

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.

SAME SEX HEALTH CARE DELIVERY

The implementation of the Sharia Law in medical practice: a balance between medical ethics and patients rights

Dargahi H. *J Med Ethics Hist Med* 2011; 4: 7

'...more educated patients (Iranian women) preferred to be visited by male physicians and receive(d) health care by male nurses.'

The author argues that medical ethics should embrace a patient's religious beliefs. This was the background for a study that looked at whether or not women supported a policy, drafted in 1997 but not enacted by the Islamic Republic of Iran, that they should be cared for only by other women. Questionnaires were completed by 120 women who were in-patients in four teaching hospitals in Tehran. The majority were 20-40 years old, married and house-wives. Thirty percent were illiterate. In contrast to 'more educated' women, half, and most husbands preferred 'their wives' to be cared for by other women. In the Discussion, another issue of cultural sensitivity was explored. It was argued that the wearing of a Hijab and religious relics 'need to have priority over medical procedure with more favo(u)rable outcomes.'

DOI: 10.1038/sj.bdj.2012.139

CHILDHOOD WEIGHTS: DOSING

Dosing of oral penicillins in children: is big child = half an adult, small child = half a big child, baby = half a small child still the best we can do?

Ahmed U, Spyridis N *et al. BMJ* 2011; 343: d7803. doi:10.1136/bmj.d7803

It is 'time to abandon this historical rule of thumb'.

Low dosing of oral penicillins in children results in subtherapeutic concentrations and, as a consequence, possible retreatment, and potential antimicrobial resistance for both the child and environment. The *British National Formulary* (BNF) gives the doses of oral penicillins for children, generally based on age and weight bands (big child = half an adult etc). The Health Survey for England 2009 stated that the average weights of 5- and 10-year-old children are 21 kg and 37 kg. Yet present dosing of oral penicillins (and, until substantial changes in 2009, antiretrovirals) is based on the average weight as stated in the 1963-66 edition of the BNF (18 and 30 kg respectively). For example, this results in dosing a 10-year-old weighing around 40 kg 'much lower than the 40-90 mg/kg/day recommended in the summary of product characteristics for Amoxil'.

DOI: 10.1038/sj.bdj.2012.140

IDENTIFYING CHILDHOOD OBESITY

Body mass index measurement in schools: partnering with oral health

Oza-Frank R, Siegal MD. *J Public Health Dent* 2011; 71: 301-307

Implementation of hybrid BMI surveillance.

Despite concerns about intrusive questioning, the NHS Future Forum recommends that every encounter a patient has with a health carer should include, as a matter of routine, enquiries about lifestyle. Such should contain questions about 'diet and physical activity'. This US-based study explored commonality between the methods used by different States to carry out hybrid BMI surveillance (surveying oral health and BMI together) in 8-9-year-olds. The most important finding was that the survey design used for hybrid BMI surveillance was based on that adopted in oral health surveillance. This method was a random, stratified sample of elementary schools. Notwithstanding the issue as to whether or not consent is real/valid if gifts are used in this process, of note generally a higher proportion of subjects participated (>70%) if they were not incentivised.

DOI: 10.1038/sj.bdj.2012.141

OBESITY AND PERIODONTAL DISEASE

Perspective: obesity, inflammation, and oral infections: are microRNAs the missing link?

D'Aiuto F, Suvan J. *J Dent Res* 2012; 91: 5-7

MicroRNAs may have a role in inflammatory processes including periodontal diseases.

In rich countries, one in three adults are obese. The authors suggest obesity could have almost apocalyptic effects with threats 'comparable with global warming or swine flu.' Adipocytes 'exert a number of endocrine functions, resulting in a state of low-grade inflammation and insulin resistance'. MicroRNAs (miRNAs) are post-transcriptional regulators that function by gene silencing. These are potential regulators of adipogenesis. In experimental animal models and studies on human subjects with periodontitis, gingival biopsies show dramatic increase in miRNAs. The authors propose that links between obesity and periodontitis 1) could be mediated via altered expression of miRNAs, 2) inducing insulin resistance, or 3) changes in the periodontal plaque biofilm. It is predicted the development of gene regulators could be used in the treatment of a number of chronic conditions including obesity and periodontitis.

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