

# 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.

## TONGUE-TIED INFANTS

### The effects of frenotomy on breastfeeding

Martinelli RL, Marchesan IQ *et al.* *J Appl Oral Sci* 2015; **23**: 153–157

**Mothers considered frenotomy improved breast feeding, although were their views biased?**

The investigators concede that the role of lingual frenotomy (synonym for frenectomy) to allow more effective breastfeeding is controversial. Others would argue frenotomy is brutal. In this study, 109 mothers answered a questionnaire exploring a number of breastfeeding habits in their infants. Assessment as to whether or not an infant was tongue-tied was carried out using an 'anatomy-functional evaluation and non-nutritive and nutritive sucking'. Consent was given for a frenotomy in only 14 of the affected infants. When the infants were 45 days of age, frenotomy was carried out by an otorhinolaryngologist using topical anaesthetic. In those who received frenotomy, at 75 days of age, the number of sucks increased and the pause length between sucking decreased when compared with matched controls. Only those mothers of infants who received a frenotomy were asked to complete the questionnaire. Their findings were favourable. But then it has been reported by others that ineffective latching by the infant may be associated with characteristics of the mother's nipple.

DOI: 10.1038/sj.bdj.2015.884

## 'FILLINGS COULD ROT YOUR TEETH'

### Risk factors for caries development on tooth surfaces adjacent to newly placed class II composites – a pragmatic, practice based study

Kopperud SE, Espelid I *et al.* *J Dent* 2015; **43**: 1323–1329

**'...there was no significant association between use of protection shield during preparation and caries on the CS...' when CS is the contact surface/adjacent tooth surface.**

As there was no association between the use of a protection shield and future caries in an adjacent tooth surface, it is difficult to reconcile this finding with the header for this abstract which was a recent front page headline in the *Sunday Express*. The accompanying article in the *Sunday Express* cited this research paper. In the Introduction to the dental scientific paper, the authors state that others have reported iatrogenic damage occurs to two thirds of surfaces adjacent to Class II restorations. 'This study aimed to identify risk factors for caries development on tooth surfaces adjacent to newly placed Class II composites' including iatrogenic damage. It was carried out in Norway. After an observation period of almost 5 years, of 750 surfaces adjacent to resin composite restorations, '38.8% of the initially sound contact surfaces (n = 417) remained sound, 34.0% developed caries confined to enamel and 27.2% developed caries into dentine.' An example of a protection shield, but not stated in this paper, is the FenderWedge®.

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## OBESITY – PERIODONTITIS

### Is weight gain associated with the incidence of periodontitis? A systematic review and meta-analysis

Nascimento GG, Leite FR *et al.* *J Clin Periodontol* 2015; **42**: 495–505

**Those who became overweight or obese, had a higher risk of developing periodontitis (RR 1.13; 95% CI 1.06–1.20 and RR 1.33; 95% CI 1.21–1.47 respectively).**

When a RR (relative risk) >1 means that periodontitis is more likely to occur in the developing periodontitis group, and a 95% CI (confidence interval) indicates there is a 95% chance that the mean lies within that interval. In this systematic review, associations were sought between those becoming overweight and also those becoming obese, and new cases of periodontitis. By examining incidence cases, including only prospective longitudinal studies omitting cross-sectional studies, biased causal effects are avoided. Some 1,398 articles were whittled down to five and these were included in the meta-analysis (n = 42,198 subjects). The Newcastle-Ottawa scale was used to assess the quality of the studies; these were judged to be moderate to high methodological quality. Although there was an association between becoming overweight and becoming obese and incident periodontitis, the investigators were aware that quantifying these measurements are problematic. The relative risk was small but important, as periodontitis is common.

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## OBESITY – PARENTAL LACK OF RECOGNITION

### Child obesity cut-offs as derived from parental perceptions: cross-sectional questionnaire

Black JA, Park M *et al.* *Br J Gen Pract* 2015; DOI:10.3399/bjgp15X684385

**Only if their child was in or above the 99.7th centile of the BMI, did parents judge them overweight.**

And, it was more likely that parents did not recognise their child was overweight if they are 'black or South Asian, male, more deprived, or the child was older.' A child is categorised as obese if their BMI is greater than or equal to the 95th centile (healthy weight 2nd–85th centile). This cross-sectional study recruited 4–5- and 10–11-year-old-English children and their parents (n = 2,976 complete data sets). The BMI of each child was measured and the parents were invited to answer a questionnaire asking their perceived view of their child's weight. It was conceded that the low response rate of only 15% could lead to non-response bias. These investigators conclude that as parents did not recognise that their child is overweight, they cannot possibly adopt strategies to address calorific imbalance. A population approach to tackle childhood obesity, would be to impose a sugar tax. But then it is argued 'a sugar tax is simply a tax on the poor'.

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