

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.

MONTGOMERY CONSENT

Editorial. Informed consent: the dawning of a new era

Khalique Qc N. *Br J Oral Maxillofac Surg* 2015; **53**: 479–484

Lord Justice Sedley in the case of *Wyatt v Curtis* [2003] laid a foundation for this Supreme Court Ruling (*Montgomery v Lanarkshire Health Board* [2015]), in that he argued there is 'something unreal about placing the onus of asking upon a patient who may not know that there is anything to ask about...'

Such is the importance of this ruling, the healthcare journals are awash with implications (see *Br Dent J* 2015; **219**: 57–59). The author of this Editorial, who also has a dental degree, recalls her interview for pupillage. She was reminded in the case of *Rogers v Whitaker* [1992] that embraces the 'concept of informed consent', that Australian Law is not binding on English Courts. Then the duty 'to consent a patient' was according to *Bolam* and subsequently affirmed by *Sidaway*. On the 11 March 2015 it was all change, as the 'concept of informed consent' was adopted in English Law. The sad case of Montgomery involved a child being born with dyskinetic cerebral palsy. This would have been avoided by an elective caesarean section. Lady Hale stated: 'Gone are the days when it was thought that, on becoming pregnant, a woman lost, not only her capacity, but also her right to act as a genuinely autonomous human being'. DOI: 10.1038/sj.bdj.2015.707

ORTHODONTICS – WHITE SPOT LESIONS

A prospective, randomized placebo-controlled clinical trial on the effects of a fluoride rinse on white spot lesion development and bleeding in orthodontic patients

van der Kaaij NCW, van der Veen MH *et al. Eur J Oral Sci* 2015; **123**: 186–193

Almost one third of those patients who used the daily fluoride rinse developed at least one white spot lesion.

But this was significantly less than the participants who used the placebo rinse (31% fluoride v 47% placebo, $p = 0.038$). In this triple-blind, placebo-controlled study randomised control study, white spot lesions were recorded in 81 patients undergoing orthodontic treatment. White spot lesions were recorded using quantitative light-induced fluorescence and ICDAS before treatment and 6 weeks following debonding. Of note, there was no difference in white spot lesions when measured using ICDAS. Patients used either a combination of 100 ppm amine fluoride and 150 ppm sodium fluoride (elmex®; Colgate-Palmolive Europe), or a placebo. The mouthrinse was used each evening after toothbrushing. The mean time of orthodontic treatment was just over 2 years. These observations should be considered in the light that the study was carried out in an orthodontic department that has a 'stringent oral hygiene protocol'. When comparing gingival bleeding, there were no differences between the fluoride and placebo mouthrinse groups. DOI: 10.1038/sj.bdj.2015.708

DENTAL CARE PROFESSIONAL STUDENT TRAINING

Dental and allied dental students' attitudes towards and perceptions of intraprofessional education

Brame JL, Mitchell SH *et al. J Dent Educ* 2015; **79**: 616–625

A patient '... is handed off to another person and something just falls through the cracks, which happens all the time now.'

It is argued that intraprofessional dental education nurtures team working that in turn facilitates effective patient care. But do student dental care professionals consider intraprofessional education useful? Judging by the number of junior dental students and dental assisting students who volunteered to attend the 'focus group' component of the study, the answer is no. So few students from these particular groups agreed to participate, the investigators were not able to complete fully this arm of the study.

In the survey component, 'dental hygiene students had more positive responses about intraprofessional education than the dental and dental assisting students'. This study makes depressing reading for the dental educator. For example, when first-year dental hygiene students were asked to rank intraprofessional communication (1 = poorest to 10 = the best), all students scored 2 except one that ranked it 1. This study was carried out at The University of North Carolina at Chapel Hill School of Dentistry. One of their stated core values is to 'Provide a stellar student experience...'. DOI: 10.1038/sj.bdj.2015.709

ORTHODONTIC TREATMENT

The impact of orthodontic treatment on quality of life and self-esteem in adult patients

Jahal A, Alyaqoobi I *et al. Eur J Orthod* 2015; **37**: 233–237

No difference in scores for the Oral Health Impact Profile (OHIP-14) when measured immediately before and after orthodontic treatment.

Scores for self-esteem did, however, improve after treatment. This was despite the investigators stating that 'the overall self-esteem appeared high among the group, and therefore its impact on malocclusion was unlikely to be detected'. Both OHIP-14 (a measure of an individual's ability to eat, speak and socialise with some weight being given to psychological well-being) and self-esteem (Rosenberg self-esteem scale) were measured at baseline, 1, 3, 4 and 6 months into treatment and after treatment.

The investigators cite another study that also found OHRQoL initially fell before improving during treatment. In this present study, Wilcoxon signed-rank test was used to look for differences in OHIP-14 and self-esteem before, during and after treatment. Repeated measures analysis of variance would have been a more appropriate test. This study recruited 61 patients from four specialist orthodontic practices and only one did not complete the study. DOI: 10.1038/sj.bdj.2015.710