

# Search Results

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## Search History

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1. MEDLINE; \*MOLAR, THIRD/; 2362 results.
2. MEDLINE; \*CULTURE/; 9892 results.
3. MEDLINE; 1 AND 2; 0 results.
4. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; (wisdom AND teeth).ti,ab; 1236 results.
5. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; (third AND molar).ti,ab; 8119 results.
6. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; (molar, AND third).ti,ab; 8119 results.
7. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; culture.ti,ab; 862098 results.
8. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; religion.ti,ab; 1 results.
9. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; religion.ti,ab; 34652 results.
10. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; cultural.ti,ab; 227594 results.
11. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; 7 OR 8 OR 9 OR 10; 1076926 results.
12. MEDLINE; 1 OR 2 OR 3; 12254 results.
13. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; 11 AND 12; 13918 results.
14. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; extraction.ti,ab; 270375 results.
15. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; 13 AND 14; 19 results.
16. AMED; exp TOOTH EXTRACTION/; 22 results.
17. AMED; exp CULTURE/; 2600 results.
18. AMED; exp RELIGION/; 983 results.
19. AMED; 17 OR 18; 3471 results.
20. AMED; (wisdom AND teeth).ti,ab; 5 results.
21. AMED; 16 OR 20; 25 results.
22. AMED; 19 AND 21; 2 results.
23. CINAHL; \*MOLAR, THIRD/; 375 results.
24. CINAHL; \*CULTURAL SENSITIVITY/ OR \*CULTURAL VALUES/ OR \*CULTURE/; 6371 results.
25. CINAHL; \*RELIGION AND RELIGIONS/ OR \*RELIGION AND PSYCHOLOGY/; 2475 results.
26. CINAHL; 24 OR 25; 8695 results.
28. CINAHL; 23 AND 26; 0 results.
29. EMBASE; \*MOLAR TOOTH/; 6787 results.
30. EMBASE; \*CULTURAL ANTHROPOLOGY/; 13383 results.
31. EMBASE; \*RELIGION/; 22709 results.
32. EMBASE; 30 OR 31; 35450 results.
33. EMBASE; 29 AND 32; 0 results.
34. HMIC; exp TOOTH EXTRACTION/; 9 results.
35. AMED,BNI,EMBASE,HMIC,MEDLINE,PsycINFO,CINAHL,HEALTH BUSINESS ELITE; Duplicate filtered: [13 AND 14], [19 AND 21], [exp TOOTH EXTRACTION/]; 30 results.

## 1. Tooth loss, the culture of dentistry and the delivery of dental care in New Zealand

**Citation:** Community Health Studies, 1981, vol./is. 5/2(98-105), 0314-9021 (1981)

**Author(s):** Davis P.

**Institution:** (Davis) Dept. Commun. Hlth, Sch. Med., Univ. Auckland New Zealand

**Language:** English

**Abstract:** A recent cross-national study has shown that a much higher proportion of adult New Zealanders have lost all their teeth - that is, are edentulous - in comparison with other countries with much the same levels of dental disease. Social class patterns of tooth loss also show a similar discrepancy. A subsequent nation-wide survey of adult New Zealanders has shown that dental attitudes and practices are largely consistent with professional opinion, with some exceptions including attitudes to denture-wearing and to the extraction of teeth. However, variations in such attitudes between those with and those without teeth could not account for the very different dental state of these two groups. This discrepancy between attitude and tooth loss was also apparent for other group comparisons. However, there were marked social group variations in the relationship to the dental care system. In conclusion, it is argued that cultural variations in treatment preference, the shaping of professional norms of practice and the skew in accessibility to services, must account for the pattern of dental care in New Zealand.

**Country of Publication:** Australia

**Publication Type:** Journal

**Subject Headings:** [\\*cultural anthropology](#)  
[\\*dentistry](#)  
[economic aspect](#)  
[\\*edentulousness](#)  
[epidemiology](#)  
[geographic distribution](#)  
[\\*socioeconomics](#)  
[tooth](#)

**Source:** EMBASE

## 2. Transsexual prostitution in New Zealand: Predominance of persons of Maori extraction

**Citation:** Archives of Sexual Behavior, 1984, vol./is. 13/4(301-309), 0004-0002 (1984)

**Author(s):** MacFarlane D.F.

**Institution:** (MacFarlane) Department of Psychiatry, University of Sydney, Sydney, NSW 2006 Australia

**Language:** English

**Abstract:** Information concerning the racial distribution, family background, sexual history, education, and employment status of 27 New Zealand, male-to-female preoperative transsexual prostitutes was obtained by interview and questionnaire. Subjects lived in Wellington, New Zealand, and Sydney, Australia. Subjects recalled childhoods with maternal dominance, paternal absence, being youngest sons, and being dressed in girls' clothes by female relatives. Further, an early history of homosexual intercourse and cross-dressing behavior occurred significantly often. Moreover, it was apparent that the Maori race, which forms 9.0% of the total New Zealand population, was disproportionately represented; approximately 90% of the transsexual prostitute population in Wellington is Maori. Various explanations are offered for the racial inequality. It is concluded that cultural influences have an effect on the number of transsexual prostitutes in New Zealand. Further research is needed to assess whether these factors also influence the etiology and development of transsexualism.

