

EDITORIAL

The Throwaway

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A fact that was passed on to me shortly after taking up the Editorship of the *Journal of Orthodontics* was that many more people read the throwaways than ever read the journals. This is depressing. As an Editor one doesn't like to think of all the effort put in by authors (never mind anyone else) to provide the published papers. Imagine—all that work, which is then largely ignored.

So, if one could make a journal as interesting a read as the throwaways, then one might be on to a winner. It would be read, talked about and then, hopefully, quoted and widely cited—yes—and maybe even acted upon! The question then becomes: 'What is it about the throwaways that makes them so readable?' Presumably, they must grab the attention; the articles must interest their readers—and perhaps they cover a variety of subjects; I guess they are likely to be attractively laid out, colourful and have lots of pictures, too. Of course, we may also think that the information they contain is of a superficial or even (dare I say it) a dubious or unreliable nature. Something never seen in journals, of course!

Anyway, as a reader of journals (and occasionally of the throwaways), I compiled a list of the sorts of subjects I would really like good information on, and which would make me pick up and read a journal, or at least some of the articles. They include things I would like to know as a clinician, academic and/or things patients would like us to find out. Hopefully, my ideas will not be too wildly different to those of the Journal's readers, but it's a risk I will have to take:

- What is the best retention regime?
- Stability—who will/won't keep their teeth straight in the long run? Who will suffer relapse?
- What are the effects of years of retainer wear on dental and gingival health (in the 'real world').
- Prediction: who will get severe root resorption?
- What causes malocclusion? How can we cure it or even prevent it in the first place?
- The 'best' treatment for the various malocclusions—qualify this by adding from the patients' perspective and the operator's perspective in terms of the highest quality in the shortest time, with least risk and best stability.
- Materials that we can trust to do the jobs we need doing better.
- Minimizing treatment risks.

- What's the best implant to use when and in which situation?
- When can we get rid of having to take impressions? Can we make materials taste better?
- How can I improve my academic abilities, e.g. make my research or teaching better?

Well, I could go on and on, but that will do. So, looking at the sorts of things that were out there recently (admittedly in the English language orthodontic journals), I found articles on, for example:

- orthodontic treatment need and outcome;
- cephalometric studies;
- finite element modelling;
- materials studies including bond strength studies of various sorts, but mostly *in vitro* using human or bovine teeth;
- buccal tooth intrusion by various means, e.g. case series;
- skeletal, dental and soft-tissue induced appliance changes;
- muscular forces on teeth;
- bite forces;
- mechanics and modelling mechanics;
- periodontal problems including/or basic science animal studies;
- teaching methods;
- comparisons of appliance systems;
- aesthetics.

Of these, how many would grab my attention? I have to say only a few and that's based on the subject matter only, never mind the evidence level. So, the next question is 'Why is it that so many studies (to me at least) are not really that interesting or useful'. There could be several reasons including:

- 1 I am a bit odd. The studies are all interesting and/or useful.
- 2 The studies are not done to be interesting and/or useful.
- 3 Studies that are interesting and/or useful are hard (or seen as hard) to do and, therefore, not many people do them.
- 4 Interesting and/or useful studies often take a long time to do in Orthodontics, so not many people can

do these. Also there are cost and manpower implications.

If we assume that I am not totally different from many other readers, then it seems the answers lie somewhere between 2 and 4. One reason that may play a role in points 2–4 is, I suspect, that many studies are done for training purposes. If that is the case, then the difficulty is that orthodontic training is time limited and is not solely aimed at training up a scientist. That being so, the research is not necessarily aimed at the bigger picture of trying to solve some of the bigger issues in Orthodontics. I do not know if I am right, but if there is some truth in that then it is a shame for Orthodontics, as it suggests that the tail is wagging the dog. The options then are to either change the training or have more people, better placed than postgraduate trainees, to come up with and run the studies that will answer some of the problems we

have. The second option seems much better—it would allow the profession to progress much more effectively and the same studies would still include postgraduates, research being an essential part of their training.

A recent guest editorial by Marc Ackerman¹ has highlighted how much we need good, relevant information, and the problems that can arise when opinion masquerades as fact and is freely accessible on the web. If the dogs wagged their tails then perhaps we might even get another similarity with the throwaways: journals would be very short—this surely would make them an easier and more enticing read!

References

1. Ackerman MB. Obsequies for an opinion masquerading as fact. *Am J Orthod Dentofac Orthop* 2005; **127**: 531–2.