Changes to population oral health needs
- key public health messages

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Adult oral health has been improving over time.

Between 1998 and 2009 the percentage of adults with teeth in England who have reported experiencing one or more problems on the Oral Health Impact Profile scale (OHIP-14), fell by 12 percentage points; 51% in 1998 to 39% in 2009.

*2009 figures exclude Scotland

Data source/s: Adult Dental Health Survey 1978-2009
Children’s dental health has also been improving over time

Results of caries surveys of five-year-olds in England from the Children’s Dental Health Surveys and NHS Dental Epidemiology surveys*, 1973 to 2012

*For the 2007/08 and 2011/12 surveys positive consent was needed for children to be included and therefore these years are not directly comparable to the previous surveys.

’d₃mft’, seen on this graph, is a standardised way of measuring dental health, which involves visual-only examination for missing teeth (mt), filled teeth (ft) and teeth with obvious dentinal decay (d₃t).

Data source/s: Children's Dental Health Survey and National Epidemiology Dental 5-year old dmft Survey
International comparisons of dental health for 12 year-old children

Average number of decayed, missing or filled teeth, 12 year-old children, 2006 (or latest year available)

Data source/s: Health at a Glance 2009: OECD Indicators
Regional and deprivation variations in children’s dental health – a survey of 5 year-old children 2012

Percentage of 5 year-old children with decay experience including 95% confidence limits, by Government Office Regions, 2012

Correlation between the rate of decay among 5 year-old children and deprivation score. Lower tier local authorities in England 2012

There is regional variation in the prevalence of tooth decay in the 5 year olds surveyed.

For those 5 year olds with decay, the extent of the decay correlates with deprivation. The more deprived the area the higher the rate of decay found in the 5 year olds surveyed.

Data source/s: Public Health England National Dental Epidemiology 5-year old dmft Survey
Number of children admitted to hospital admitted for extraction of decayed teeth in 2012 - 13, by Government Office Region
Adult Dental Health Survey 2009 - Headline figures

- 86% of dentate adults had 21 or more natural teeth
- 72% adults had no visible coronal caries
- The average number of decayed or unsound teeth was 1.0, with only small variations across the age ranges
- Only 6% of adults were edentate.
- Caries prevalence fallen from 46% to 28% since 1998
- Inequalities remain
Proportion of edentate adults
England 1978-2009

Source data: IC Adult Dental Health Survey 2009
Dental health and complexity of treatment

Source data: IC Adult Dental Health Survey 2009
Why this is important to Government, DH, PHE and NHS England

Demographic and health changes resulting in people living longer:
- an increasing number of the very old
- An increasing number of people living longer with a range of co-morbidities

This has significant implications for the dental and oral care needs of older people.

Demand for dental treatment from older people will increase both as they retain their teeth and have higher expectations of dental services.
Quality of Life

In older people, the retention of natural teeth into old age makes a major positive contribution to the maintenance of good oral health, and related quality of life.
Adult oral health conclusions

• The transformation in the population’s oral health, first observed in the 1998 ADHS, has been extensive

• Improvements in the older age group demonstrate the possibility for everyone of preserving natural teeth and dental function throughout life

• For those under 45 the likelihood of retaining not just some teeth, but a considerable number of healthy teeth, is now high

• Variations with social class remain apparent
Maintaining healthy functional mouths into old age

The challenges are great:

• Age related changes can lead to xerostomia (dry mouth often related to medication taken for systemic illnesses), root caries, recurrent decay.

• Decreased manual dexterity can exacerbate these problems by resulting in reduced plaque control.

• Systemic illness can also impact on oral health, like progressive neurocognitive impairing illnesses (eg Parkinson’s disease and Alzheimer’s disease) making it more difficult for people to take responsibility for their own oral health through oral hygiene and dietary practices.
‘I call on all those involved across the health and care system and beyond to come together to determine what they should be doing to support their local communities to live longer, healthier lives. We will not be the best in Europe immediately. But we need to start making changes now. It is time to be bold and ambitious for health.’

So....

Most dental disease is preventable

**Stark inequalities exist.** Some of the most vulnerable, disadvantaged and socially excluded facing significant oral health problems.

