

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.

CAUSALITY?

Role of chronic stress and depression in periodontal diseases

Warren KR, Postolache TT *et al.* *Periodontol 2000* 2014; **64**: 127–138

Generally, there are links between stress and periodontal diseases and depression and periodontal diseases.

Psychological stress is the emotional and physiological reactions following life event(s) that exceed coping strategies. The authors argue that chronic stress is linked with depressive disorders and the relationship is 'presumably causal'. Chronic stress and depression increases the risk of cardiovascular disease, diabetes and other systemic conditions, and these relationships would appear to be bidirectional. But are there associations between stress and periodontal diseases and depression and periodontal diseases? Much of this paper is devoted to mechanisms that could mediate these relationships but many are inferential. In addition, such associations may be grounded on other dental-health-related behaviours that are linked to stress and depression, such as sub-optimal oral hygiene and smoking. The historical link between psychosocial stress and necrotising ulcerative gingivitis is highlighted and is now joined by aggressive periodontitis. Treatment outcomes for periodontal diseases may be compromised by both stress and depression.

DOI: 10.1038/sj.bdj.2014.122

COFFEE

Coffee consumption and periodontal disease in men

Ng N, Krall Kaye E *et al.* *J Periodontol* 2013; DOI: 10.1902/jop.2013.130179

'higher levels of coffee consumption and periodontal health was statistically significant'.

Anti-oxidant and anti-inflammatory agents appear to have a beneficial effect on health. Coffee is 'the largest source of dietary antioxidants in industrialized nations'. Using existing data collected from 1,152 men in the seminal Veterans Affairs Dental Longitudinal Study, the key findings were 1) coffee consumption is protective for periodontal disease, although this may not be clinically significant, and 2) coffee and caffeine do not exert adverse effects on periodontal health. In this study, repeated measures general linear models and multivariate analysis were used to show that the number of teeth with moderate-to-severe periodontal disease (cumulative number of teeth with PD \geq 4 mm or radiographic bone loss of \geq 40%) was associated with coffee/caffeine intake (more than six cups of coffee or tea a day). Although caffeine may be associated with an increased risk of osteoporosis, it has been shown to reduce inflammation and tissue damage in animal models. Coffee lowers the risk of type 2 diabetes and even gout.

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HEALTH ANXIETY

The role of illness beliefs and coping in the adjustment to dentine hypersensitivity

Porritt JM, Sufi F *et al.* *J Clin Periodontol* 2014; **41**: 60–69

Those with dentine hypersensitivity experienced higher levels of health anxiety.

And in turn, those with high levels of health anxiety were more likely to use passive coping strategies such as helplessness and relying on others for support. Passive coping strategies were associated with both a worse OHRQoL and a worse perceived general health status. In this study, using purposive sample (the investigators select the sample), 101 subjects with self-diagnosed dentine hypersensitivity completed questionnaires at baseline and at one month follow-up. The questionnaires were used to explore health anxiety, illness beliefs, coping strategies, OHRQoL and HRQoL. The investigators hung some of their findings on the self-regulation model (SRM) which is made up from 'both cognitive representations and emotional aspects to the illness'. The SRM 'was able to explain just under half of the variance in passive coping and just over half of the variance in individual's OHRQoL. In most subjects, dentine hypersensitivity did not have an impact on general health.

DOI: 10.1038/sj.bdj.2014.124

'THE KING OF DISEASES AND THE DISEASE OF KINGS'

Rising burden of gout in the UK but continuing suboptimal management: a nationwide population study

Kuo C-F, Grainge MJ *et al.* *Ann Rheum Dis* 2014; DOI: 10.1136/annrheumdis-2013-204463

'1 in 40 adults being affected' with gout in the UK and it is increasing.

Gout rarely involves the TMJ, with less than a dozen citations in the English literature (*J Am Dent Assoc* 2010; **141**: 979–985). Notwithstanding this, the findings from this study may suggest that this oral/facial manifestation of gout could be on the increase? These investigators used the Clinical Practice Research Datalink (CPRD – anonymised clinical data from 12 million individuals in the UK) to determine the prevalence (number of cases of disease at a specific time) and incidence (loosely expressed as the number of new cases over a specific time) of gout in the UK during the past 16 years. It is reported that gout has increased since 2005 with a higher prevalence and incidence in Wales and the North East of England. The management of gout is poor with both under- and inappropriate prescribing of urate-lowering treatment/therapy. Historically, gout was always associated with an intemperate lifestyle, although 'the converse may now be true'.

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