

16. Kassam-Khamis T, Thomas J, Judd P. Eating habits of second generation South Asians in the UK. *Scand J Nutr* 1996; **40**: 84-87.
17. Sheikh N, Thomas J. Factors influencing food choice among ethnic minority adolescents. Part 2. *Nutr Food Sci* 1994; **5**: 29-35.
18. Hakeem R. Diet, exercise and CHD risk: a comparison of children in UK and in Pakistan. *PhD Thesis*. King's College, London University, 1997.
19. Thomas J, Regis D, Balding J. A comparison of health related behaviour of South Asian and Caucasian school children aged 12-15 years. *Scand J Nutr* 1996; **40**: 101-103.
20. Gelbier S, Gibson D. *Oral Health in Ethnic Minority Communities in the South Thames Region*. London: King's College, 1998.
21. Rudat, K. *Health and Lifestyles – Black and Minority Ethnic Groups in England*. London: Health Education Authority, 1995.
22. Health Education Authority. *Directory of Ethnic Minority Initiatives*. London: HEA, 1996.
23. Pacy PJ. Nutrition patterns and deficiencies. In: Cruickshank JK, Beevers DG, eds. *Ethnic Factors in Health and Disease*. London: Wright, 1989; pp. 216-226.
24. Abrahams R. Ethnic and religious aspects of diet. In: McFadyen J, MacVicar J, eds. *Nutrition and Pregnancy*. London: Royal College of Obstetricians and Gynaecologists, 1983; pp.23-29.
25. Aukett A, Wharton B. Nutrition of Asian children: infants and toddlers. In: Cruickshank JK, Beevers DG, eds. *Ethnic Factors in Health and Disease*. London: Wright, 1989; pp. 241-248.
26. Bedi R, Elton R. The dental health of Asian schoolchildren attending Glasgow and Trafford schools. *Community Dent Health* 1991; **8**: 17-23.
27. Lawson M, Thomas M. Vitamin D concentrations in Asian children aged 2 years living in England: population survey. *Br Med J* 1999; **318**: 28.
28. Pomerleau J, McKeigue PM, Chaturvedi N. Factors associated with obesity in South Asian, Afro-caribbean and European women. *Int J Obesity* 1999; **23**: 25-33.
29. Smaje, C. *Health, Race and Ethnicity*. London: Kings Fund Institute, 1995.
30. Wharton P, Wharton B. Nutrition of Asian children: foetus and newborn. In: Cruickshank JK, Beevers DG, eds. *Ethnic Factors in Health and Disease*. London: Wright, 1989; pp. 235-240.
31. Leininger MM. Leininger's theory of nursing: cultural care diversity and universality. *Nurs Sci Quart* 1988; **1**: 152-60.
32. Ramirez M. Recognising and understanding diversity: multiculturalism and the Chicano movement in psychology. In: Martinez JL, Mendoza RH, eds. *Chicano Psychology*, 2nd ed. New York: Academic Press, 1980; pp. 34-47.
33. Owen D. Size, structure and growth of the ethnic minority population. In: Coleman D, Salt J, eds. *Ethnicity in the 1991 Census, Volume 1*. London: HMSO, 1996.
34. Warnes T. The age structure and ageing of the ethnic groups. In: Ratcliffe P, ed. *Ethnicity in the 1991 Census, Volume 3*. London: HMSO, 1996.

ABSTRACTS

**THE BLEEDING MYTH**

Myths of Dental Surgery in Patients Receiving Anticoagulant Therapy. M.J. Wahl. *Journal of the American Dental Association* 2000; **131**: 77-81.

Management of Anticoagulation in Patients with Prosthetic Heart Valves. K. Webster and J. Wilde. *British Journal of Oral and Maxillofacial Surgery* 2000; **38**: 124-126.

In these times of evidence-based medicine, it is pleasing to see that the traditional dogma of the management of patients receiving anticoagulants is being challenged. I feel that often we do not appreciate the seriousness of such patients' underlying conditions and the potentially fatal consequences of thrombosis.

The first of these papers presents a review of the literature including some 950 patients and 2,400 surgical procedures. The most striking and shocking statistic from this paper was that five patients out of 526 who had their anticoagulant therapy discontinued prior to dental procedures suffered serious thrombo-embolic complications; four of these patients died. The author concludes that teeth can be safely extracted in patients with

an INR of up to 4.0 with local haemostatic measures sufficient to control bleeding. This level of anticoagulation is generally the upper therapeutic limit for patients with prosthetic heart valves.

In the second of these papers, two authors from Birmingham propose guidelines for the extraction and surgical removal of teeth in patients on anticoagulants. Like the American paper, these authors propose an upper limit of 4.0 for the INR and local haemostatic measures. Such measures include sutures, haemostats (e.g. Surgicel®) and tranexamic acid. The latter is an antifibrinolytic agent often used in the form of a mouthwash; not currently available in the DPF but in the light of these proposals perhaps it should be added in the future.

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**HOW BROAD ARE YOUR SHOULDERS?**

Assessing the Quality of Shoulder Preparations for Metal Ceramic Crowns. K.G. Seymour, D.Y.D. Samarawickrama, L. Zou and E. Lynch. *European Journal of Prosthodontics and Restorative Dentistry* 2000; **7**: 125-129.

Ask almost any clinician the ideal width and angulation for the shoulder in a metal ceramic crown preparation, and the answer will be a flat shoulder, of at least 1 mm. A group of academics and general dental practitioners attending a postgraduate course were therefore assessed to measure their own performance against their accepted criteria.

Ninety-six preparations, half carried out in the laboratory and half on patients, were assessed. A mean shoulder width was found of 0.892 mm, (S.D. 0.274). However, the narrowest was 0.306 mm and the widest 1.712 mm. The shoulder angle, ideally in the range 90-110°, varied between 70° and 149°, with a mean of 116° (S.D. 18). The only significant difference between the laboratory and the clinical preparations was a slight tendency to cut wider shoulders in the clinical situation.

Although dentists are conservative by nature, and another author found that dentists assessing a millimetre gap in callipers consistently underestimated, these results are disturbing when translated into laboratory construction of the crowns and resultant clinical errors. A similar exercise may be valuable in the privacy of your own office!

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