**Country of Publication:** United States

**Publication Type:** Journal: Article

**Subject Headings:** central nervous system  
 \*cultural anthropology  
 \*ethnic group  
 ethnic or racial aspects  
 family background  
 female genital system  
 geographic distribution  
 human  
 male genital system  
 \*Maori  
 New Zealand  
 psychological aspect  
 questionnaire  
 sex difference  
 short survey  
 \*transsexualism

**Source:** EMBASE

### 3. The appropriateness of prophylactic extraction of impacted third molars: a review of the literature

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**Citation:** Bristol - Canynge Hall, Whiteladies Road, Bristol BS8 2PR: Health Care Evaluation Unit, University of Bristol, 1993(34p)

**Author(s):** Toth, Ben

**Corporate/Institutional Author:** University of Bristol. Health Care Evaluation Unit

**Publication Type:** Book

**Subject Headings:** TOOTH EXTRACTION  
 LITERATURE REVIEWS  
 TEETH

**Source:** HMIC

### 4. Country watch: Tanzania.

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**Citation:** Aids/Std Health Promotion Exchange, 1995, vol./is. /3(8-9), 1384-2692;1384-2692 (1995)

**Author(s):** Kishe F; Mtwewe SP

**Language:** English

**Abstract:** This article describes the approach of the KIWAKKUKI women's group in helping to change sex behavior among youth and to inform community women's groups in Moshi, Tanzania. The group concluded after four years of experience that people change risky sexual behavior most when participatory methods based on local culture are used in educational programs. KIWAKKUKI established discussion groups for primary and secondary school students in the schools. The approach included use of videos, clothboards, chalkboards, and sometimes role plays. The mothers engaged in discussions with children other than their own, which reduced some embarrassment. Sex education discussion groups were also conducted among church youth and community women's groups. Monthly meetings drew a membership of about 356 persons, of whom 30-50 were trainers and advocates. Some of the topics of conversation were knowledge about physical bodies and personalities, assertiveness and the ability to say "no," laws and regulations relating to marriage, inheritance, sexual harassment, abuse, and AIDS. Other topics focused on the cultural understanding of circumcision, teeth extraction, wife inheritance, and women's income generation. The basic premise of their operation is empowerment of women and the belief that women can make a difference in changing culture. Men, who indicated an interest in forming a group, were redirected to their own group formation.

**Country of Publication:** NETHERLANDS

**Publication Type:** Journal Article

**Subject Headings:** [\\*Adolescent](#)  
[Africa](#)  
[Africa South of the Sahara](#)  
[Africa, Eastern](#)  
[Age Factors](#)  
[Behavior](#)  
[\\*Culture](#)  
[Demography](#)  
[Developing Countries](#)  
[Education](#)  
[Politics](#)  
[Population](#)  
[Population Characteristics](#)  
[Public Opinion](#)  
[\\*Sex Education](#)  
[\\*Sexual Behavior](#)  
[Tanzania](#)  
[\\*Women](#)

**Source:** MEDLINE

#### 5. Prophylactic removal of impacted third molars: is it justified?

**Citation:** Effectiveness Matters, 1998, vol./is. 3/2(Whole issue), 0472-1635 (Oct 1998)

**Abstract:** Third molar surgery rates vary widely across the UK. Around 35% of third molars removed for prophylactic purposes in the UK are disease free. The surgical removal of third molars can only be justified when clear long term benefit to the patient is expected. It is not possible to predict reliably whether impacted third molars will develop pathological changes if they are not removed. There are no randomised controlled studies to compare the long term outcome of early removal with retention of pathology free third molars. In the absence of good evidence to support prophylactic removal, there appears to be little justification for the routine removal of pathology free impacted third molars. To ensure appropriate treatment, referrals and waiting lists for the surgical removal of third molars should be monitored through a process of audit. Cites 26 references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [TOOTH EXTRACTION](#)  
[CLINICAL EFFECTIVENESS](#)  
[SYSTEMATIC REVIEWS](#)

**Source:** HMIC

#### 6. The image of dentistry in contemporary culture

**Citation:** Journal of the American Dental Association (1939), May 1998, vol./is. 129/5(607-613), 0002-8177 (May 1998)

**Author(s):** Mandel I.D.

**Institution:** (Mandel) Columbia University, School of Dental and Oral Surgery, New York, NY 10032, USA.

**Language:** English

**Abstract:** The multimedia portrayals of dentists and dentistry have expanded in scope. Prevention and esthetics have replaced drilling and extraction in the public perception of dental practice. According to the author, dentists themselves are no longer treated exclusively as buffoons or sadists. Instead, he writes, they are more apt to be seen as solid citizens, occasionally as romantic figures and even as complex, realistic human beings.

**Country of Publication:** United States

**Publication Type:** Journal: Article

**Subject Headings:** [article](#)  
[attitude to health](#)  
[\\*cultural anthropology](#)  
[dental care](#)  
[dental device](#)  
[dental surgery](#)  
[dentist](#)  
[\\*dentistry](#)  
[human](#)  
[human relation](#)  
[literature](#)  
[mouth hygiene](#)  
[multimedia](#)  
[periodontal disease/pc \[Prevention\]](#)  
[personality](#)  
[preventive dentistry](#)  
[\\*public opinion](#)  
[tooth disease/pc \[Prevention\]](#)  
[tooth extraction](#)

**Source:** EMBASE

**Full Text:** Available in *fulltext* at [Highwire Press](#)

#### 7. The effectiveness and cost-effectiveness of prophylactic removal of wisdom teeth

**Citation:** Health Technology Assessment, 2000, vol./is. 4/15(Whole Issue), 1366-5278 (2000)

**Author(s):** Song, F; Song, F; O'Meara, S; Wilson, P; Golder, S

**Publication Type:** Article

**Subject Headings:** [TOOTH EXTRACTION](#)  
[CLINICAL EFFECTIVENESS](#)  
[COST EFFECTIVENESS](#)  
[SYSTEMATIC REVIEWS](#)

