

7.14 Oral health Joint Strategic Needs Assessment for Barking and Dagenham 2016

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Good oral health is an important part of general health as it contributes to general wellbeing and allows people to eat, speak and socialise without pain, discomfort or embarrassment¹. Oral diseases can have serious consequences causing pain, infections, sleep deprivation, days off work or school and reduced nutritional intake. Oral health is a key indicator of inequality. Children, particularly those in deprived areas, tend to have poorer oral health which can lead to or be predictive of other conditions. Poor dental health in children will contribute to dental problems in later life through dental decay, gum disease and associated problems with pain and infection.

Oral health of children

3 year olds

A local oral health survey of 3 and 4 year children in Barking and Dagenham was carried out in 2010. The findings are summarised below:

- 9% of children had experienced pain in the teeth, mouth or jaws
- 28% had experienced dental disease and 91% of this was untreated
- 41% of those with decay had visited a dentist in the previous 12 months
- There were marked inequalities among ethnic groups with high rates of decay and untreated disease in Asian children
- Asian children were less likely to have their teeth brushed twice a day than White and Black children and there were low rates of attendance among Black children

Barking and Dagenham participated in a national oral health survey of 3 year old children in 2013. Compared to the local survey the results showed that oral health had improved with 18% experiencing dental disease. With figures for London and England at 13.6% and 11.7% respectively, oral health is much worse in 3 year old children in Barking and Dagenham. For those with disease each child had on average 3.49 decayed, missing or filled teeth compared to 3.11 for London and 3.08 for England. There were higher rates of dental abscess at 1.9% compared to 0.5% for London.

5 year olds

A national survey of five year old children was carried out in 2015. The results of this survey show that the oral health of children in England, London and Barking & Dagenham continues to improve. The percentage of children who had experienced dental decay was 24.7% in England, 27.2% in London and 31.4% in Barking & Dagenham (Figure 7.14.1).

