Gerodontology

elderly. N Engl J Med 1989; **321**: 303–309.

- Garnett W, Barr WH. Geriatric pharmcokinetics. *Monograph*: Medical College of Virginia, Department of Pharmacology and Pharmaceutics and Upjohn Pharmaceutical 1984; 1–27.
- Greenblatt DJ, Sellers EM, Shader RI. Drug therapy: drug deposition in old age. N Engl J Med 1982; 306: 1081.
- Muhlberg W, Platt D. Agedependant changes of the kidneys: pharmacological implications. *Gerodontology* 1999; 45: 243–253.
- Bauer JH, Reams GP, Wu Z. The aging hypertensive kidney: pathophysiology and therapeutic options. *Am J Med* 1991; **90**(Suppl): 21–27.
- Pyle MA, Tolbert SR. Pharmacologic considerations in geriatric dentistry. Dent Clin North Am 1994; 38: 755–767.
- 17. Ouslander JG. Drug therapy in the elderly. *Ann Intern Med* 1981; **95:** 711–722.
- Platten HP, Schweizer E, Dilger K, Mikus G, Klotz U. Pharmacokinetics and the pharmacodynamic action of midazolam in young and elderly patients undergoing tooth extraction. *Clin Pharmacol Ther* 1998; 63: 552–560.
- Sun GC, Hsu MC, Chia YY, Chen PY, Shaw FZ. Effects of age and gender on intravenous midzolam premedication:

a randomized double-blind study. Br J Anaesth 2008; **101:** 632–639.

- Gurwitz JH, Avorn J. The ambiguous relation between ageing and adverse drug reactions. *Ann Intern Med* 1991; 114: 956–966.
- Hogan DB, Campbell NRC, Crutcher R, Jennett P, MacLeod N. Prescription of nonsteroidal anti-inflammatory drugs for elderly people in Alberta. *Can Med Assoc J* 1994; **151**: 315–322.
- 22. Hernandez-Diaz S, Rodriguez LA. Association between nonsteroidal anti-inflammatory drugs and the upper gastrointestinal tract bleeding/perforation: an overview of epidemiologic studies published in the 1990s. Arch Intern Med 2000; **160**: 2093–2099.
- 23. Goodwin JS, Regan M. Cognitive dysfunction associated with naproxen and ibuprofen in the elderly. *Arthritis Rheum* 1982; **25:** 1013–1015.
- 24. Johnson AG, Day RO. The problems and pitfalls of NSAID therapy in the elderly (Part I). *Drugs Aging* 1991; **1:** 130–143.
- 25. Johnson AG, Day RO. The problems and pitfalls of NSAID therapy in the elderly (Part II). *Drugs Aging* 1991; **1:** 212–227.
- 26. Guttman SP, Rodriguez G, Raiford DS. Individual nonsteroidal antiinflammatory drugs and other risk factors for upper gastrointestinal

bleeding and perforation. *Epidemiology* 1997; **8:** 18–24.

- Hobson M. Medications in older patients. West J Med 1992; 157: 539– 543.
- Offerhaus L. *Drugs for the Elderly* 2nd edn. WHO Regional Publications, European Series, No. 71, 1997.
- Hurtig HI, Dyson WL. Lithium toxicity enhanced by diuresis. *N Eng J Med* 1974;
 290: 748–749.
- Jefferson JW, Greisi JH, Carroll J, Baudman M. Drug-drug and drug-disease interactions with nonsteroidal antiinflammatory drugs. *Am J Med* 1986; 81: 948.
- Gurwith MJ, Rabin HR, Love K. Diarrhoea associated with clindamycin and ampicillin therapy: preliminary results of a cooperative study. *J Infect Dis* 1977; 135: S104–S110.
- Meechan JG, Blair GS. Clinical experience in oral surgery with two different automatic aspirating syringes. *Int J Oral Maxillofac Surg* 1989; **18:** 87–89.
- Miners JO, Penhall R, Robson RA, Birkett DJ. Comparison of paracetamol metabolism in young adult and elderly males. *Eur J Clin Pharmacol* 1988; **35:** 157–160.
- 34. Gleckman RA, Esposito AL. Antibiotics in the elderly; skating on therapeutic thin ice. *Geriatrics* 1980; **35:** 26–37.

Abstracts

WILL DIGITAL RADIOGRAPHY REALLY IMPROVE YOUR PRACTICE EFFICIENCY?

Work flow with digital intra-oral radiography: a systematic review. Wenzel A and Møystad A. *Acta Odont Scand* 2010; **68**: 106–114.

I was told recently that intra-oral digital radiography is one of the fastest growing developments in general dental practice. This paper reports a systematic review of the six most frequently stated advantages of this modality; less working time, lower radiation dose for the patient, fewer retakes and errors, wider dynamic range, easier access to patient information and easier image storage and communication.

The results were somewhat surprising. There is indeed a saving in time when the switch is made from conventional to digital imaging. However, other unexpected problems than those under initial consideration were found which adversely affected the outcome. These were patient discomfort, damage to the digital receptor, degradation of the image, cross-contamination and viewing conditions. These seem to lead to an increased number of retakes which then counters the anticipated reduction in patient dose.

Interestingly, patients reported that there was no improvement in information and understanding whether the image was a digital display or a conventional film. Patients also reported that there was a significant increase in discomfort when the image sensors were compared to conventional film. Concern was expressed over the storage of digital images, which may not be as accurate as anticipated. Furthermore, digital images may be 'enhanced' or manipulated, which may involve a loss of accuracy or even legitimacy. Concerns were also expressed with regard to cross-infection risks, particularly when the phosphor plate system is transferred to the digital processor.

The authors' conclusion that not all the anticipated advantages were found to be supported by the literature may be of considerable interest to practitioners considering changing their radiographic practice.

> Peter Carrotte Glasgow