**Source:** HMIC

#### 8. Guidance on the removal of wisdom teeth

**Citation:** London - 90 Long Acre, Covent Garden, London WC2E 9RZ: National Institute for Clinical Excellence, available from NHS Responseline: Tel 0541 555 455, 2000(8p)

**Corporate/Institutional Author:** National Institute for Clinical Excellence; Department of Health

**Abstract:** Guidelines on the removal of the third molar teeth (wisdom teeth) are given, suggesting that the operation should be discontinued in the NHS if the impacted teeth are pathology-free. This leaflet looks at the clinical need and practice of prophylactic wisdom teeth removal and then at the evidence showing no health benefits to patients were the teeth are pathology free. The implications this may have for the NHS are considered, looking at reductions in budget and waiting lists and details of further research are given. The implementation of these guidelines is outlined, followed by advice on clinical audit and a leaflet to be handed out to patients.

**Publication Type:** Book

**Subject Headings:** [TOOTH EXTRACTION](#)  
[NHS](#)  
[DENTAL SURGERY](#)  
[DENTISTRY](#)  
[QUALITY OF PATIENT CARE](#)

## EVIDENCE BASED MEDICINE GUIDELINES

**Source:** HMIC

### 9. NICE issue first set on guidance to tackle unacceptable variations in care: over a fifth of wisdom teeth operations may be inappropriate - NICE

**Citation:** London - Media Centre, Richmond House, 79 Whitehall, London SW1A 2NS: Department of Health, 2000(3p)

**Corporate/Institutional Author:** Department of Health. Media Centre

**Publication Type:** Book

**Subject Headings:** [QUALITY OF PATIENT CARE](#)  
[APPROPRIATENESS OF CARE](#)  
[TOOTH EXTRACTION](#)  
[NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE](#)

**Source:** HMIC

### 10. Is teething associated with diarrhea?

**Citation:** West J Med, August 2000, vol./is. 173/2(137), 0093-0415 (2000 Aug)

**Author(s):** DenBesten P

**Language:** English

**Publisher:** West J Med

**Publication Type:** Commentary

**Subject Headings:** [Tooth](#)  
[Growth](#)  
[Diarrhea](#)  
[Tooth extraction](#)  
[Culture](#)  
[Etiology](#)  
[Patient education](#)  
[Dehydration](#)  
[Traditional medicine](#)

**Source:** AMED

**Full Text:** Available in *fulltext* at [ProQuest](#)  
Available in *fulltext* at [National Library of Medicine](#)

### 11. Dental injuries due to African traditional therapies for diarrhea

**Citation:** West J Med, August 2000, vol./is. 173/2(135-7), 0093-0415 (2000 Aug)

**Author(s):** Graham EA; Domoto PK; Lynch H; Egbert MA

**Language:** English

**Publisher:** West J Med

**Publication Type:** Journal Article

**Subject Headings:** [Tooth disease](#)  
[Traditional medicine african](#)  
[Diarrhea](#)  
[Antidiarrheals](#)  
[Tooth extraction](#)  
[Drug therapy](#)  
[Adverse effects](#)

[Etiology](#)  
[Culture](#)

**Source:** AMED  
**Full Text:** Available in *fulltext* at [ProQuest](#)  
 Available in *fulltext* at [National Library of Medicine](#)

## 12. Unusual presentation of mandibular extraoral sinus in a fourteen year old girl: a case report

**Citation:** Journal of the Indian Society of Pedodontics and Preventive Dentistry, September 2000, vol./is. 18/3(111-114), 0970-4388 (Sep 2000)

**Author(s):** Kalra A.; Mahapatra G.K.; Dhalla D.

**Institution:** (Kalra, Mahapatra, Dhalla) Dept. of Pedodontics, University College of Medical Sciences & Guru Teg Bahadur Hospital, Delhi.

**Language:** English

**Abstract:** A case of fourteen year old healthy girl with complaint of a discharging sinus on the lower right side of face is reported. All teeth were vital and there was no evidence of periodontitis. There was no history of extraction of a tooth. Total leucocyte count, differential leucocyte count, fasting blood sugar, chest x-ray and routine urine examination were within normal limits. Actinomycosis and scrofuloderma which simulate such a condition were ruled out by culture study. The intraoral periapical x-ray of mandibular molar showed questionable periapical changes at the time of presentation. But definite osteolysis was observed in the repeat radiograph after three months. It was decided to extract the second molar and curette the sinus tract. The extraction proved to be difficult. On examination of the extracted tooth, it was found that the mandibular second molar and second premolar were fused together. The radiograph of the tooth taken after extraction showed confluence of the premolar pulp with the periodontal membrane. On follow up, the lesion was found to heal satisfactorily.

**Country of Publication:** India

**Publication Type:** Journal: Article

**Subject Headings:** [actinomycosis/di \[Diagnosis\]](#)  
[adolescent](#)  
[article](#)  
[case report](#)  
[congenital malformation](#)  
[differential diagnosis](#)  
[female](#)  
[human](#)  
[maxilla](#)  
[\\*molar tooth](#)  
[\\*skin fistula/di \[Diagnosis\]](#)  
[\\*skin fistula/et \[Etiology\]](#)  
[skin tuberculosis/di \[Diagnosis\]](#)  
[tooth extraction](#)  
[\\*tooth fistula/et \[Etiology\]](#)  
[\\*tooth malformation/co \[Complication\]](#)  
[\\*tooth malformation/su \[Surgery\]](#)

