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.

COFFEE – TYPE 2 DIABETES

Changes in coffee intake and subsequent risk of type 2 diabetes: three large cohorts of US men and women

Bhupathiraju SN, Pan A *et al. Diabetologia 2014;*
DOI: 10.1007/s00125-014-3235-7

As there is an association between periodontal diseases and diabetes, there may be a link between this study and another study (*J Periodontol* 2013; DOI: 10.1902/jop.2013.130179) that found 'higher levels of coffee consumption and periodontal health was statistically significant'.

Can drinking coffee protect against type 2 diabetes? This study used pooled data, collected over 20 years from some 130 thousand subjects, from 3 US studies. Coffee consumption was quantified at 4 year intervals using dietary questionnaires. Incident type 2 diabetes was self-reported and subsequently validated by additional questionnaires. Using multivariable modelling, confounders for type 2 diabetes such as race, familial history of diabetes and weight were excluded from the analysis. Those subjects who increased their consumption of caffeinated coffee by more than one cup per day, but not decaffeinated coffee, had 11% lower relative risk of developing type 2 diabetes in the subsequent 4 years. Those who decreased their coffee consumption (median reduction of 2 cups per day) had a 17% higher relative risk of type 2 diabetes. In contrast to other studies, no such effects were observed with changes in tea consumption.
DOI: 10.1038/sj.bdj.2014.426

SEVEN PORTIONS OF FRUIT AND VEGETABLES

Fruit and vegetable consumption and all-cause, cancer and CVD mortality: analysis of Health Survey for England data

Oyebode O, Gordon-Dseagu V *et al. J Epidemiol Community Health* 2014;
DOI: 10.1136/jech-2013- 203500

'a strong inverse association between fruit and vegetable consumption and all-cause mortality.'

This cohort study was carried out with 65,226 adults who were aged 35 years or older and who are part of the Health Survey for England. The participants were followed for an average of 7.7 years. The number of fruit and vegetable portions consumed the previous day were ascertained by an interviewer. A portion comprised 80 g, an average apple. Those who ate seven or more portions of fruit and vegetables had a 33% reduced risk from all-cause, cancer and cardiovascular mortality, compared with those who ate less than one portion a day. Yet over half of the subjects ate less than the present 2003 UK recommended five portions of fruit and vegetables daily. Although the investigators did take into account several confounders, those who consumed more fruit and vegetables were older, less likely to smoke, more likely to be women and of a non-manual household. Strangely, consumption of frozen or canned fruit was associated with increased mortality.
DOI: 10.1038/sj.bdj.2014.427

'INTERGENERATIONAL ORAL HEALTH CONTINUITY'

Maternal oral bacterial levels predict early childhood caries development

Chaffee BW, Gansky SA *et al. J Dent Res* 2014; **93:** 238–244

Should there be oral health strategies for intergenerational prevention?

Data was collected at 3-6 month intervals from 243 low-income Mexican/American mother-child couples. This prospective observational cohort study was nested in a caries interventionist study, the results of which have been published (no difference in caries experience between children who received a raft of preventive approaches and a control group that was offered oral health counselling and 'rescue' fluoride varnish). At 36 months, one third of children had caries, and in over one half, salivary mutans streptococci (*S. mutans* and *S. sobrinus*) were recovered. Lactobacilli were isolated in 16% of the children. High numbers of mutans streptococci in mothers were not only associated with high levels in their children, but importantly predicted future caries in their children. This relationship between dyads was not found for lactobacilli. As genetic analysis of the isolated strains was not performed, it could not be confirmed as to whether or not there was mother-to-child transfer of bacteria, as for example carers and other children could have been the source of the bacteria.
DOI: 10.1038/sj.bdj.2014.428

BOTOX – A REGULATORY PERSPECTIVE

Dento-legal aspects of non-surgical facial aesthetic procedures

Lewis K. *Fac Dent J* 2014; **5:** 69–72

Possible indemnity issues for those who carry out non-surgical cosmetic injectable treatments.

The GDC has stated that non-surgical cosmetic injectable treatments are not 'the practice of dentistry'. But then there are contradictory messages; only dentists can prescribe drugs for 'a *bona fide* course of dental treatment' yet in the *Guidance on prescribing medicines* (GDC), 'Dentists are the only (dental) registrants who can prescribe Botox™.' The GDC is charged to investigate any information they receive pertaining to a registrant, whether this is the practice of dentistry or not. It should be borne in mind that non-surgical cosmetic injectable treatments (including fillers) 'are being carried out wholly electively, in the absence of pathology, for the primary purpose of altering a patient's appearance'. However, Botox can be used for therapeutic reasons such as in Frey's Syndrome (gustatory sweating and facial flushing). Even these areas can be blurred in that Botox can be used to change facial aesthetics in conjunction with restorative dentistry. 'Double' indemnity, one for the practice of dentistry and the other for non-surgical cosmetic injectable treatments, may invalidate insurance contracts.
DOI: 10.1038/sj.bdj.2014.429

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