DOI: 10.1111/j.1365-263X.2007.00897.x

Editorial

You are now holding the first issue of the 18th volume of the *International Journal of Paediatric Dentistry* in your hand. During the last year we have successfully published our first thematic issue on child psychology and dental care, with contributions from well-known research groups in the field. A well-attended symposium organized by the editorial team was held in Hong Kong during the congress of the International Association of Paediatric Dentistry with the title 'How to Write a Successful Paper for the *International Journal of Paediatric Dentistry*'. During 2008 we will introduce a new format for case reports called **Brief Clinical Reports**. This type of presentation will replace the 'old-style' case report. Short papers not exceeding 800 words, which include a maximum of three illustrations and five references, may be accepted for publication if they serve to promote communication between clinicians and researchers. In contrast to original articles, contributions to this section will not undergo peer-review but will be assessed by the editorial team. A paper submitted for Brief Clinical Reports should include a short introduction (avoid lengthy reviews of literature), the case report, and a comment of specific aspects of the case(s), and explain and interpret the findings with a scientifically critical view of previously reported work in the field. This will allow us to publish more case reports of general interest to our readers. We will also publish papers describing cases of high scientific interest (e.g. Pavlic *et al.*, *Int J Paediatr Dent* 2007; 17: 259–66).

We have also decided that clinical trials should be reported using the CONSORT guidelines available at www.consort-statement.org. A CONSORT checklist should also be included in the submission material.

In this issue, I would like to highlight three contributions. Drs Svante Twetman and Christina Stecksén-Blicks (pp. 3–10) review the current knowledge regarding probiotics and oral health. Probiotics are living organisms added to food that benefit the host by improving its microbiological balance. For children, the most natural way to ingest probiotics is through daily consumption of dairy products. Milk products also contain basic nutrients and are considered safe for teeth due to their natural content of casein, calcium, and phosphorus. In the oral cavity, the probiotic bacteria could be a part of the oral biofilm and compete with the growth of other pathogenic bacteria. *Lactobacillus acidophilus* and *Bifidobacterium bifidum* have been reported to have several general health benefits, such as reduced susceptibility to infections and reductions in allergies and lactose intolerance. Regarding the effects on oral health the research is still limited. Previous studies have shown that lactobacilli-derived probiotics could reduce the levels of mutans streptococci in the oral cavity. Only two randomized controlled trials with dental caries or gingivitis were identified. A significant reduction of salivary mutans streptococci was found after children were served milk containing *Lactobacillus rhamnosus GG* for 7 months. In 3- to 4-year-old children, 6% developed new lesions compared to 15% in the control group.

Also in this issue, Dr Esber Caglar and coworkers (pp. 35–40) show that a short-term daily ingestion of lactobacilli-derived probiotics delivered through a slow-release device (pacifier) could significantly reduce the levels of salivary mutans streptococci.

Dr Ulrika Hallberg and coworkers (pp. 27–34) address and try to explain why some parents fail to come to the dental clinics with their children or fail to encourage their children to have regular dental check-ups. It has been shown previously that children with missed appointments have significantly higher mean number of decayed and filled surfaces. In Scandinavia in which free access to dental care up to 19 years of age and free choice of treatment provider are mandated, there are still parents who do not show up for dental treatments with their children. In this paper, the authors used a qualitative research design based on grounded theory, which is an inductive method that is used to generate concepts and gives a possibility to explain social processes. Sixteen parents whose children failed to come to the dental clinics for check-ups or treatment were interviewed via telephone. The results show that from the parents' perspective, one

general category of 'being overloaded in everyday life' explained the problem. Three related categories were also identified: lack of dental healthcare traditions (some parents only visited the dentist when they had oral health problems), lack of trust in the dental healthcare system (the parents felt that the dental staff had limited understanding or empathy for their overloaded everyday life situation), and also lack of parental confidence (parents found it difficult to persuade their children to go to their dental appointments). This process of being overloaded in everyday life leads to low priority for the child's dental healthcare treatment or regular dental check-ups.

—Göran Dahllöf