**Source:** EMBASE

## 13. ABC of oral health

**Citation:** London - BMA House, Tavistock Square, London WC1H 9JR: BMJ Books, 2001(vi, 41p)

**Author(s):** Scully, Crispian

**Abstract:** For patients with oral health problems or dental emergencies, the GP or primary health care worker is often the first port of call. This ABC covers all the more common oral



conditions encountered in primary care. It gives clear concise guidance on the management and prevention of oral health problems with the aid of high quality clinical photographs. Advice is given on which conditions are minor, and which could signify more serious underlying disease. Edited and written by leading authorities, chapters include: Dental damage, sequelae, and prevention; Periodontal disease; Swellings and red, white and pigmented lesions; Oral cancer; Mouth ulcers and other causes of orofacial soreness and pain; Improving occlusion and orofacial aesthetics: orthodontics, tooth repair and replacement; Dental emergencies; Oral health for patients with special needs. The ABC of Oral Health will be an invaluable reference for GPs, practice nurses, and all those involved in oral health care. [Book abstract]

**Publication Type:** Book

**Subject Headings:** [ORAL HEALTH](#)  
[DISEASES](#)  
[PERIODONTAL DISEASES](#)  
[ORAL CANCER](#)  
[ULCERS](#)  
[DENTAL DISEASES](#)  
[GINGIVITIS](#)  
[TOOTH EXTRACTION](#)  
[DENTAL SERVICES](#)  
[EMERGENCIES](#)  
[TEETH](#)  
[PEOPLE](#)  
[CARE NEEDS](#)  
[ACQUIRED IMMUNE DEFICIENCY SYNDROME](#)

**Source:** HMIC

#### 14. Assessment of children prior to dental extractions under general anaesthesia in Scotland

**Citation:** British Dental Journal, 2004, vol./is. 196/10(629-633), 0007-0610 (May 22 2004)

**Author(s):** Tochel, C; Hosey, M T; Macpherson, L; Pine, C

**Abstract:** The objective was to determine the type of dental assessment service offered to children prior to exodontias under chair dental general anaesthesia (CDGA) in the community and hospital dental services (CDS, HDS) in Scotland. Telephone interviews were conducted with CDS and HDS clinical directors in Scotland using a semi-structured questionnaire, with written follow-up information. Copies of CDGA referral forms were also requested. All clinical directors, or their nominated deputies, participated (n = 21). Almost half of interviewees indicated that their area offered a 'dedicated' pre-CDGA assessment service (n = 10). A range of grades was identified amongst assessors; a minority were described as 'specialist paediatric staff'. The availability of CDGA alternatives, including local analgesia and conscious sedation varied. Changes to the referral treatment plan were reported to occur 'sometimes' or 'often' by 11 interviewees regarding the anaesthetic used, and by 16 respondents regarding the number of teeth extracted. The content of CDGA referral forms was diverse. The conclusions were the method of referral and assessment of children for CDGA in Scotland is diverse, partly reflecting geographic limitations and local need. Guidance on pre-GA assessment, including use of standardised referral forms, may reduce variation and improve the quality of the pathway of care. Cites nine references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [TOOTH EXTRACTION](#)  
[CHILDREN](#)  
[GENERAL ANAESTHESIA](#)  
[ASSESSMENT](#)  
[PATIENTS](#)  
[SCOTLAND](#)

**Source:** HMIC

**Full Text:** Available in *fulltext* at [ProQuest](#)

## 15. The religious brain: Turning ideas into convictions

<b>Citation:</b>	Anthropology and Medicine, December 2004, vol./is. 11/3(245-267), 1364-8470 (Dec 2004)
<b>Author(s):</b>	Deeley P.Q.
<b>Institution:</b>	(Deeley) Section of Brain Maturation, Institute of Psychiatry, London SE5 8AF, United Kingdom
<b>Language:</b>	English
<b>Abstract:</b>	<p>This paper is a critical review of anthropology and cognitive science that proposes social, cognitive, and neural mechanisms that convert culturally transmitted ideas into beliefs, discussed in relation to Geertz's classic definition of religion ('Religion as a cultural system', 1966). Literal and analogical uses of language, and a capacity for mentalizing thought, allow the creation of systems of symbols that vary between groups, contributing to the systematic group-level differences that we refer to as 'culture'. A combination of social referencing, mentalizing, and emotion perception enables enculturation to occur by attention to stable, repetitive conjunctions of meanings and emotions in the social environment, promoting the formation of cognitive-affective schemata. In addition to informal enculturation in routine social interaction, cultural systems such as religions organize and protect transmission of valued knowledge. Religious rituals are culturally invented symbolic displays that transmit conceptions of the world and imbue them with emotional and motivational significance. Two kinds of ritual are distinguished: high frequency, low arousal rituals belonging to a 'doctrinal' religious mode, and low frequency, high arousal rituals belonging to an 'imagistic' religious mode (Whitehouse 2000). 'Doctrinal' rituals allow the extraction of semantic memories and associated emotions through repeated participation and exposure. 'Imagistic' rituals are particularly associated with intense emotion, episodic memory formation, and the formation of social ties. Religious rituals, especially imagistic rituals, employ two major strategies to convey conceptions of the world and invest them with a heightened sense of reality and emotion: (1) a 'sensory' route evokes salient thought and experience by orchestrating multiple reinforcing social-emotional signals and other stimuli, engaging attention, emotion, and arousal; (2) a 'semantic' route uses enigmatic verbal and non-verbal symbols to engage an analogical/right hemispheric processing strategy to make sense of what is authoritatively presented as real but incompletely understood. Both routes are hypothesized to activate the mesolimbic dopamine system amongst other components of cognitive-affective processing, so that the 'moods and motivations' evoked by the ritual performance seem 'uniquely realistic'. These social, cognitive, and neural processes constitute ways in which religious ideas are turned into convictions.</p>
<b>Country of Publication:</b>	United Kingdom
<b>Publication Type:</b>	Journal: Review
<b>Subject Headings:</b>	<a href="#">affect</a> <a href="#">arousal</a> <a href="#">*brain</a> <a href="#">brain mapping</a> <a href="#">cognition</a> <a href="#">*cultural anthropology</a> <a href="#">emotion</a> <a href="#">human</a> <a href="#">learning</a> <a href="#">memory</a> <a href="#">motivation</a> <a href="#">perception</a> <a href="#">priority journal</a> <a href="#">religion</a> <a href="#">review</a> <a href="#">science</a>

