

Brief communications: One option for speedy publication

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As expectations soar in this electronic age for the speedy publication of research findings, some progress is being made. As soon as a scientific paper is reviewed and accepted for publication, the abstract is published on The Angle Orthodontist home page (Editorial, Check out our home page. 1996; 66(3):163-164). This service is already being used by a number of universities and research institutions with favorable results.

Another change for The Angle Orthodontist, this one affecting our subscribers outside North America, has been the air shipment of journals directly to the port of entry for each country. This move has cut about a month off the delivery time.

But even with these changes, the time it takes for research findings to reach the busy clinician is far too lengthy. One problem for the editor is the well-known fact that most papers are too long. For this reason, a new category of paper is now available to authors, termed the "Brief Communication." These articles are limited to three or four pages when published, for a total of no more than 2,000 words. Most tables will be available directly from the author, and illustrations will be limited to one or two figures. At the time of submission, the brief communication should not exceed six double-spaced, typewritten pages, and should include only 15 or so references. Our goal is to publish Brief Communications within 6 months of the acceptance date.

Two such articles can be found in this issue.

The first, a paper by Miller, et al., and reports on the use of glass ionomer cement for the bonding of orthodontic brackets. Note that it took only one table and one graph to show that the use of glass ionomer cement for bonding brackets may not be as good as the use of a composite resin. In a carefully controlled study, the rates of bracket failure over a 3-year period in two groups were compared. One group used a glass ionomer and the other a composite resin. At completion of the study, the disadvantage of extra bracket failures appeared to outweigh the potential advantages when considering glass ionomer cement for the routine bonding of brackets.

With concern for increasing levels of streptococcus mutans in patients undergoing fixed appliance treatment, the use of antibacterial agents is becoming commonplace. But do these affect the bond strength of orthodontic adhesives? In a second Brief Communication, this one authored by Bishara, et al., the effect of applying chlorhexidine antibacterial agent on the shear bond strength of orthodontic brackets was examined. Fortunately the findings in this study indicate that treating enamel with either chlorhexidine or fluoridated prophylactic paste does not significantly affect shear bond strength or bond failure location.

These two papers are excellent examples of brief communications. Look for more of these abbreviated papers in this journal and if you are in research, consider this option as way to speed the publication of your work.