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.

AMALGAM VS. COMPOSITE

The influence of approximal restoration extension on the development of secondary caries

Kuper NK, Opdam NJM *et al.* *J Dent* 2012; **40**: 241–247

Yet another study shows that composite restorations are associated with more secondary caries when compared to amalgam restorations.

Whether or not it is a 'phasing down or out' of amalgam, alternative materials and improved techniques must be embraced. In this retrospective study, survival times were calculated for approximal (proximal) resin composite and dental amalgam restorations ($n = 1,912$ restoration sites) with the gingival cavity margin prepared at different levels. These restorations were placed in 84 patients treated in general practice. The mean period for observation was a remarkable 13.7 years. Irrespective of filling material, those restorations with gingival extensions prepared apically to the cemento-enamel junction margin showed higher failure compared to those positioned coronally. In addition, composite restorations were associated with more secondary caries compared to amalgam restorations. Macroleakage, instead of microleakage, 'is necessary to induce caries in the tooth-restoration interface'.

DOI: 10.1038/sj.bdj.2012.338

HAND HYGIENE

Why doesn't hand hygiene work better?

Sepkowitz KA. *Lancet Infect Dis* 2012; **12**: 96–97

'As he (Ignaz Semmelweis, the forefather of hand hygiene) might tell us...an ineffective remedy is much worse than no remedy at all.'

In a study carried out in a 1,260-bed hospital in Vietnam, hand-washing was shown to be effective. Yet there was a bed-occupancy of 144% and few sinks. The commentator argues that the solution for healthcare-associated infections (HAI) seems to be the same whether it is a 'fancy tertiary care centre or a slum in Kyrgyzstan'. It is asserted that 'hand hygiene is not particularly effective in the modern hospital setting', stating that such practices are not mirrored by reductions of *Clostridium difficile*-associated diarrhoea. Nevertheless, it is conceded that hand hygiene has been associated with reductions in MRSA and central line-associated bloodstream infection. Of note, in 'the single published study from the USA that examined hand hygiene as a single intervention', it was reported that this had no effect on HAI.

DOI: 10.1038/sj.bdj.2012.339

BOTH STANDARD PRECAUTIONS AND TWO-TIERED

Patient colonized with multiresistant bacteria and dental practice

Välimaa H, Kanerva M. *Nor Tannlegeforen Tid* 2012; **122**:16–18

Hand-washing, use of alcohol rubs and careful hand care.

There is a distinction between nosocomial infections that cause healthcare-associated infections and colonisation of healthy people by multiresistant bacteria. As many as one third of people carry MRSA, usually in their anterior nares and nasopharynx. Of interest, MRSA has also been recovered from dentures in the absence of nasal carriage, again with no untoward effect for that individual. Notwithstanding this, MRSA has been associated with dental infections such as angular cheilitis, implant infections and dental abscesses. Standard (universal) infection control precautions are recommended. Yet in a hospital setting for patients known to be colonised with MRSA and other multiresistant bacteria, the adoption of a two-tiered approach is implied. The knotty issue of aerosols is also explored, with the disturbing observation that dental units can be reservoirs for MRSA.

DOI: 10.1038/sj.bdj.2012.340

ISOLATION AND BEWILDERMENT

Topical review: orofacial pain in dementia patients. A diagnostic challenge

Lobbzoo F, Weijenberg RAF *et al.* *J Orofac Pain* 2011; **25**: 6–14

Various proposed algorithms for identifying orofacial pain in those with dementia, but they may lack validity and reliability.

Can anything be more distressing for a sufferer than an inability to communicate that they are in pain. In this semi-structured literature review, the authors seem most comfortable with the American Geriatrics Society (AGS) guidelines indicating or otherwise that the person is in pain. These guidelines place particular emphasis on 'body movement' and 'changes in activity patterns or routines'. The Oral Health Assessment Tool (OHAT) is another proposed algorithm, and can be carried out by residential care staff. Although it has been shown to have high precision (kappa score), it is of poor accuracy (validity) when compared with the pain that could be surmised from a dental examination. Another method, the Discomfort Scale for Dementia of Alzheimer's Type (DS-DAT), is 'complex, time consuming, and mainly applicable in research settings'.

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