social aspect  
thinking

Source: EMBASE

#### 16. Indications for and anticipated difficulty of third molar: a comparison between a dental hospital and a specialist high street practice

**Citation:** British Dental Journal, 2005, vol./is. 199/10(671-675), 0007-0610 (Nov 26 2005)

**Author(s):** Macluskey, M; Slevin, M; Curran, M; Nesbitt, R

**Abstract:** The objective was to investigate the indications for and anticipated difficulty of third molar surgery between two different referral settings. The design was a prospective study involving completion of a proforma pre- and post-operatively. The setting was a dental teaching hospital and a specialist surgical dentistry practice in 2003. The subjects and methods were patients referred for the assessment of their third molars were recruited. Details of the clinical and radiographical assessment for each patient were recorded pre-operatively and the extent of surgery required post-operatively. The results were the main indication for referral for third molar extraction was pericoronitis in both centres. A larger number of patients were assessed and treated in a shorter period of time at the surgical dentist compared with the dental hospital. The surgical dentist was accurate in his assessment of the difficulty of surgery 96% of the time compared with 66% for the dental hospital staff. The conclusions were this study highlights the benefits for patients in being treated by a surgical dentist. As dental students require exposure to surgical dentistry in order to attain a level of competence, a reduction in the number of patients being referred to dental hospitals may impact upon students ability to both assess and perform surgical procedures. This may mean that undergraduates will be less able to fulfil the recommendations of the General Dental Council. An outreach programme for final year dental students to surgical dentistry practices would benefit all concerned. Cites 20 references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** DENTAL SURGERY  
TOOTH EXTRACTION  
PATIENT REFERRAL  
DENTAL HOSPITALS  
DENTAL SERVICES  
COMPARATIVE STUDIES

**Source:** HMIC

**Full Text:** Available in *fulltext* at [ProQuest](#)

#### 17. Reasons for tooth extraction in four general dental practices in South Wales

**Citation:** British Dental Journal, 2005, vol./is. 198/5(275-278), 0007-0610 (Mar 12 2005)

**Author(s):** Richards, W; Ameen, J; Coll, A M; Higgs, G

**Abstract:** Tooth retention has been one of the main aims of oral care which in turn could have contributed to the social oral health divide. To investigate this issue further, data collected for a group audit was used to study the reasons for tooth extraction for patients attending for routine treatment at four dental practices. The practices served populations in areas with different levels of deprivation in South Wales. In 558 teeth extracted over 417 visits, the reasons for extractions were: caries 59%, periodontal disease 29.1%, pre-prosthetic one per cent, wisdom teeth 4.6%, orthodontic 5.5%, trauma 1.2%, patient request 2.4% and 6.2% other reason. The number of extraction visits per day within the group of dental surgeons varied with three practitioners performing more than three extraction visits per day while one practitioner had only 0.51. These reasons did not significantly depend on levels of deprivation. However, significantly more teeth were extracted for caries in the most deprived group in comparison to the least deprived. Therefore, could there be a case for appropriate extractions in the quest for equitable care? Cites 18 references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** TOOTH EXTRACTION  
GENERAL DENTAL SERVICE  
DENTAL CARIES  
DENTAL DISEASES  
DEPRIVATION  
ECONOMIC STATUS  
RISK FACTORS  
TABULAR DATA  
STATISTICAL DATA

