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 **Paul Hellyer**

Orthodontic treatment need and quality of life

Correlation between oral-health related quality of life and orthodontic treatment need in children and adolescents - a prospective interdisciplinary multi centre cohort study

Kunz F, Platte P, Kess S *et al. J Orofac Orthop* 2018; **79:** 297–308

In this study, IOTN and OHRQoL are positively correlated.

There is little available data on the correlation between misaligned teeth and jaws, and oral health-related quality of life (OHRQoL)t

This questionnaire-based study recruited 250 young people (aged 7-17, mean 12.15 years, SD 2.02) and recorded data concerning self esteem, quality of life, OHRQoL, behavioural problems and the Index of Orthodontic Treatment Need (IOTN).

There was no significant correlation between OHQRoL and gender, body mass index and socio-economic status. Behavioural problems and a lack of self-esteem were significantly correlated with OHQRoL. There was no correlation between OHQRoL and those patients who felt a subjective need for treatment on aesthetic grounds. There was however a positive correlation between those who were objectively described as needing orthodontic treatment by an orthodontist on both the dental health component of IOTN and the aesthetic index used.

DOI: 10.1038/sj.bdj.2018.1002

A psychiatric condition …

Body dysmorphic disorder: a guide to identification and management for the orthodontic team

Roster A, Cunningham S, Newton J T. *J Orthod* 2018; **45:** 163–168

… with implications for all those providing aesthetic treatments.

Body dysmorphic disorder (BDD) is typified by a preoccupation with one or more perceived physical defects, often around the face and head. Associated behaviours include repetitive mirror checking of the perceived defect, grooming and seeking reassurance. BDD causes distress or impairment in relationship in social or work settings. Around 25% have attempted suicide.

Prevalence is estimated to be between 0.7% and 2.4% (higher than the prevalence of anorexia and schizophrenia). Onset is usually in early adolescence but may remain undiagnosed for many years.

Suspicions of BDD should be aroused if the patient presents with an over concern with minor defects and/or a history of taking advice from numerous other colleagues. Referral to psychological or psychiatric services is recommended in cases of doubt. Interventions are unlikely to succeed to the satisfaction of the patient and litigation (and, in two cases, the murder of the clinician) may ensue.

Advice available at www.bddfoundation.org or NICE guidance CG31.

DOI: 10.1038/sj.bdj.2018.1003

Is cosmetic dentistry 'dentistry' at all?

Cosmetic dentistry: a socio-ethical evaluation

Holden ACL. Bioethics 2018 doi: 10/1111/bioe.12498

The implications for funders are discussed.

Cosmetic dentistry could be defined by the absence of a patient (treatment is initiated by a 'consumer'), pathology and therapeutic purpose. In this article, Holden indicates that cosmetic dentistry is an integral part of the profession of dentistry in the twenty-first century. Drawing on definitions of oral health which include the ability to smile as a significant contributor to overall health, he argues that appearance and self content with one's appearance contribute to self worth and that a perceived deficit in appearance negatively impacts on self esteem. He discusses the cultural differences evident in what is considered aesthetically pleasing and notes that the social norms of today – straight, very white teeth – may change in the future.

The author also argues that *all* dental treatment has a cosmetic component and that aesthetics go hand in hand with the restoration of function (although he does modify this statement later to *the majority* of dental procedures have an aesthetic component). In this way, dentistry could be considered different to other surgery, where an unsightly scar may be considered a small sacrifice to make for a life-saving operative procedure. He discusses the differences within the NHS, between dental regulations which stipulate that 'cosmetic dentistry is only available privately' and the freely available provision of breast implants justified by 'improving mental wellbeing and mental flourishing'.

Consumerism, and the consumer's response to advertisements for whiter, straighter teeth, might be considered a threat to the dentist/patient relationship. Patient expectations may be too high, and the pressure for profit at 'dental spas' may interfere with that therapeutic relationship. However, consumer power might be considered a benefit if it reduces professional, clinical authority within that relationship.

Finally, Holden argues that dentists have traditionally subjectively described the oral norm as the absence of disease. The presence of professionally diagnosed disease leads to an intervention in the form of a restoration or preventive advice. However, social media, and perhaps dentists themselves, define the 'normal' smile with pictures and illustrations of the 'perfect' mouth in waiting rooms and websites. These images and consequent pressures make it difficult for dentists to remain objective when deciding when to intervene to alter facial appearance. The dental profession may, however, have the potential to alter prevailing societal attitudes to what is the ideal smile.

The paper concludes that cosmetic dentistry is 'dentistry', contributing to overall self worth and general health. If this is the case, then funders of dental care may need to redefine what is funded. However, the boundary lines between cosmetic dentistry and commercialism need to be discussed openly.

DOI: 10.1038/sj.bdj.2018.1004

Official journal of the British Dental Association.