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.

SMOKERS – SUPPORTIVE PERIODONTAL THERAPY

Compliance of cigarette smokers with scheduled visits for supportive periodontal therapy

Ramseier CA, Kobrehel S *et al.* *J Clin Periodontol* 2014; **41**: 473–480

Those who smoke, and therefore may benefit particularly from supportive periodontal therapy, seem to fail appointments.

Patients who attend appointments for supportive periodontal therapy have better periodontal treatment outcomes. Yet the attendance for such appointments may be sub-optimal with one study reporting less than one third of patients engaging fully over a three-year period. But what if a patient smokes? The aim of the study was to ascertain whether or not smokers, compared with non-smokers, attend appointments for supportive treatment. This retrospective longitudinal cohort study examined attendance data over at least a one-year period (mean ca. 7 years) for 1,336 patients, some of whom were smokers, past smokers and others who had never smoked. Even when adjusting for some confounders (no data on levels of education or income), one quarter of all these categories of patients never returned for treatment, and fewer smokers ($p = 0.0026$) returned for supportive care compared with former smokers and non-smokers. If however the patient attended twice for supportive treatment there was no difference in attendance patterns between smokers and non-smokers.

DOI: 10.1038/sj.bdj.2014.571

ALLERGIES TO DENTAL MATERIALS

Regression of oral lichenoid lesions after replacement of dental restorations

Mårell L, Tillberg A *et al.* *J Oral Rehabil* 2014; **41**: 381–391

Patch test for dental materials is of limited value.

These investigators reported that following the replacement of restorations, oral lesions generally regressed in those patients with lichenoid contact reactions, in contrast to those diagnosed with oral lichen planus. This abstract will focus on that part of the discussion in the paper that examines the role of patch testing when considering replacement of restorations for oral lichenoid lesions. A recent review was cited that 'concluded that patch tests are of limited value'; dental amalgam, can cause a lichenoid contact reaction but such an allergy may not be shown with patch testing. This study concurs with this in that 'there was no significant difference in the regression of lesions (after exchange of materials) between the patients with positive and negative patch test'. Furthermore, the oral lesions of one patient with lichenoid contact reaction resolved without any replacement of restorative materials, yet they had a positive patch test to gold. It was also reported that resin composite can be associated with lichenoid contact reactions, possibly associated with a delayed hypersensitivity reaction to formaldehyde.

DOI: 10.1038/sj.bdj.2014.572

'NO TOBACCO, SMOKE OR COMBUSTION'

Electronic cigarettes: time for an accurate and evidence-based debate

Hitchman SC, McNeill A *et al.* *Addiction* 2014; **109**: 867–868

Misinformation must be corrected.

Dental carers are having an increasing role in encouraging and then supporting those who decide to stop smoking. The role that the use of e-cigarettes could have in quitting smoking is controversial. This balanced editorial, the authors of which declare no conflicting interests, makes three key points. E-cigarettes cannot be categorised as tobacco products any more than nicotine replacement therapy (NRT). For example, although traces of tobacco-specific nitrosamines have been found in some e-cigarettes, they are also found in licensed NRTs. The 'gateway hypothesis', specifically that young people who try e-cigarettes move on to become dependent on ordinary tobacco cigarettes, is disputed. There are parallels here with low nitrosamine smokeless tobacco in that the evidence for the use of these leading onto smoking of tobacco is 'highly contestable'. The third point made, is that e-cigarettes are heterogeneous products. For example, some look like tobacco cigarettes, others not. And then the amount of nicotine delivered range from high amounts to none at all.

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'REAL WORLD' – E-CIGARETTES

Real-world effectiveness of e-cigarettes when used to aid smoking cessation: a cross-sectional population study

Brown J, Beard E *et al.* *Addiction* 2014; DOI: 10.1111/add.12623

'I am still not smoking'; e-cigarettes were more effective than nicotine replacement therapy (NRT) or no aid.

The aim of this cross-sectional study carried out in England, was to compare during the previous year the efficacy of 1) e-cigarettes ($n = 464$), 2) a licenced NRT ($n = 1,922$), and 3) no aid ($n = 3,477$) to help those who smoke to quit. None of these smokers sought professional support. The investigators adjusted for several confounders particularly nicotine dependence (the 'urge to smoke' and the 'strength of the urges to smoke') but also age, gender, social grade history and previous quit attempts. Several different analyses were used. All showed that those who used e-cigarettes 'in their most recent quit attempt were more likely to report still not smoking than those who used NRT bought over-the-counter or nothing.' It is conceded that this design of study does not take into account that those who use e-cigarettes may have a different socio-economic background and there could be an 'early adopters' effect. It is suggested that e-cigarettes are both safer than ordinary cigarettes and of note 'reduce craving and withdrawal associated with abstinence in smokers'.

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