**Source:** HMIC

**Full Text:** Available in *fulltext* at [ProQuest](#)

## 18. Culture and psychotherapy

**Citation:** Chinese Journal of Clinical Rehabilitation, May 2006, vol./is. 10/18(155-157), 1671-5926 (15 May 2006)

**Author(s):** Xu X.-H.; Zheng Y.; Zhang K.; Deng S.-N.

**Institution:** (Xu, Zheng, Zhang, Deng) Institute of Psychology, Southwest University, Chongqing 400715, China

**Language:** Chinese

**Abstract:** Objective: To probe into the effects of culture on psychological consult and treatment in trans-cultural psychological consult and treatment, and focus on the national traditional culture and its suitable mainstream psychotherapy, so as to facilitate the therapists be more effective toward the foreign visitors. Data sources: By using the computer, relevant articles between January 1995 and January 2005 were searched in China Journal Full-text Database (CJFD) with the key words of "culture, psychotherapy" and the language was limited to Chinese. Meanwhile, ProQuest database and the EBSCOhost database were searched for relevant English articles between January 1995 and May 2005 with the key words "culture and psychotherapy". Study selection: Data were primarily checked. Empirical researches and reviews related to culture and psychotherapy were selected and repetitive studies were excluded, and rest literatures were looked up of the full text. Data extraction: A total of 40 related articles were collected, in which there were 7 Chinese articles and 33 foreign articles. Two Chinese articles and 8 foreign articles were in accordance with the inclusion criteria, and data were synthesized and arranged. Data synthesis: (1) The enrolled Chinese literatures were on traditional Chinese culture and psychotherapy: Traditional Chinese culture mainly focused on Confucianism, Taoism and legalism, among which Confucianism had the deepest effects on Chinese people. The principle of "justice and benefit" in Confucianism had paved the path for molding perfect personality in new period of China. In psychological consult and treatment, the therapist should adapt Confucianism that widely accepted by domestic people to reform the thought of visitor. (2) The enrolled foreign literatures were about traditional culture of other countries and their suitable psychotherapy: Turkey and India are countries with collective culture, who had lower identification on psychological consult and treatment; Japan and American are countries with strong economy, whose psychological consulting system developed well and was multielement cultural consult under multielement cultural instruction; In Italy, traditional culture, religion and belief had a significant effect on psychological consult and treatment. Conclusion: Culture has a complex influence on psychological consult and treatment, while the national traditional culture has the profoundest effect on domestic people. In the trans-cultural psychological consult and treatment, the therapists should make a good preparation for the cultural background and value judgment of visitors, so as to effectively conduct the psychotherapy.

**Country of Publication:** China

**Publication Type:** Journal: Review

**Subject Headings:** [China](#)

[Chinese medicine](#)  
[consultation](#)  
[\\*cultural anthropology](#)  
[data analysis](#)  
[data base](#)  
[ego development](#)  
[empirical research](#)  
[India](#)  
[information retrieval](#)  
[Japan](#)  
[medical information](#)  
[medical literature](#)  
[\\*psychotherapy](#)  
[religion](#)  
[review](#)  
[\\*social belief](#)  
[transcultural care](#)  
[Turkey \(republic\)](#)  
[United States](#)

**Source:** EMBASE

#### 19. Improving cross-cultural awareness. A review of Australian indigenous health for UK dentists.

**Citation:** British Dental Journal, July 2006, vol./is. 201/1(37-42), 0007-0610;0007-0610 (2006 Jul 8)

**Author(s):** Popat H; Dinnage J

**Institution:** Department of Orthodontics, University Dental Hospital, Heath Park, Cardiff, CF14 4XY. popath@cardiff.ac.uk

**Language:** English

**Abstract:** **OBJECTIVE:** The aim of this paper is to give an insight into the unique health issues faced by the indigenous population of Australia and their direct relationship to oral health, to help overseas dentists wishing to work in Australia to treat these groups of patients successfully and effectively. This applies equally to indigenous Australians living in remote Australia as well as to those living in general suburbia. **DATA SOURCES:** A Medline search was carried out for any articles in dental and medical journals pertaining to Australian indigenous health and Australian oral health. **DATA SELECTION:** Wherever possible, articles cited were obtained in full and where this was not possible, abstracts were obtained. Where no abstract was available, the article was not considered for evaluation. **DATA EXTRACTION:** Articles were reviewed by a single observer and were subject to meeting inclusion criteria indicated in the review. **DATA SYNTHESIS:** Articles were divided into historical, diet, oral health and general health categories. Subjective descriptions were then made. **CONCLUSIONS:** The adoption of a 'westernised' diet by the Australian indigenous community has placed them as a high risk population for dental caries and periodontal disease. They also show some of the highest rates in the world for Non-Insulin Dependent Diabetes Mellitus (NIDDM) and Rheumatic Fever. The UK dentist should be aware of these health issues and their relationship to indigenous oral health before embarking on work within Australia.

**Country of Publication:** England

**Publication Type:** Journal Article; Review

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Australia/ep \[Epidemiology\]](#)  
[Child](#)  
[Child, Preschool](#)  
[\\*Culture](#)  
[DMF Index](#)  
[\\*Dental Caries/eh \[Ethnology\]](#)

[Diabetes Mellitus, Type 2/eh \[Ethnology\]](#)  
[Diet, Cariogenic](#)  
[Foreign Professional Personnel](#)  
[General Practice, Dental](#)  
[Great Britain](#)  
[Humans](#)  
[New South Wales/ep \[Epidemiology\]](#)  
[Nonverbal Communication](#)  
[Northern Territory/ep \[Epidemiology\]](#)  
[\\*Oceanic Ancestry Group/sn \[Statistics & Numerical Data\]](#)  
[\\*Periodontal Diseases/eh \[Ethnology\]](#)  
[Prevalence](#)  
[Rheumatic Fever/eh \[Ethnology\]](#)

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [ProQuest](#)

## 20. Prevalence of bacteraemia following third molar surgery

**Citation:** Oral Diseases, January 2008, vol./is. 14/1(89-94), 1354-523X;1601-0825 (Jan 2008)

**Author(s):** Tomas I.; Pereira F.; Llucian R.; Poveda R.; Diz P.; Bagan J.V.

**Institution:** (Diz) C./Panama 2; 2 dcha, 36203 Vigo, Spain; (Tomas, Diz) School of Medicine and Dentistry, Santiago de Compostela University, Santiago de Compostela, Spain; (Pereira, Poveda, Bagan) Service of Stomatology, Valencia University General Hospital, Valencia, Spain; (Llucian) Department of Microbiology, Valencia University Hospital, Valencia, Spain

**Language:** English

**Abstract:** Objective: To investigate the prevalence and aetiology of bacteraemia following third molar extractions (B-TME), analysing the factors affecting its development. Methods: The study group was formed of 100 patients undergoing third molar extractions under general anaesthesia. Peripheral venous blood samples were collected at baseline, 30 s after a mandibular third molar extraction and 15 min after completing the final extraction. Samples were inoculated into BACTEC aerobic and anaerobic blood culture bottles and were processed in the BacT/Alert. Subculture and further identification of the bacteria isolated was performed using conventional microbiological techniques. Results: The prevalence of bacteraemia following third molar surgery was 62% at 30 s after the first dental extraction and 67% at 15 min after finishing the final extraction. The bacteria most frequently identified in the positive blood cultures were *Streptococcus viridans* (87.9%). Conclusion: In our series, the prevalence of B-TME at 30 s after a single third molar extraction was high, principally being of streptococcal aetiology, and was independent of the oral health status and the magnitude of the surgical procedure. Positive blood cultures persisted for at least 15 min after three to four dental extractions in a higher number of patients, questioning the supposedly transient nature of bacteraemia following dental extractions.