¹ World Health Organisation

Figure 7.14.1 oral health of five-year-old children 2012 and 2015

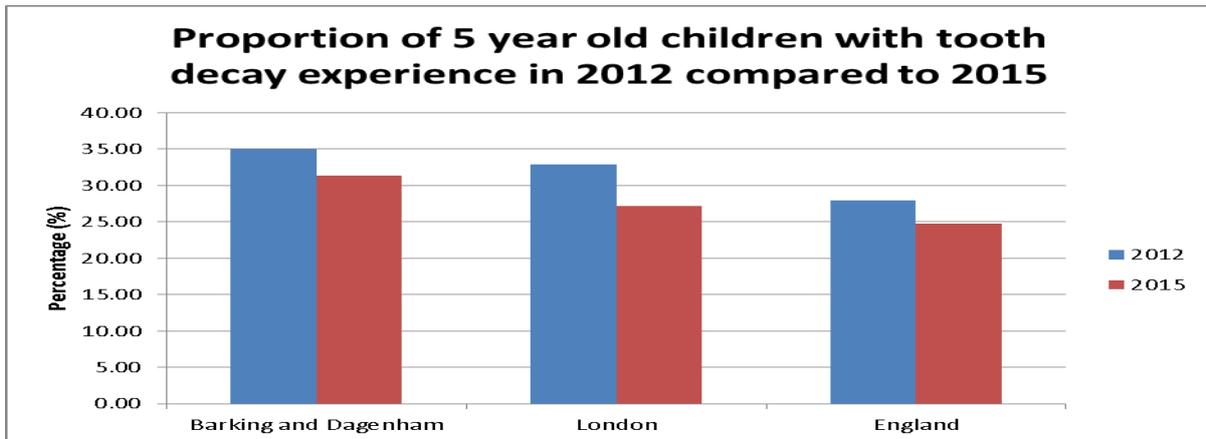
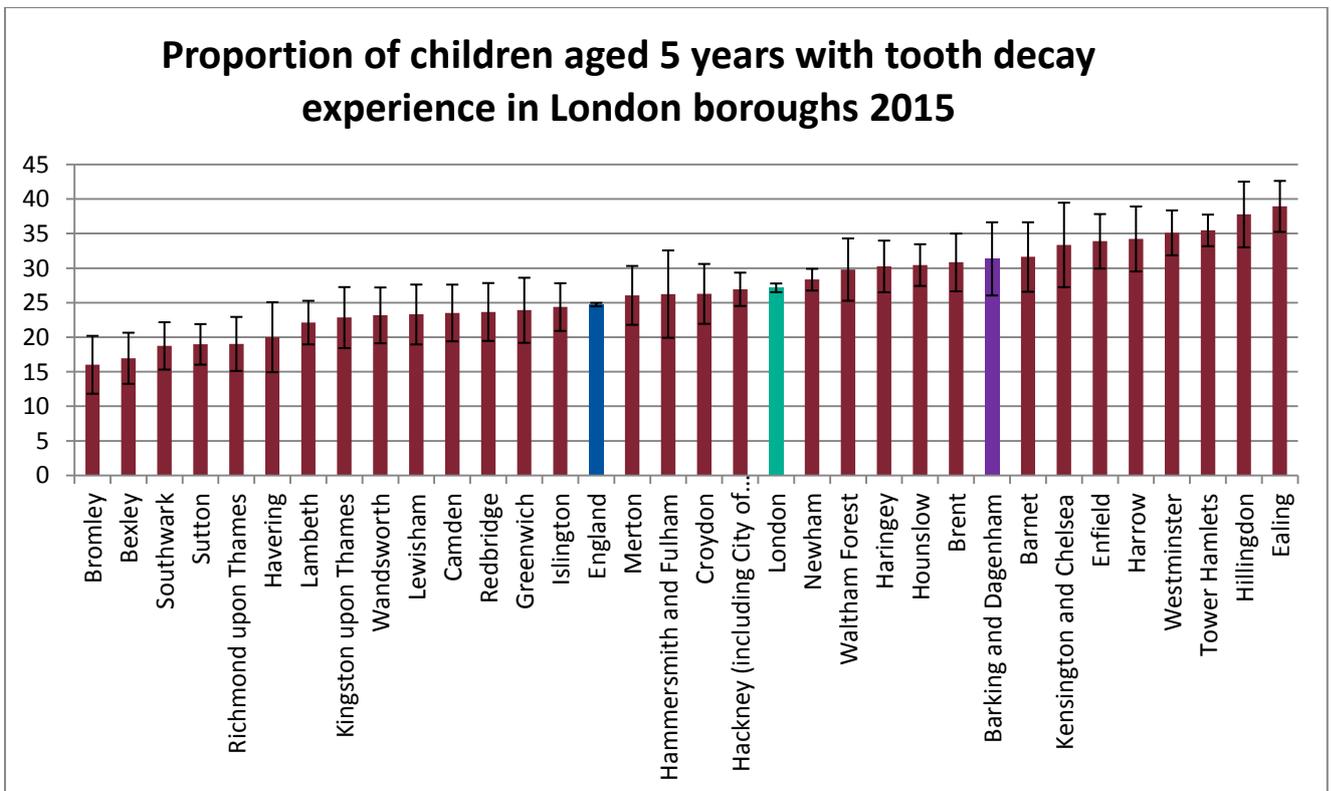


Figure 7.14.2 compares oral health of five-year-old children in Barking & Dagenham to other London boroughs.

