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.

PROBIOTICS – CHILDREN

Salivary mutans streptococci and lactobacilli modulations in young children on consumption of probiotic ice-cream containing *Bifidobacterium lactis* Bb12 and *Lactobacillus acidophilus* La5

Singh RP, Damle SG *et al. Acta Odontol Scand* 2011; **69**: 389–394

Probiotics in children reduced the numbers of salivary mutans streptococci but not lactobacilli.

The 'probiotic concept' could be used to modify the dental bio-film. In this double-blind, cross-over placebo controlled trial, forty 12–14-year-old caries-free children were given for 10 days during their school lunch-break, either a probiotic-containing or control vanilla ice-cream. The probiotic ice cream contained freeze-dried strains of *Bifidobacterium lactis* and *Lactobacillus acidophilus*. There was a two-week wash-out period. Consumption of the probiotic ice cream was associated with a significant reduction ($p = 0.003$) in numbers of salivary mutans streptococci. The effect was most marked for those children with high levels of mutans streptococci ($>10^5$ CFU/ml) although curiously, a different result was reported in the Discussion. Consumption of the probiotic-containing ice cream had no effect on salivary lactobacilli.

DOI: 10.1038/sj.bdj.2012.198

'A LEARNED PERSON'

Guest Editorial. What is a clinical scholar?

Goldstein GR. *J Prosthodont* 2011; **20**: 501–502

'Is someone who does research half a day a week capable of being a successful researcher?'

Yet can clinical standards be met, if a dentist does not practise their craft on a daily basis? Although this guest editor explores work priorities from the perspective of an American dental academic, similar issues have been voiced by those who work in this sector in the UK. For example in both countries, universities 'demand first authorship on significant peer-reviewed articles and often a consistent record of external funding'. Yet this commentator asserts that the expectations placed on dental academics differ from those who work in other faculties. An approach has been proposed by the Harvard School of Dental Medicine (and Medical School). It is stated a clinical scholar should demonstrate 1) teaching and educational leadership, 2) clinical expertise and innovation, and 3) investigative skills.

DOI: 10.1038/sj.bdj.2012.199

PROBIOTICS – ELDERLY

Reversal of primary root caries lesions after daily intake of milk supplemented with fluoride and probiotic lactobacilli in older adults

Petersson LG, Magnusson K *et al. Acta Odontol Scand* 2011; **69**: 321–327

Probiotic bacteria added to milk, did not confer a beneficial effect.

Natural therapies chime with some consumers. The aim of this double-blind randomised placebo-controlled trial was to examine if milk, supplemented with probiotic bacteria (*Lactobacillus rhamnosus*) and/or fluoride (5 ppm), would have an effect in preventing further progression or the reversal of primary root surface caries. One hundred and sixty, 58–84 year-old subjects were randomly assigned to one of four parallel study groups. The group that consumed the milk supplemented with fluoride, and the group that drunk the milk supplemented with fluoride and probiotic bacteria, had significantly more reversals than that group supplemented with the probiotic bacteria only and the control group (milk only). The two probiotic regimens had no influence on the numbers of caries-associated microorganisms.

DOI: 10.1038/sj.bdj.2012.200

FOR ALL TO ALL

Access to data in industry-sponsored trials

Lundh A, Krogsbøll LT *et al. www.the lancet.com*; **378**: 1995–1996 (correspondence)

All data from studies examining high impact dental interventions must be in the public domain.

Does the public, or even the 'academic' investigator who contributed to an industry-sponsored trial, have full access to the data? In almost half the trials that were recently published in the *The Lancet*, it is reported that the sponsors actually owned the data. In addition, only one third of lead-authors said that they interrogated the raw data to confirm the veracity of the statistical analyses. The Editorial in this edition of the journal describes that in 2010, European regulatory approval was suspended for GlaxoSmithKline's Avandia® (for the management of type 2 diabetes) after re-analysis of the data. This is all particularly apposite as, in a recent Cochrane review, it was stated that despite five requests to F. Hoffmann–La Roche, this manufacturer would not release all the data pertaining to the efficacy of Tamiflu®.

DOI: 10.1038/sj.bdj.2012.201