

# 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.

## THE WORRIED WELL

### The epidemic of pre-diabetes: the medicine and the politics

Yudkin YS, Montori VM. *BMJ* 2014; **349**: g4485 doi: 10.1136/bmj.g4485

'Medical science has made such tremendous progress that there is hardly a healthy human left.' Aldous Huxley.

When adopting the American Diabetic Association category for pre-diabetes, it was reported that over half the population of China have pre-diabetes, some 493.4 million people. But what are the implications of this finding? These authors argue that 'current definitions (for pre-diabetes) risk unnecessary medicalisation and create unsustainable burdens for healthcare systems.' Of note, fewer than one half of those with pre-diabetes develop diabetes in the next ten years. When considering diabetes, diagnosis is based on the somewhat arbitrary threshold of risk for retinopathy, and to a lesser degree, arterial disease. The different weighting ascribed to tests (glucose tolerance testing, fasting plasma glucose and now HbA<sub>1c</sub>) have further muddied the waters. In addition, people of 'black African heritage' have higher markers of glycaemia than other ethnic groups and, glucose tolerance deteriorates with ageing. In a recent study (*BMJ Open* 2014; **4**: e005002.) using data from the Health Survey for England, the 'prevalence rate of prediabetes increased from 11.6% to 35.3% from 2003 to 2011.'

DOI: 10.1038/sj.bdj.2014.880

## EBOLA – IS IT 'SPIRALLING OUT OF CONTROL'?

### Editorial. Ebola in west Africa

*Lancet Infect Dis* 2014; **14**: doi:10.1016/S1473-3099(14)70785-6

'...Ebola seldom affects people with the means to buy an airfare.'

Is a global outbreak of Ebola mere hyperbole? Ebola has a high fatality, there is no vaccine (but see *Nat Med* 2014; doi: 10.1038/nm.3702), treatment is primarily supportive and those who are afflicted have the most distressing bleeds both internally and externally (including the gingiva). Improved road links have allowed this latest outbreak of December 2013 in southeast Guinea, to spread quickly to bordering Liberia and Sierra Leone and now Nigeria. Yet Ebola has never been transmitted outside Africa and can be caught only by direct contact. There has been much debate about the ethical implications of using the experimental drug ZMapp (but see <http://who.int/csr/disease/ebola/en> reporting that WHO have eased their ethical concerns with the use of this drug). ZMapp has been referred to as the 'secret serum'. However, it is neither secret nor is it a serum. It is a mixture of three humanised monoclonal antibodies and produced in tobacco plants. The US government has funded its development. Ebola is a potential agent of biological warfare, which may be another reason for President Obama's fears.

DOI: 10.1038/sj.bdj.2014.881

## THRESHOLD FOR CANDOUR

### Review – Candour for surgeons: the absence of spin

Wheeler R. *Ann R Coll Surg Engl* 2014; **96**: 420–422

The duty to inform a patient after treatment; as well as before treatment.

Precedent has been set in that it was judged a dentist acted unreasonably by failing to inform his patient that 'a drill bit broke off and became tightly lodged in one of the canals' (Kueper *v* McMullin (1986) 37 CCLT 318. New Brunswick Court of Appeal). Importantly in this case, there was no accusation of negligence. In the Government response (*Hard truths*) to the Francis Report, it is stated that a new criminal offence of failing to discharge a duty of candour, would only be found in very rare cases. When considering the standard required for the process of consent, there has been a shifting away from the Bolam test ('practice supported by a responsible body of similar professionals') to the unchallenged precedent of Lord Woolf '...a significant risk which would affect the judgement of a reasonable patient...'. The author of this paper argues that Lord Woolf's ruling could be applied to the threshold for candour; the doctor should inform the patient '...if significant harm has occurred that the reasonable patient would wish to know about...'.  
DOI: 10.1038/sj.bdj.2014.882

## IMPLANTS

### Outcome of single immediate implants placed in post-extraction infected and non-infected sites, restored with cemented crowns: a 3-year prospective study

Montoya-Salazar V, Castillo-Oyagüe R *et al. J Dent* 2014; **42**: 645–652

When using the following rigorous pre- and post-surgical regimens, there were no significant differences in the survival of implants placed in infected and non-infected sockets.

All patients in this study 1) were prescribed azithromycin 250 mg/day for 5 days one month before surgery, 2) 1.5 g of amoxicillin, 4 days before implant placement, and 3) 1.5 g of amoxicillin for 6 days after surgery. Infected sockets only, were 1) curetted and debrided, 2) irrigated with 90% hydrogen peroxide, 3) laser irradiated, and 4) finally irrigated with saline. This was a prospective study over 36 months and the investigators recruited 18 patients. It was a split-mouth design; on one side of the mouth the implant was placed in the infected and treated socket, and on the other side a non-infected socket. The implant site preparation was extended apically 3–4 mm, and 13 mm length implants were stabilised with bovine bone. Second-stage surgery was carried out after 3 months. After 3 years, there were no differences in clinical and radiographic measurements. The 3-year survival rate was 94.44% for those implants placed in the infected and treated sockets and 100% in the uninfected sockets.

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