

	DT	MT	FT	DMFT		D>0
Mean	5.19	7.63	3.81	16.63	n	72
Standard error	0.45	0.77	0.86	0.86	%	100%

Table 3. Caries experience amongst prisoners requiring an extraction (n = 72).

promotion strategies. Such strategies might include:

- Reviewing canteen lists to include oral health products, safe snacks and sugar-free drinks.
- Making oral health advice available, for instance through a prisoner diary which is issued to each on entry to assist with orientation, through poster boards in communal areas or through videos or induction programmes.
- Education and training for both health and discipline staff and perhaps inmates on a 'buddy' principle.
- Input into smoking and drug programmes, including ensuring

availability of sugar-free methadone.

It is a moot point whether the last issue is of any great consequence as heroin-addicted prisoners will often enter the prison system with an already severely damaged dentition and in any event will not be on methadone long term. Some feel that prisoners may regurgitate methadone liquid for re-sale and if this is felt to be a problem then recommending that the methadone is followed by a drink of water and a period of observation may be a way of countering this. The paucity of specific health-promotion materials for prisoners also needs to be addressed and some tailoring of programmes will

be needed to reflect the diverse prison population.

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BOOK REVIEW

Diagnosis and Risk Prediction of Periodontal Diseases. By P. Axelsson. Quintessence Publishing Co. Inc., Chicago, USA, 2002 (464pp., £111). ISBN 0-86715-363-6

This is the third in a series of five ambitious volumes on preventive dentistry by one of Sweden's most enthusiastic teachers and researchers. The volume is well produced, and the writing is enjoyable to read. The book summarizes a considerable amount of evidence and shows some of the current difficulties in periodontology.

A discerning reader will realize there is a considerable gap between evidence and proof, particularly in the more complex periodontal matters. Seven chapters cover aetiology, external and internal modifying factors, risk prediction, classification and pathogenesis, diagnosis and epidemiology. The author's stated aim is primarily to update the reader, and in

many respects he has succeeded. I think the book is well worth reading precisely because of its detailed and intelligent presentation of many important topics.

Having said that, no work is perfect. What I see as imperfections might not be so regarded by others. For example, the central problem with the specific plaque hypothesis is that it cannot be proved until much more is known about plaque microbes and their interactions. Socransky's five lines of evidence listed here are all inadequate, and so is their sum total. Similarly, we cannot study disease activity until there are far more accurate clinical methods of measuring disease. Problems of both type I and type II error are involved.

There are excellent descriptions of the many risk factors which may affect periodontitis, particularly tobacco smoking and diabetes. However, the account of the possible effects of periodontitis on systemic health does not give a full view of the many

criticisms made of this theory in recent years, particularly that periodontitis is merely a 'ghost factor' for smoking. The main counter-argument evidence is in respect of cardiovascular disease, where periodontitis disappears as a risk factor if the effect of smoking is removed by studying life-long non-smokers. Similarly, prematurity and low birth weight have not been confirmed as effects of periodontitis in some large studies outside the USA, and Hawthorne effects on metabolic control have not been ruled out in any study apparently implicating periodontitis as a contributing factor to diabetes.

In conclusion, the book is a welcome contribution to the literature, despite my reservations on some matters. It is good that the author has produced such a readable and interesting book on this complex subject.

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