Figure 7.14.2 Oral health of 5 year old children in London boroughs, 2015



Older children

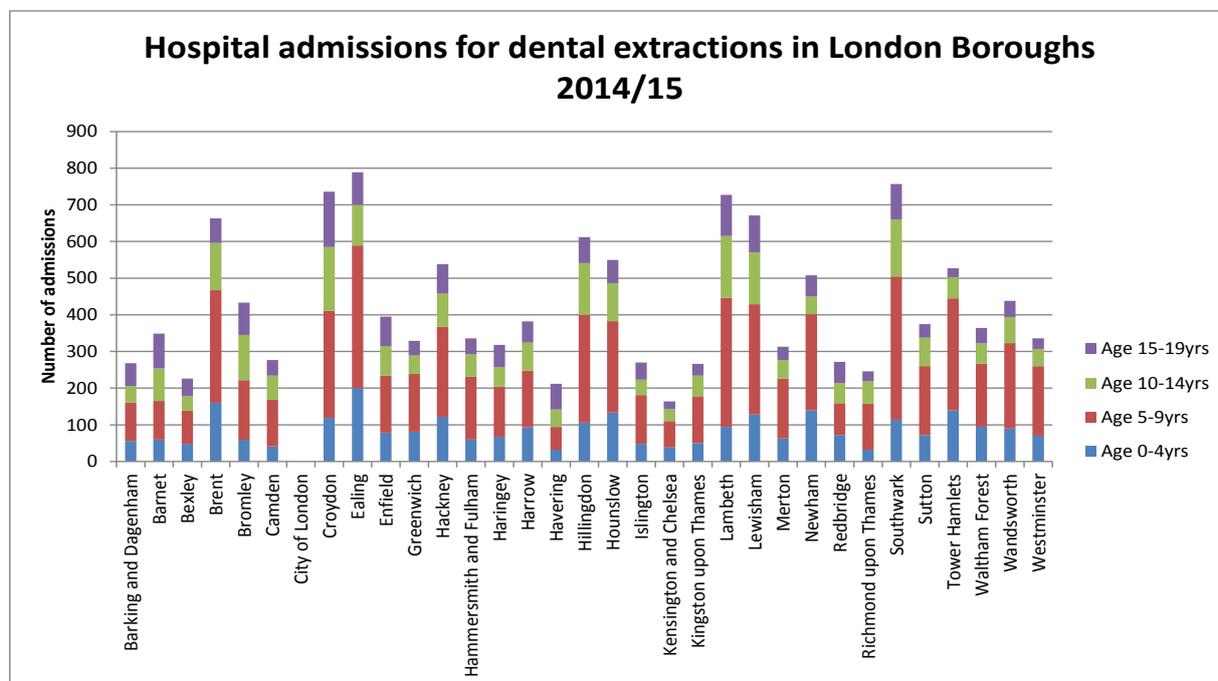
The findings of a national oral health survey of 12 and 15 year old children were published in March 2015. The sample was too small to report data at borough level but the headline findings were as follows:

- Reduction in the extent and severity of tooth decay in permanent teeth but large proportion of children continue to be affected by dental disease
- Children from lower income families are more likely to have oral disease
- 51% of 12 year olds and 60% of 15 year olds were satisfied with the appearance of their teeth and the majority were positive about their oral health
- 23% of parents said they had taken time off work because of their child's oral health in the previous six months
- More than three quarters of older children reported brushing their teeth twice a day

Hospital admissions for dental extractions for children

In 2014/15 dental extraction was one the highest causes of non-emergency hospital admissions for children in London². In Barking and Dagenham 268 children were admitted to hospital for dental extractions with 39% in the 5-9 year age group. This represented 0.4% of the 0-19 year old population, compared to 0.6% for London (Figure 7.14.3)

Figure xxx: Hospital admissions for dental extractions in London boroughs 2014/15



² Public Health England. Dental health: Admission to hospital for extraction of one or more decayed primary or permanent teeth 0 to 19 year olds, 2014/15. <http://www.nwph.net/dentalhealth/extractions.aspx>