**Country of Publication:** Denmark

**Publication Type:** Journal: Article

**Subject Headings:** [adult](#)  
[alpha hemolytic Streptococcus](#)  
[article](#)  
[\\*bacteremia](#)  
[bacterium isolate](#)  
[blood culture](#)  
[controlled study](#)  
[\\*dental surgery](#)  
[female](#)  
[general anesthesia](#)  
[human](#)  
[major clinical study](#)

male  
microbiology  
\*molar tooth  
nonhuman  
prevalence  
priority journal  
surgical technique  
tooth extraction  
venous blood

**Source:** EMBASE

## 21. Prevalence of bacteraemia following third molar surgery.

**Citation:** Oral Diseases, January 2008, vol./is. 14/1(89-94), 1354-523X;1354-523X (2008 Jan)

**Author(s):** Tom&#x00E1;s I; Pereira F; Lluci&#x00E1;n R; Poveda R; Diz P; Bag&#x00E1;n JV

**Institution:** School of Medicine and Dentistry, Santiago de Compostela University, Santiago de Compostela, Spain.

**Language:** English

**Abstract:** **OBJECTIVE:** To investigate the prevalence and aetiology of bacteraemia following third molar extractions (B-TME), analysing the factors affecting its development. **METHODS:** The study group was formed of 100 patients undergoing third molar extractions under general anaesthesia. Peripheral venous blood samples were collected at baseline, 30 s after a mandibular third molar extraction and 15 min after completing the final extraction. Samples were inoculated into BACTEC aerobic and anaerobic blood culture bottles and were processed in the BacT/Alert. Subculture and further identification of the bacteria isolated was performed using conventional microbiological techniques. **RESULTS:** The prevalence of bacteraemia following third molar surgery was 62% at 30 s after the first dental extraction and 67% at 15 min after finishing the final extraction. The bacteria most frequently identified in the positive blood cultures were *Streptococcus viridans* (87.9%). **CONCLUSION:** In our series, the prevalence of B-TME at 30 s after a single third molar extraction was high, principally being of streptococcal aetiology, and was independent of the oral health status and the magnitude of the surgical procedure. Positive blood cultures persisted for at least 15 min after three to four dental extractions in a higher number of patients, questioning the supposedly transient nature of bacteraemia following dental extractions.

**Country of Publication:** Denmark

**Publication Type:** Journal Article

**Subject Headings:** Adolescent  
Adult  
\*Bacteremia/mi [Microbiology]  
Dental Plaque Index  
Female  
Humans  
Male  
Mandible  
Middle Aged  
\*Molar, Third/su [Surgery]  
Neisseria/cl [Classification]  
Neisseria/ip [Isolation & Purification]  
Oral Health  
Oral Hygiene Index  
Periodontal Index  
Staphylococcus aureus/ip [Isolation & Purification]  
Streptococcus anginosus/ip [Isolation & Purification]  
Streptococcus mitis/ip [Isolation & Purification]  
Streptococcus mutans/ip [Isolation & Purification]  
Time Factors



\*Tooth Extraction  
 Tooth, Impacted/su [Surgery]  
 Viridans Streptococci/ip [Isolation & Purification]

**Source:** MEDLINE

## 22. Prevalence of bacteraemia following third molar surgery.

**Citation:** Oral Diseases, 01 January 2008, vol./is. 14/1(89-94), 1354523X

**Author(s):** Tomás I; Pereira F; Llucián R; Poveda R; Diz P; Bagán JV

**Language:** English

**Abstract:** OBJECTIVE: To investigate the prevalence and aetiology of bacteraemia following third molar extractions (B-TME), analysing the factors affecting its development. METHODS: The study group was formed of 100 patients undergoing third molar extractions under general anaesthesia. Peripheral venous blood samples were collected at baseline, 30 s after a mandibular third molar extraction and 15 min after completing the final extraction. Samples were inoculated into BACTEC aerobic and anaerobic blood culture bottles and were processed in the BacT/Alert. Subculture and further identification of the bacteria isolated was performed using conventional microbiological techniques. RESULTS: The prevalence of bacteraemia following third molar surgery was 62% at 30 s after the first dental extraction and 67% at 15 min after finishing the final extraction. The bacteria most frequently identified in the positive blood cultures were Streptococcus viridans (87.9%). CONCLUSION: In our series, the prevalence of B-TME at 30 s after a single third molar extraction was high, principally being of streptococcal aetiology, and was independent of the oral health status and the magnitude of the surgical procedure. Positive blood cultures persisted for at least 15 min after three to four dental extractions in a higher number of patients, questioning the supposedly transient nature of bacteraemia following dental extractions.

