

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.

'SIMPLE AND EASY TO UNDERSTAND MESSAGE'

Association of skirt size and postmenopausal breast cancer risk in older women: a cohort study within the UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS)

Fourkala E-O, Burnell M *et al.* *BMJ Open* 2014; 4: e005400. doi:10.1136/bmjopen-2014-005400

Not only was there an increased risk of breast cancer with increasing skirt size, but there was a reduced risk of breast cancer with a reduction in waist size.

It has been reported that patients are comfortable for dentists to screen for medical conditions including risk factors for medical diseases, such as obesity. The investigators in this study, published in *BMJ Open*, recruited 92,834 postmenopausal women and followed them for a median time of 3.19 years. They found that if skirt size increased one unit (for example, UK SS 12–14) every 10 years between 25 years old and menopause, there was a 33% increased risk of developing breast cancer after the menopause. The subjects, all recruited over the age of 50 years old, were asked their present waist size and to remember what their skirt size was in their twenties. Of note, the predictive risk calculated from change in skirt size (proxy for central obesity) was found to be independent of BMI. The risk of developing breast cancer in this cohort of postmenopausal women was small (1.2%). DOI: 10.1038/sj.bdj.2014.973

WEIGHT LOSS MAINTENANCE

Predictors of successful weight loss maintenance: a qualitative comparative analysis

Baugh ME, Savla J *et al.* *Open J Prev Med* 2014; 4: 257–269

Weight gain during the first few months following weight loss, would indicate future relapse.

Irrespective of any holistic role that dental professionals may have in promoting health, when considering dental diseases, obesity 'might adversely affect periodontitis' (*J Clin Periodontol* 2013; 40 (Suppl. 14): S20–S23. doi: 10.1111/jcpe.12091). Relapse after weight loss is common, with most people regaining 'all lost weight within 3–5 years'. In this study, participants were encouraged to maintain their reduced body weight, achieved during a preceding weight loss study. Although there was no calorie restriction, they were urged to carry out 10,000 or more steps each day and consume at least five servings of fruits and vegetables each day. It was reported, that any increase in weight during the first 3 months, was associated with increase in weight at 12 months. In contrast to other studies, the gender of the subject did not influence weight loss. This is despite it being shown that women, in contrast to men, have a 'compensatory increase in energy intake in response to physical activity' as well as other differences in health behaviours.

DOI: 10.1038/sj.bdj.2014.974

OBESITY – CANCER

Obesity: a certain and avoidable cause of cancer

Campbell PT. *The Lancet* 2014; 384: 727–728

'Excess adipose tissue is not a benign storage depot for lipids'

It is well established that a high BMI is associated with 'coronary heart disease, type 2 diabetes, high blood pressure, stroke, dyslipidaemia, and osteoarthritis.' This Comment proves an entry point for the substantive paper by Krishnan Bhaskaran K, Douglas I *et al.*, published in the same issue. This study reported associations between BMI and cancer. The analysis used data on 5.24 million individuals, all thought to be cancer-free at the outset of the study, collected from the UK's Clinical Practice Research Datalink. They found that after a mean observation period of 7.5 years, 166,955 individuals developed cancer. Each 5 kg/m² increase in BMI (5 units BMI) was associated with a higher risk of developing cancer. These represented about 90% of all cancers diagnosed in the UK. The commentator argues that it is not necessary to carry out more research to justify 'policy changes aimed at curbing overweight and obesity.' Instead politicians should show resolve, implementing policies aimed at reducing caloric intake including taxation, and increasing physical activity.

DOI: 10.1038/sj.bdj.2014.975

SUGAR – CARIES

A reappraisal of the quantitative relationship between sugar intake and dental caries: the need for new criteria for developing goals for sugar intake

Sheiham A, James WPT. *BMC Public Health* 2014; 14: 863 <http://www.biomedcentral.com/1471-2458/14/863>

Regardless of fluoride, the authors argue that sugars should be restricted to less than 5% total energy intake.

Consumption of 'dietary sugars have been shown to help induce excess weight gain and obesity.' When considering dental caries, a recent systematic review (*J Dent Res* 2014, 93: 8–18) reported significant associations between daily total, free or added sugars, but not frequency of sugar consumption, and caries. These investigators re-examined the dose-response between caries and changes in sugar intake in several different countries. The most useful and robust information was from Japanese children where there were dramatic differences in consumption before, during and after World War II. The dose-response relationship between sugars and caries was log-linear, from 0%E to 10%E sugar (average energy intake from sugars). It was not a sigmoid relationship, as has previously been suggested and there was no threshold for the amount of sugar being associated with caries. The authors argue 'public health goals need to set sugar intakes ideally <3%E with <5%E as a pragmatic goal, even when fluoride is widely used.'

DOI: 10.1038/sj.bdj.2014.976