

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.

SMOKING – PSYCHOSIS

Does tobacco cause psychosis? Systematic review and meta-analysis

Gurillo P, Jauhar S *et al.* *Lancet Psychiatry* 2015; **8**: 718–725

'...the risk of psychotic disorder was increased modestly by daily smoking.'

Smoking cigarettes is associated with health risks. When considering dentistry, there is moderate evidence that smoking is linked to tooth loss (*BMC Public Health* 2011; **11**: 221). Upstream approaches are central to enable changes in life-style. But in addition, healthcare workers including dental care professionals have a role in supporting those who wish to quit smoking. This meta-analysis examined the link between smoking and psychosis, particularly schizophrenia. Those with a psychotic illness may smoke to alleviate the distress of the condition, or because of the side-effects of the antipsychotic medication.

These investigators analysed 61 studies. Daily tobacco use was associated with: 1) increased risk of psychosis (for prospective studies, there was an overall relative risk of 2.18 – smokers were over twice the risk of developing psychosis compared with non-smokers), and 2) the age of onset of psychotic illness was earlier; although those with a psychosis did not smoke at a younger age than healthy controls. Few of the included studies reported on the consumption of other substances such as cannabis.

DOI: 10.1038/sj.bdj.2015.682

MUSIC – 'POTENTIAL SAFETY HAZARD'

Music and communication in the operating theatre

Weldon SM, Korkiakangas T *et al.* *J Adv Nurs* 2015 doi: 10.1111/jan.12744

Repeated requests when music was playing.

Playing music to patients receiving plastic surgery under local anaesthetic was associated with lowered anxiety for those patients (*Ann R Coll Surg Engl* 2012; **94**: 152–154). In dentistry, music systems with noise-cancellation have the additional benefit of neutralising the whine of a high-speed handpiece. But with general anaesthesia, will any benefit for the operating team be offset by potentially distracting sounds? In this study, videos were recorded of general surgical operations. Almost 2% of requests were repeated between the operating team when music was playing, in contrast to only 0.3% when music was absent. Repeat requests can result in operator frustration and add as much as one minute to an operation. In addition, music can cause errors when requesting medicines of similar names, or similar doses. Audio examples that underpin their results are available by accessing the online version of this article. The authors cite a tongue-in-cheek list of music played in operating theatres, including 'Smooth Operator' (Sade, 1984).

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NONSURGICAL PERIODONTAL TREATMENT

Systematic review and meta-analysis on the nonsurgical treatment of chronic periodontitis by means of scaling and root planing with or without adjuncts

Smiley CJ, Tracy SL *et al.* *J Am Dent Assoc* 2015; **146**: 508–524

Evidence-based clinical practice guideline on the nonsurgical treatment of chronic periodontitis by means of scaling and root planing with or without adjuncts

Smiley CJ, Tracy SL *et al.* *J Am Dent Assoc* 2015; **146**: 525–535

A meagre 0.5 mm improvement in clinical attachment level but 'impressive reductions' in probing depth with treatment-induced recession.

These papers, from which a somewhat anodyne Clinical Practice Guideline is available free online, examine the efficacy of nonsurgical treatment of chronic periodontitis. The effects of adjunctive treatments on nonsurgical therapy are also examined. Those papers describing treatment outcomes for aggressive periodontitis were excluded.

In the first paper, the authors use the austere evidence-based approach. In the second paper, evidence is translated into softer specialist opinion. Authors of these papers were invited to make these contributions by the American Dental Association.

In the systematic review and meta-analysis based on studies of at least 6 months duration, 72 studies were included in the final analysis. The primary outcome measure was clinical attachment gain. There was only 0.5 mm improvement in clinical attachment with scaling and root planing compared with controls. However, in some studies, data was recorded as whole-mouth averages. Whole-mouth measurements 'may lead to underestimation of the treatment effect (in those with sites with extensive clinical attachment loss) by including healthy sites'. Only an additional 0.2–0.6 mm improvement was found with some only adjunctive therapies.

In the second paper, the key findings were: 1) scaling and root planing showed moderate benefit, with negligible adverse events that include flu symptoms and myalgia, 2) scaling and root planing should be used before any possible adjunctive therapy, and 3) when considering adjunctive therapy, although there was no differences in the benefits of systemic subantimicrobial-dose doxycycline (may not function as an antibiotic but as a matrix metalloproteinase inhibiting collagenase activity) compared with systemic antimicrobials. Nevertheless, the former is recommended because of the potential adverse effects with systemic antimicrobials. There were only weak recommendations for the use of chlorhexidine chips and photodynamic therapy with a diode laser. In addition, evidence is lacking as to the efficacy of doxycycline hyclate gel and minocycline microspheres. Of note, when considering adjunctive nonsurgical lasers, there was moderate to high certainty that 'there were no benefits or the potential harms outweigh the benefits...'

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