## AROUND THE WORLD



American Dental Association (ADA) President, Dr Maxine Feinberg, urges the National Institute of Dental and Craniofacial Research (NIDCR) to carry out more research into the effects of added sugars and oral health.

During Oral Health Month the Canadian Dental Association (CDA) said pears are great for snacking as they stimulate saliva flow thus neutralising negative effects on teeth.



Malta Association of Dental Students and Malta Health Students' Association teamed up to provide free health screenings for the young and old alike.

The Fiji Dental and Medical Council have embarked on implementing a new code of conduct. The new document is currently at the consultation stage after a number of complaints were made regarding dental practitioners.

## GEL FILLING COULD AID BONE GROWTH

A gel filling made from calcium phosphate could prevent complications post extraction.

The new gel, designed as an injectable bone substitute, is being tested at Nantes University Hospital, and can be directly injected into the socket immediately after a tooth is removed to encourage the growth of new bone and prevent the surrounding jawbone from shrinking.

Researchers hope the gel will eventually lead to the prevention of unpleasant side effects caused by extractions, and believe that after six months the gel will have completely dissipated, leaving the cavity filled with bone-like tissue.

## IN THIS ISSUE



In this issue, Dr Andrea Waylen and fellow authors investigate patientclinician communication in a pilot study, using the communication assessment tool (CAT) to assess interpersonal and communication skills in dental and medical settings.

The fine line between communication skills as part of specific tasks, such as taking patient history, and the interpersonal skills that form the relational part of a consultation has been of interest to Dr Waylen since coming across the communications assessment test,<sup>1</sup> developed in the USA by fellow author Greg Makoul. The use of CAT in the current study incorporates patients' perspective to

## **BOOK REVIEW**



SKELETAL ANCHORAGE IN ORTHODONTIC TREATMENT OF CLASS II MALOCCLUSION

M. A. Papadopoulos Elsevier price £110; pp 312 ISBN 9780723436492

Orthodontics is continually evolving with new technology and ideas. A collaboration of 96 international authors contributed to the production of this book – introducing a wide and varied discussion on the currently available skeletal anchorage devices. The text is directed towards postgraduate students, clinical researchers and specialist orthodontic practitioners.

It is an expertly presented (larger than A4) size book, with nine manageable sections and 52 chapters. The focus is based on obtaining anchorage in treatment of Class II malocclusions without the need for traditional methods and, importantly, not relying on patient compliance. There are professionally detailed diagrams and photographs throughout the text that aid understanding and reinforce the information within. At the end of each chapter there is a useful reference list, providing the reader with an opportunity to further explore the topics covered.

appropriately assess interpersonal

take part in decision making and

ferences have also arisen accord-

ing to clinicians' gender and

experience.

treatment planning. Suggested dif-

Dr Waylen told the BDJ: 'More

areas as they may inform the way that we teach communication and

interpersonal skills. We need to be

both students and staff to develop

the clinical skill of communication

able to provide opportunities for

work needs to be done in these

There is an initial introduction – discussing the diagnosis and treatment of Class II malocclusions and associated anchorage difficulties. Subsequent sections discuss both clinical and surgical considerations in the use of skeletal anchorage devices, before giving details of each individual device – specifically implants, miniscrews and miniplates. The final section summarises the current evidence on the use of the above-mentioned devices.

As with any book, there are always aspects that could be improved. One negative, in my opinion, is its physical size – I find the book difficult to transport and also difficult to hold while reading. However, I do realise that reduction in its size may result in a lesser quality book with either smaller text or fewer images.

In summary, the above book is the first of its kind, as there is currently no published text detailing all of the available orthodontic anchorage devices. I like the overall layout of the textbook and find it easy to read. Ultimately, I feel this is a resource that will assist many orthodontic practitioners in their daily practice while treating complex Class II malocclusions.

G. WILSON

behaviour. Whilst communicationother, more hands on, clinical skills'skills were rated as 'excellent' in<br/>consultations, the findings suggest<br/>dental patients would like more<br/>opportunities to ask questions andother, more hands on, clinical skills'<br/>As a psychologist, Dr Waylen's<br/>prior dental experience involved<br/>attending routine appointments; how-<br/>ever, since starting at Bristol Dental

School in 2005 having completed her PhD at the University of Warwick, Dr Waylen's thoughts turned to the theory and practice of communication within the dental setting.

in the same way as they develop

Other research interests include quality of life for people with craniofacial conditions and risk-taking behaviour.

 Makoul G, Krupat E, Chang C-H. Measuring patient views of physician communication skills: Development and testing of the Communication Assessment Tool. *Patient Educ Couns* 2007; 67: 333–342.

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