Other journals in brief

OBESITY

The role of adiposity in cardiometabolic traits: a Mendelian randomization analysis
Fall T, Hägg S et al. PLoS Med 2013; 10:e1001474.

‘... a one unit increase in BMI might increase the incidence of heart failure by 17%.’

Aside from general health issues, links between obesity and dental diseases are increasingly being reported. In addition, the role of healthcare workers including that of dental care workers to try and address the ‘obesity epidemic’ are becoming better defined. The investigators in this study analysed genetic and health data from 200,000 individuals, published from 36 population-based studies. They looked for associations between rs9939609 (a SNP, vernacularly referred to as the ‘Fat Gene’) and BMI, and 24 cardiometabolic traits. Mendelian randomisation was employed. This statistical technique, grounded in genetics, controls for reverse causation (obesity could both cause, and be the result of heart disease) and confounding factors. Mendelian randomisation can therefore be used to claim causality. The Editor’s summary following the paper unlocks the science and contextualises the above key finding.

DOI: 10.1038/sj.bdj.2013.807

EYE PROTECTION

Occupational ocular accidents amongst Greek endodontists: a national questionnaire survey
Zarra T, Lambrianidis T. Int Endod J 2013; 46:710–719

A cavalier approach by some to eye protection.

This paper reports a survey of 174 Greek endodontists, of whom 123 responded. Almost three quarters reported an ocular injury during the past 5 years. A third of them had more than a staggering eight injuries. Notwithstanding this, most reported using adequate eye protection. Dental amalgam followed by sodium hypochlorite were the most frequent foreign materials. Those who used magnification, and those with more than 20 years of clinical practice, were less at risk from an injury. Most used a Luer-lock fitting for irrigation needles and it appeared that those who used such a system were less likely to experience an ocular injury. Serological examination was performed only in less than a third of those who experienced splashes with biological fluids.

DOI: 10.1038/sj.bdj.2013.808

OFF-LABEL

The surgeon and medical devices: adverse incident reporting and off-label use
Lennard N, Coutinho M et al. Ann R Coll Surg Engl 2013; 95: 309–310

There is an ethical obligation to share off-label use with patients and this should be documented in the clinical notes, although there is no requirement to inform the Medicines and Healthcare products Regulatory Agency (MHRA).

In non-surgical facial aesthetics, botulinum toxin type A is restricted to the management of glabellar lines only. And when considering endodontics, ‘...household bleach is the most commonly used root canal irrigant.’ (AAE, Winter 2011). Yet the implications of untoward incidents when using these products off-label have not been tested in court. The ‘user may become the de facto manufacturer of the device’ if it is used off-label. This would also apply if an instrument is modified. Manufacturers are required by statute to report untoward incidents. Yet the General Medical Council states that doctors only have an obligation to report serious adverse reactions and incidents.

DOI: 10.1038/sj.bdj.2013.809

MUSCULOSKELETAL COMPLAINTS AMONGST ORAL AND MAXILLOFACIAL SURGEONS AND DENTISTS

Occupational ocular accidents amongst Greek endodontists: a national questionnaire survey
Kazancioglu HO, Bereket MC et al. Acta Odontol Scand 2013; 71: 469–474

The advice of 'stand-up and sit-down dentistry' in order to minimise musculoskeletal disorders (MSD) is questioned.

These authors make observations that cannot be ratified from the data presented in their paper. For example, it is reported that dentists who work longer hours suffer more MSD. Yet those dentists who work longer hours may be more diligent at reporting MSD. Only a third of their study groups suffered from symptoms of carpel tunnel syndrome. This is in contrast to another paper that found a prevalence of over three quarters. However, the latter study included dental hygienists who have a high reported prevalence of this condition. The authors were not able to concur with another much cited study that showed that those who only carried out dentistry in a sitting position had ‘more severe low back pain than do those who alternate between the sitting and standing...’.

DOI: 10.1038/sj.bdj.2013.810