

Prevention

The World Health Organisation asserts that good oral health is a critical aspect of general health and wellbeing.¹ However, cavities, also known as dental caries, and gum disease can affect nearly everyone during their lifetime, imposing a serious social, economic and personal cost on sufferers.²

In fact, according to the Fédération Dentaire Internationale (World Dental Federation), dental caries is one of the most common non-communicable diseases on the planet.² While largely preventable, many instances of dental caries remain unaddressed due to unavailable or insufficient oral care services, poor dental hygiene routines and a lack of education.



Prevention is a key part of a population health approach to dental care

The National Oral Health Plan 2015–2024 advocated for a ‘population health’ approach to improve early identification and prevention of oral diseases such as dental caries.³ This approach champions early intervention through education and prevention measures, particularly for at-risk individuals and communities and for those with early signs of the disease. Increasing access to quality, comprehensive dental and other healthcare services, especially for disadvantaged members of the community, and building environments that support and enable positive action on the part of individuals, empowers them to participate in their own health management.⁴

The problem starts early, so early education and prevention are critical

As oral diseases tend to start early in childhood and persist as chronic conditions throughout adulthood,⁵ it’s essential that education and preventative hygiene practices are instilled early and reinforced often throughout a patient’s life.

¹World Health Organization. *The Liverpool Declaration: Promoting Oral Health in the 21st Century. A call for action.* September 2005. Accessed: http://www.who.int/oral_health/events/orh_liverpool_declaration_05.pdf?ua=1

²FDI World Dental Federation. ‘Oral Health Worldwide’ white paper, 2014. Accessed: http://www.worldoralhealthday.com/wp-content/uploads/2014/03/FDIWhitePaper_OralHealthWorldwide.pdf

³COAG Health Council. *Healthy mouths, healthy lives: Australia’s National Oral Health Plan 2015-2024*, 2013. Accessed: http://www.coaghealthcouncil.gov.au/Portals/0/Australia%27s%20National%20Oral%20Health%20Plan%202015-2024_uploaded%20170216.pdf

⁴Calache, H, Hopcraft, M and Martin, JM. ‘Minimum intervention dentistry – a new horizon in public oral health care’, 2013. Accessed: <http://onlinelibrary.wiley.com/doi/10.1111/adj.12046/full#adj12046-bib-0018>

⁵Dietitians Association of Australia and Dental Health Services Victoria. ‘Joint Statement on Oral Health and Nutrition’, 2015. Accessed: <http://daa.asn.au/wp-content/uploads/2015/11/DAA-DHSV-Joint-Statement-Oral-Health-and-Nutrition1.pdf>



Five steps to healthy oral hygiene

A preventative approach entails individual adherence to a comprehensive oral hygiene routine designed to defend against dental cavities. It's broadly acknowledged that there are five steps to good oral health, with each playing a part in prevention and reduction of oral disease:



1 Regular check ups

Professional dental check-ups every six months are key to enable early identification and appropriate treatment of dental problems before they progress to a more serious issue. Regular check-ups also afford patients the opportunity of ongoing dialogue with their healthcare professional and education around risk-factors for dental cavities and other oral diseases, and best practice approaches to maintaining good oral health.



2 Brush teeth twice daily

A cornerstone of oral hygiene, brushing twice a day with a fluoride toothpaste helps protect teeth from decay, which can occur when bacteria on teeth produce plaque acids that dissolve minerals in the hard enamel surface of the teeth.



3 Floss daily

Flossing helps remove plaque and food particles that gather between the teeth and under the gumline where a toothbrush cannot reach. If this debris is not removed, exposure to the acid, which causes tooth decay, is prolonged.



5 Chew sugarfree gum after eating and drinking when "on-the-go"

When brushing isn't possible, chewing stimulates saliva. Chewing sugarfree gum for 20 minutes after meals and snacks has been clinically proven to help protect teeth from decay by stimulating saliva flow and neutralising plaque acids.



4 Maintain a balanced diet

As many treat foods produce plaque acids, and contribute to dental erosion, reducing dietary intake of these foods and drinks is a key part of preventing dental caries. There is a place for treat foods but they should be consumed in moderation and as a part of a healthy balanced diet. Consumption of carbohydrate-dense foods cause the bacteria in plaque to produce plaque acids, which can damage tooth enamel, increasing the risk of tooth decay.



Minimal intervention dentistry

Minimal intervention dentistry is a dental treatment model of care that takes an active preventative approach in a clinical service setting. It involves a holistic, individualised approach to oral healthcare and management of dental caries. This is achieved through a focus on early identification, implementation of preventative strategies tailored to the individual patient and remineralisation of teeth presenting early signs of caries that have not yet progressed to cavity stage,⁴ to halt further decay.

The current standard of care for dental caries is surgical intervention to address symptoms, which does not manage the disease itself.⁴ The result is a prevalence of invasive surgical interventions which come at a high cost to the patient and the health system, without having an impact on the progression of the disease. A minimal intervention dentistry approach to caries management not only has the potential to improve patient outcomes by managing the cause of the disease and reducing its progression, it also has the potential for a high cost saving to all stakeholders.⁴

As a patient-centric model of oral healthcare, minimal intervention dentistry emphasises the importance of the individual patient's responsibility in preventing their oral health issues and empowers patients to take an active role in their treatment and disease management through education and skill development.⁴

For these reasons, minimal intervention dentistry is gaining support with academics and dental industry professionals alike and Wrigley is supportive of this emerging paradigm in Australian dental care.

An integrated, collaborative approach to oral health

Preventative dental care should not be restricted to the dentist's office, rather healthcare practitioners including GPs, maternal health nurses, and dietitians need to play a role in reinforcing the message of prevention and the importance of adherence to the five steps of good oral health⁶ in every interaction with patients. This shift to a more proactive, preventative model of care is needed to improve the health outcomes of individual Australians and ease the pressure on the public health system. By realigning the delivery of dental care services to a preventative model, we will see a better return on public health investment in oral care.

Additionally, support from government, health insurers, the education system and other stakeholders in the form of education, research and investment in preventative initiatives, can work in concert with individuals to promote healthy oral hygiene and prevention and management of dental caries.