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.

HOLISM/REDUCTIONISM

The ethical imperative of addressing oral health disparities: a unifying framework

Lee JY, Divaris K. *J Dent Res* 2014; **93:** 224–230

'...empowerment of communities via increased opportunities for education, child care, employment, community building and economic revitalization, and housing can help close the oral health disparities.'

In this challenging paper, question are asked, conventional wisdom shaped, and solutions offered for narrowing the oral health divide. At the centre of such discussions are the seminal contributions of Marmot (for an example, see *Lancet* 2005; **365:** 1099–1104) who identified the reductionist slant, 'causes of the causes'.

The authors of this paper concede that although major advances have been made in the underpinning science and the practice of dentistry, this has 'not led to notable reductions in oral health disparities.' However, such approaches are not dismissed, but there is a plea that 'omics' should be translated into relevant and actionable public health strategies.

Not surprisingly, it is argued that such disparities can be most effectively addressed if efforts are focused on distal/upstream factors including 'political, economic, social, and community characteristics'. But not only should distal factors be embraced, but also 'intermediate' determinants, 'such as health beliefs and cognitions, knowledge and understanding, health literacy, resilience, and self-efficacy'. The demands of requiring individuals to navigate health systems should be neutralised. All information should be accessible and culturally acceptable. It is stated that high-risk group strategies targeting individual behaviour do not address the root causes of health disparities, and have not narrowed the gap between the disadvantaged and more affluent.

The authors propose a holistic approach adopting a multilevel method based on a modified Andersen's behavioural model. They place particular emphasis on distal determinants. Yet almost paradoxically, Andersen's behavioural model focuses on individual factors, but interfacing with those within the community. Both models place particular emphasis on a feedback loop. For example, health outcomes affect health beliefs. Common risk-factors are described such as smoking, alcohol and diet.

Tensions in addressing racial/ethnic health disparities are identified in that 'racialization may perpetuate aspects of discrimination'. The authors also touch on epigenetics ('changes in gene activity that are not caused by changes in the DNA sequence'). In the context of this paper, 'imprinting' of social disadvantage influences disease occurrence with a possible possibly bi-directional relationship. The authors assert 'social environments 'get under the skin' to cause disease'.

DOI: 10.1038/sj.bdj.2014.325

SAFEGUARDING – A DENTAL PERSPECTIVE

Characteristics of child dental neglect: a systematic review

Bhatia SK, Maguire SA *et al. J Dent* 2014; **42:** 229–239

'...differentiating dental caries from dental neglect is difficult...'

Using a standardised search strategy supplemented by 'snowballing' technique (pursuing references), 3,863 citations and abstracts were screened. Eighty-three of these were interrogated, nine of which were included in this systematic review. A common thread inferring dental neglect is 'a failure to seek appropriate care in a timely way or to follow through...'. It is simplistic to suggest there is a threshold for the number of teeth beyond which there is dental neglect. Indeed it is argued that 'neglect can only occur in cases where reasonable resources are available to the family or caregiver'. It is a sad indictment, that parents, who do not access dental care for their children, have poor oral health expectations. Reasons are stated as to why dentists seem reluctant to follow child protection procedures. Nevertheless, dentists should be 'more pro-active in working with their local safeguarding team to ensure the safe and appropriate care of these children.'

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VERBAL REASSURANCE PROMOTES DISTRESS

Reassurance and distress behavior in preschool children undergoing dental preventive care procedures in a community setting: a multilevel observational study

Zhou Y, Humphris GM. *Ann Behav Med* 2013; DOI: 10.1007/s12160-013-9566-7

Young children receiving verbal reassurance during fluoride varnish application promotes distress.

Although counterintuitive, it has been reported in the general paediatric literature, that reassurance increases distress in children receiving invasive interventions. In addition, among other factors 'child distress appeared to be stronger in the anticipatory phase...than in the procedural phase...'. As part of the 'Childsmile Nursery fluoride varnish application intervention' (www.childsmile.org.uk/...childsmile/childsmile-and-fluoride-varnish.asp), 456 dental nurse/child interactions during the application of fluoride varnish, were each recorded for 5 minutes using video. The children were 3-5 years old. The application of fluoride varnish was associated with distress in almost one third of the behavioural sequences. Using multilevel logistic regression it was found 1) verbal reassurance (for example 'It's easy-peasy', 'It tastes like bananas', 'It won't hurt') promoted distress behaviour, 2) initial child anxiety increased the probability of distress, 3) 'Childsmile' training for the dental nurses reduced distress. However, other training which included child management, communication skills, and stress management, increased child distress.

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