**Publication Type:** journal article

**Subject Headings:** Bacteremia  
 Molar, Third  
 Tooth Extraction  
 Adolescence  
 Adult  
 Clinical Assessment Tools  
 Female  
 Male  
 Mandible  
 Middle Age  
 Neisseria  
 Neisseria  
 Oral Health  
 Periodontics  
 Staphylococcus Aureus  
 Streptococcus Mutans  
 Streptococcus  
 Time Factors  
 Tooth, Impacted  
 Viridans Streptococci  
 Human

**Source:** CINAHL

## 23. Potentials and limitations for human control over historic fire regimes in the boreal forest.

**Citation:** Philosophical Transactions of the Royal Society of London - Series B: Biological Sciences, July 2008, vol./is. 363/1501(2353-8), 0962-8436;0962-8436 (2008 Jul 12)

**Author(s):** Granstr&#x00F6;m A; Niklasson M



**Institution:** Department of Forest Ecology and Management, Swedish University of Agricultural Sciences, 901 83 Umeå, Sweden. anders.granstrom@svek.slu.se

**Language:** English

**Abstract:** Fire, being both a natural and cultural phenomenon, presents problems in disentangling the historical effect of humans from that of climate change. Here, we investigate the potential impact of humans on boreal fire regimes from a perspective of fuels, ignitions and culture. Two ways for a low technology culture to impact the fire regime are as follows: (i) by altering the number of ignitions and their spatial distribution and timing and (ii) by hindering fire spread. Different cultures should be expected to have quite different impacts on the fire regimes. In northern Fennoscandia, there is evidence for fire regime changes associated with the following: a reindeer herding culture associated with few ignitions above the natural; an era of cattle husbandry with dramatically increased ignitions and somewhat higher fire frequency; and a timber exploitation era with decreasing fire sizes and diminishing fire frequency. In other regions of the boreal zone, such schemes can look quite different, but we suggest that a close look at the resource extraction and land use of different cultures should be part of any analysis of past fire regimes.

**Country of Publication:** England

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [\\*Culture](#)  
[\\*Ecosystem](#)  
[Europe](#)  
[\\*Fires](#)  
[\\*Forestry/mt \[Methods\]](#)  
[\\*Human Activities](#)  
[Humans](#)  
[\\*Trees](#)

**Source:** MEDLINE

#### 24. Potentials and limitations for human control over historic fire regimes in the boreal forest

**Citation:** Philosophical Transactions of the Royal Society B: Biological Sciences, July 2008, vol./is. 363/1501(2353-2358), 0962-8436 (12 Jul 2008)

**Author(s):** Granstrom A.; Niklasson M.

**Institution:** (Granstrom) Department of Forest Ecology and Management, Swedish University of Agricultural Sciences, 901 83 Umeå, Sweden; (Niklasson) Department of Southern Swedish Forest Research, Swedish University of Agricultural Sciences, 230 53 Alnarp, Sweden

**Language:** English

**Abstract:** Fire, being both a natural and cultural phenomenon, presents problems in disentangling the historical effect of humans from that of climate change. Here, we investigate the potential impact of humans on boreal fire regimes from a perspective of fuels, ignitions and culture. Two ways for a low technology culture to impact the fire regime are as follows: (i) by altering the number of ignitions and their spatial distribution and timing and (ii) by hindering fire spread. Different cultures should be expected to have quite different impacts on the fire regimes. In northern Fennoscandia, there is evidence for fire regime changes associated with the following: a reindeer herding culture associated with few ignitions above the natural; an era of cattle husbandry with dramatically increased ignitions and somewhat higher fire frequency; and a timber exploitation era with decreasing fire sizes and diminishing fire frequency. In other regions of the boreal zone, such schemes can look quite different, but we suggest that a close look at the resource extraction and land use of different cultures should be part of any analysis of past fire regimes. 2007 The Royal Society.

**Country of Publication:** United Kingdom

**Publisher:** Royal Society of London (6 Carlton House Terrace, London SW1Y 5AG, United Kingdom)

**Publication Type:** Journal: Review

**Subject Headings:** [\\*cultural anthropology](#)  
[\\*ecosystem](#)  
[Europe](#)  
[\\*fire](#)  
[\\*forestry](#)  
[human](#)  
[\\*human activities](#)  
[methodology](#)  
[review](#)  
[\\*tree](#)

**Source:** EMBASE

## 25. Cultural beliefs and attitudes toward health and health care among Asian-born women in the United States.

**Citation:** JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 01 July 2010, vol./is. 39/4(370-385), 08842175

**Author(s):** Zhao M; Esposito N; Wang K

**Language:** English

**Abstract:** Objective: To describe Asian-born women's cultural beliefs and attitudes towards health, illness, and health care practices. Data Sources: Online databases PubMed and CINAHL. Study Selection: Twenty-four studies published between January 2000 and May 2009 were retrieved based on the inclusion criteria. Data Extraction: Data on publication year, authors, study sample, sample size (only Asian women in the United States were included), design, and related key findings were extracted. Data Syntheses: Data were organized under three categories: Asian cultural beliefs about health and illness, health promotion and illness prevention, and health care practices. Common beliefs across groups and unique beliefs within specific Asian ethnic groups were synthesized. The results indicated that different Asian ethnic groups share some health beliefs, but each group also has unique health beliefs. Existing literature on cultural health beliefs of Asian-born women is limited. Conclusion: Health care providers can use the findings of this review to improve health care utilization among Asian-born women.

**Publication Type:** journal article

**Subject Headings:** [Asians](#)  
[Attitude to Health](#)  
[Attitude to Illness](#)  
[Culture](#)  
[Health Beliefs](#)  
[CINAHL Database](#)  
[Female](#)  
[Health Promotion](#)  
[Human](#)  
[PubMed](#)  
[Systematic Review](#)  
[United States](#)

**Source:** CINAHL