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.

STATINS: UNCOVERING THE TRUTH

Adverse effects of statins. The *BMJ* and authors withdraw statements suggesting that adverse events occur in 18–20% of patients

Godlee F. BMJ 2014; 348: g3306

The editor of the *British Medical Journal* is convening an independent panel to investigate why claims were published that reported 18–20% of patients taking statins experienced adverse events.

In a recent Abstract's section of this Journal (DOI: 10.1038/ sj.bdj.2014.375), the paper of Abramson JD, Rosenberg HG et al. BMJ 2013; 347: f6123 was summarised including a headline finding that 20% of people who take statins experience side effects. Professor Rory Collins of Oxford University, whose data were reanalysed by Abramson, has challenged these Abramson's findings and, during the past few months, petitioned the BMJ. The editor of the BMJ states that Collins does not consider a correction is sufficient. Collins contends that this and another paper should be retracted, despite it being argued that the important points from these papers are: 1) 'data failed to show that statins reduced the overall risk of death in people with a <20% 10 year risk of cardiovascular disease' and 2) 'saturated fats are not the main dietary cause of heart disease.' All submissions made to the panel will be put in the public domain and their recommendations will be implemented in full.

DOI: 10.1038/sj.bdj.2014.475

REFERRED PAIN – MYOCARDIAL INFARCTION?

The tooth, the whole tooth, and nothing but the tooth: can dental pain ever be the sole presenting symptom of a myocardial infarction? A systematic review

Jalali N, Vilke GM et al. J Emerg Med 2014; DOI: 10.1016/j.jemermed.2013.11.071

Despite frequent claims to the contrary, there is little evidence that dental pain could be the only symptom for cardiac insufficiency.

'...should emergency physicians consider the possibility of myocardial infarction in patients who present solely with dental pain?' Such a question is even more pertinent for dentists. In this systematic review, 18 studies met the criteria. Two were prospective cohort studies, one recruiting 186 participants and the other 474. The methodology of only one of these cohort studies was judged robust. It was reported that as few as 1 in 20 patients with cardiac insufficiency had solely a symptom involving the orofacial region, and this was usually confined to the upper throat. Rarely was the symptom described as pain but instead as 'pressure' or 'burning'. Of the case reports, only three identified orofacial pain as the sole symptom of cardiac insufficiency. Symptoms such as pain on exercise, nausea, shortness of breath or diaphoresis (profuse sweating) require investigation. DOI: 10.1038/sj.bdj.2014.476

BEST PRACTICE

Phambili: moving forward without the blindfold

Michael NL, Robb ML. Lancet Infect Dis 2014; 14: 361-362

'...very different modes of HIV transmission between men and women.'

Following successful pre-clinical and phase 1 trials for adenovirus type 5 (Ad5)-vectored DNA vaccine encoding HIV-1 subtype B gag, pol, and nef proteins (Merck & Co., Inc.), phase efficacy trials named the Step study and Phambili ('moving forward' in the Xhosa language) were rolled out. Interim analysis for the Step study (cohort of men who had sex with men in the Americas, Caribbean and Australasia), found that this vaccine not only failed to have a protective effect but indeed resulted in excess HIV infection. As a consequence of the findings from the Step study, there was early closure of the Phambili study with participants unmasked to treatment allocation. The Phambili study recruited South African participants at high risk of heterosexually transmitted HIV infection. Not only were the results from the Phambili study also disappointing, but, of note, excess HIV infections were detected not shortly after, but several years after vaccination. The authors conclude there is now sufficient evidence to 'abandon the use of recombinant Ad5 vectors in future HIV vaccine development'. DOI: 10.1038/sj.bdj.2014.477

IMPRESSION MATERIALS FOR CROWNS AND BRIDGES

The effect of one-step vs. two-step impression techniques on long-term accuracy and dimensional stability when the finish line is within the gingival sulcular area

Levartovsky S, Zalis M et al. J Prosthodont 2014; 23: 124-133

All the polyvinyl siloxane impression materials tested met acceptable linear dimensional characteristics as defined by ADA specification.

How accurate do impression materials have to be? The benchmark adopted by these investigators was ADA specification No. 19: an elastomeric impression is sufficient if it is shown to have less than of 0.5% dimensional change (after 24 hours). Impressions were recorded of a rectangular, aluminium master cast with a simulated gingival sulcus. This model differed from the ADA standard stainless steel die. Using either a one- or two-step impression method, Express[™] R and Express[™] F (3M[™] ESPE[™]) and President putty/ wash (Coltène), and storing these impressions from 2 to 144 hours, all met the ADA specification for the planar distance discrepancy only (ca. 1.5 cm from the middle of the 'abutment'). Some of the conclusions made in the body of the text are at odds with what is shown in Figure 6C. Of note, these authors cited a study that reported 'the conventional alginate...would be acceptable after 30 minutes and 48 hours of storage' using the ADA specification. DOI: 10.1038/sj.bdj.2014.478