

# 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.

## DENTAL IMPLANTS

### Factors associated with dental implant survival: a 4-year retrospective analysis

Zupnik J, Kim S-W *et al. J Periodontol* 2011; **82**: 1390-1395

#### Difficulties when carrying out retrospective studies.

The title of this paper maybe disingenuous. It is not stated if the 341 implants were placed before or during the 4-year observational period. If the latter, the outcome of some of the implants may have been followed only for a short period of time. Another study limitation is only those records of patients that could be accessed were included in their data set. Nevertheless, it is reported that there were significantly higher failure rates, albeit small, of implants placed in those patients with diabetes and those who were male. It was also found that sandblasted large grit, acid-etched implants (Straumann, Basel, Switzerland) were significantly less likely to fail than oxidised titanium implants (TiUnite™, Nobel Biocare, Zurich, Switzerland). However, three times as many Straumann implants were placed.

DOI: 10.1038/sj.bdj.2012.93

## PERIODONTAL DISEASE – RHEUMATOID ARTHRITIS

### Periodontal disease, tooth loss and incident rheumatoid arthritis: results from the First National Health and Nutrition Examination Survey and its epidemiological follow-up study

Demmer RT, Molitor JA *et al. J Clin Periodontol* 2011; **38**: 998-1006

#### It is unlikely that periodontal disease is a strong risk factor for rheumatoid arthritis.

Multivariable logistic regression analysis and proportional hazards models (the time interval before the event), 'generally' did not show associations between periodontal disease and new cases of rheumatoid arthritis (RA). In addition, there was no dose-responsiveness. This study used data obtained from NHANES I. In this, 9,702 US men and women were followed longitudinally for 20 years from 1971. At baseline only, the Periodontal Index and tooth loss (surrogate marker for historical periodontal disease) were used to quantify periodontal disease. The investigators used self-reporting for rheumatoid arthritis that had been diagnosed by a physician. Although therefore, this link is 'biologically plausible' and has been shown in animal models, 'it is unlikely that periodontal infections represent a strong RA risk factor in the general US population.'

DOI: 10.1038/sj.bdj.2012.94

## PROTECTIVE EFFECT OF NSAIDS

### Non-steroidal anti-inflammatory drug and aspirin use and the risk of head and neck cancer: a systematic review

Wilson JC, Anderson LA *et al. Cancer Causes Control* 2011; **22**: 803-810

#### No evidence as to the protective effect of NSAIDs in head and neck cancer.

Non-steroidal anti-inflammatory drugs (NSAIDs) inhibit cyclooxygenase (COX) which in turn may have an anti-tumour effect, particularly for colorectal cancer. In this systematic review examining the effect of NSAIDs on head and neck cancer, over 9,000 articles were identified. No randomised control studies were found. Of the few studies that met the selective criteria, no protective association was found with two drug dispensing studies and no protective association with two case-control studies. However, in the remaining case-control study, there was a significant protective association with low-dose aspirin NSAID. This should be balanced with the findings in another study that reported there was a significantly increased risk of oropharyngeal cancer in those taking non-low-dose aspirin.

DOI: 10.1038/sj.bdj.2012.95

## FALSE POSITIVES AND OVERDIAGNOSIS

### Possible net harms of breast cancer screening: updated modelling of Forrest report

Raftery J, Chorozoglou M. *BMJ Open* 2011; **343**: d7627 doi: 10.1136/bmj.d7627

#### 'overdiagnosis is a foreign concept to most prospective screenees (and many clinicians).'

When considering screening for oral cancer, there is insufficient evidence that opportunistic screening for potentially oral malignant lesions 'alters disease-specific mortality' (Rethman MP, Carpenter W *et al. J Am Dent Assoc* 2010; **141**: 509-520). This study, published in the *British Medical Journal*, examined other issues associated with screening, specifically unnecessary surgery following mammographic breast screening. The investigators used new information from trials that was not available to those who recommended breast screening in the UK in 1986. This study found the QALYs ('number of years of life that would be added by the intervention' when 1.0 is a year of perfect health and 0.0 is death) was reduced by one half from 3,301 to 1,536 over 20 years, when 100,000 women, aged 50 years and over, were invited for breast screening.

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