestingly, 'topical application' of bisphosphonates may have a role in tooth anchorage and the prevention of orthodontic relapse. As with the topical application of bisphosphonates for implant therapy, safety evaluation is required.

DOI: 10.1038/sj.bdj.2012.1105

OBESITY-COGNITION

Obesity phenotypes in midlife and cognition in early old age. The Whitehall II cohort study

Singh-Manoux A, Czernichow S *et al. Neurol*, 2012; 79: 755–762

'...in the metabolically abnormal group, the decline on the global score (measuring cognition) was faster among obese... than among normal weight individuals.'

These investigators make a distinction between subjects who were obese but had an otherwise healthy metabolic profile, and those who were obese but were metabolically abnormal (with, for example, hypertension or diabetes). This study interrogated data from the Whitehall II cohort. This group comprised over ten thousand British civil servants. On three occasions over a ten-year period, three cognitive tests were performed. Future decline in cognition was faster in individuals who were obese and metabolically abnormal than for those who were obese but had normal metabolism, and those who were of normal weight. Dentists may have a role in identifying subjects who are obese but, as with other screens for medical conditions, may pose some an ethical dilemma (DOI: 10.1038/sj.bdj.2012.996).

DOI: 10.1038/sj.bdj.2012.1106

SUPER FOODS

Chocolate consumption and risk of stroke. A prospective cohort of men and meta-analysis

Larsson SC, Virtamo J *et al. Neurol* 2012; 79: 1223–1229

Chocolate reduces the risk of a stroke.

In laboratory studies, flavonoids found in particularly dark chocolate have been shown to have an antioxidant, antiplatelet, and anti-inflammatory effect. In addition, 'feeding trials show that chocolate consumption reduces blood pressure'. When considering dental caries, some components of chocolate have protective effects although the consumption of sweet snacks sends out mixed dental messages. This paper reports two investigations. In the first, a multivariable relative risk of 0.83 (95% CI 0.70–0.99) was found in almost two thousand stroke victims over a ten-year period, when comparing those who consumed a median weight of 62.9 g/week with others who did not eat chocolate. In the second investigation, it was calculated from a meta-analysis of five studies, that 'the overall relative risk of stroke for the highest vs lowest category of chocolate consumption was 0.81 (95% CI 0.73–0.90)'.

DOI: 10.1038/sj.bdj.2012.1107