Increased tooth retention in older adults has created complex issues for managing failing dentitions in frail and vulnerable elderly

**Impact of poor oral health:**
- Pain
- Difficulties with eating, sleeping and socialising
- Treatment
  - fear and anxiety
  - time off school and work
- Top cause of childhood admissions to hospitals (7-9)
- Cost to the NHS, £3.4 billion per year dental services
What is the real impact?

• The lady that told me she didn’t want to keep meeting me at the ‘theatre’ as a joke as she came in for her second jaw resection

• The homeless chap I treated who had scurvy – too much Special Brew not enough vit C

• The offender I treated who hadn’t smiled for 10 years because he was so ashamed of his smile

• The old dear who hadn’t had anything except minced food for the last year because no one had thought she’d manage with dentures.

• The financial impact of disease in the mouth- and the shame of poor teeth
Improving oral health

Address social determinants

Common risk/health factor approach

*Fluoride*

...improve services and ensure they are preventive focused
Upstream/downstream: options for oral disease prevention

National support

• ‘Delivering better oral health’ with a public version
• “Commissioning Better Oral Health” guidance for local authorities on support for commissioning oral health improvement programmes
• National support and expertise on fluoridation issues
• National coordination of surveys
  • Publish the most recent data on the oral health of five-year olds in England
  • Collaborate with the 2013 DH-commissioned decennial national child dental health survey across England
  • Plan a survey of five and 12-year-old children attending special needs schools
DBOH version 3

- summary tables have been reviewed and updated
- new symbol for good practice has been added to identify statements where specific evidence is not available but which make good practical sense
- new summary tables regarding healthier eating, smoking and alcohol misuse
- narrative sections have also been reviewed with updates on tooth brushing for oral health, increasing fluoride availability (including updated lists of toothpastes and their fluoride content level), healthier eating advice, sugar free medicines and enhanced perio and toothsurface loss sections
- New section on behaviour change
Implementation

• National Launch
• Regional Roadshows
• Standardised slide pack available for general use
• Implementation CD-ROM
Prevention in Practice

Using ‘Delivering Better Oral Health’

Initiated and funded by:

Helen Falcon,
Postgraduate Dental Dean,
NHS Education South Central
The guidance explains how dentists can offer very brief advice, using a ‘30 second approach’, to tobacco users and signpost them to local stop smoking services, by following three simple steps:

**ASK**, establish and record smoking status

**ADVISE** on the personal benefits of quitting in light of findings in the mouth

**ACT**, offer help and signpost to local stop smoking services

The guidance encourages dental teams to routinely engage users of tobacco as Dental health professionals have a unique window of opportunity to reduce tobacco use due to their large patient base of generally healthy people who may have limited contact with other health services.
Recommendations

- People who use tobacco receive advice to stop and are offered support to do so with a referral to their local Stop Smoking Service.

- Dental Schools, Postgraduate Deaneries and other providers and commissioners of dental teaching should ensure that tobacco cessation training is available and meets national standards.

- Dental teams are routinely proactive in engaging users of tobacco.

- Commissioning bodies implement appropriate measures that support the above recommendations.
• Support and promote the NCSCT accredited training ensuring all dental teams are competent to deliver Very Brief Advice (VBA) and/or brief interventions in tobacco cessation. The National Centre for Smoking Cessation and Training offers online courses [http://www.ncsct.co.uk/pub_training.php](http://www.ncsct.co.uk/pub_training.php) and local Stop Smoking Services may also provide training for teams.

• To ensure all dental undergraduate, dental care professional, postgraduate and continuing professional development programmes facilitate access to such training which meets the national quality standards.

• To support dental teams to identify smokers and users of smokeless tobacco, raise awareness among them of the associated health risks and provide signposting to their local stop smoking service.

• Training, regardless of whether it occurs in an undergraduate or dental settings, should be consistent and in line with national training standards. The minimum standard that every dental practice member should achieve is Very Brief Advice, just 30 seconds to Ask, Advise and Act.²
Implications for the future

• Supporting preventive and non interventionist care for younger healthier cohorts

• Meeting the increasingly complex needs of those over 45 years of age

• Addressing inequalities

• Personnel planning to develop a workforce appropriate to need, using skill mix well

• Oral health improvement policy
  - including focus on adults and older people
  - maintenance of good oral health
  - improving oral health literacy including service utilisation
Working together

Shared purpose
Marmot principles in multidisciplinary teams
Integrated approach to oral health improvement
Listen to our stakeholders
Evidence based interventions to improve oral health