Effective interventions for improving oral health in children

- Apply fluoride varnishes to the teeth of children professionally twice a year as this substantially reduces tooth decay in children³
- Encourage children to brush their teeth twice a day with a toothpaste containing fluoride⁴
- Organise regular supervised use of fluoride mouth rinses for children with special needs or at high risk of dental caries as this will reduce tooth decay⁵
- Support home visits that provide new mothers with advice about breastfeeding and weaning as this helps to reduce early childhood caries in infants⁶
- Implement policies which reduce sugar consumption in children as they may be helpful in preventing tooth decay⁷
- Implement strategies to enable individuals and communities to assume more power over the factors that affect their oral health⁸

³ Marinho VC, Worthington HV, Walsh T, Clarkson JE . Fluoride varnishes for preventing dental caries in children and adolescents Cochrane Database Syst Rev. 2013 Jul 11;7:CD002279
doi:0.1002/14651858.CD002279.pub2

⁴ Walsh T, Worthington HV, Glenny AM, Appelbe P, Marinho VC, Shi X. Fluoride toothpaste of different concentrations for the prevention dental caries in children and adolescents. Cochrane Database Syst Rev. 2010 Jan 20;(1):CD007868. doi: 10.1002/14651858.CD007868.pub2. Review

⁵ Marinho VC, Higgins et al. (2003) Fluoride mouthwashes for preventing dental caries in children and adolescents Cochrane Database of Systematic Review. CD 002284

⁶ Valaitis R, Hesch R et al. (2000) A systematic Review of the relationship between breastfeeding and childhood caries. Can J Public Health; 91(6):p411-417

⁷ Burt PA, Pai S (2001) Sugar consumption and caries risk: a systematic review. J Dent Educ; 65 (10):p1017-1023

⁸ World Health Organisation (2005) Strategies and approaches in oral disease prevention and health promotion http://www.scielosp.org/scielo.php?pid=S0042-96862005000900018&script=sci_arttext

Oral health of adults

A local survey of adults Barking and Dagenham was carried out 2010⁹. The findings which are summarised below showed that the dental status and decay experience of adults living in Barking and Dagenham was similar or better than the average figures for the England.

- The possession of 21 or more natural teeth is used to define a minimum functional dentition to ensure good oral health. In Barking and Dagenham, 94% of adults had a functional dentition, compared to 91% in London and 86% in England
- 63 % were satisfied with the appearance of their teeth
- 54% had decayed teeth compared to 28% in London and 30% in England
- 20% had evidence of advanced gum disease compared to 10% for London
- 64% reported that they brush their teeth twice a day compared to 77% for London
- 50% attend for dental care only when in trouble compared to 35% for London
- 65% have NHS dental treatment, 20% private and 13% mixed

Clinical indicators of dental problems may not directly reflect the problems people experience. Several measuring tools have been developed to provide insights into the quality of life experiences of both patients and the general public. In Barking and Dagenham, 47% of adults who had their own teeth reported having experienced one or more oral problems that had an impact on some aspect of their life compared to 37% for London and 39% for England. The most frequently experienced problem was dental pain, followed by psychological impacts such as self-consciousness.

Oral health of older adults (65 years and above)

People are not only living longer but also retaining their natural teeth for longer into old age. Changes that can occur over time in the gum tissues expose vulnerable root surfaces to the oral environment and thus, potentially to the decay process. Therefore while older people are still at risk of dental decay, gum disease and toothwear, they are also at increased risk of developing root decay and oral cancer. The treatment needs of older people can be complex with systemic disease and medication compounding oral risk factors, such as dry mouth to make oral hygiene and treatment more difficult.

Studies carried out in older adults show that the main barriers to accessing dental services are low perception of need, poor general health and difficulty in travelling to a practice, cost or 'fear of cost', and characteristics of the dentist¹⁰.

⁹ ONEL Oral Health Needs Assessment, QMUL
<http://www.dentistry.qmul.ac.uk/research/Population%20Oral%20Health/Patient%20and%20Population%20Orientated%20Research/oral-health-needs/index.html>

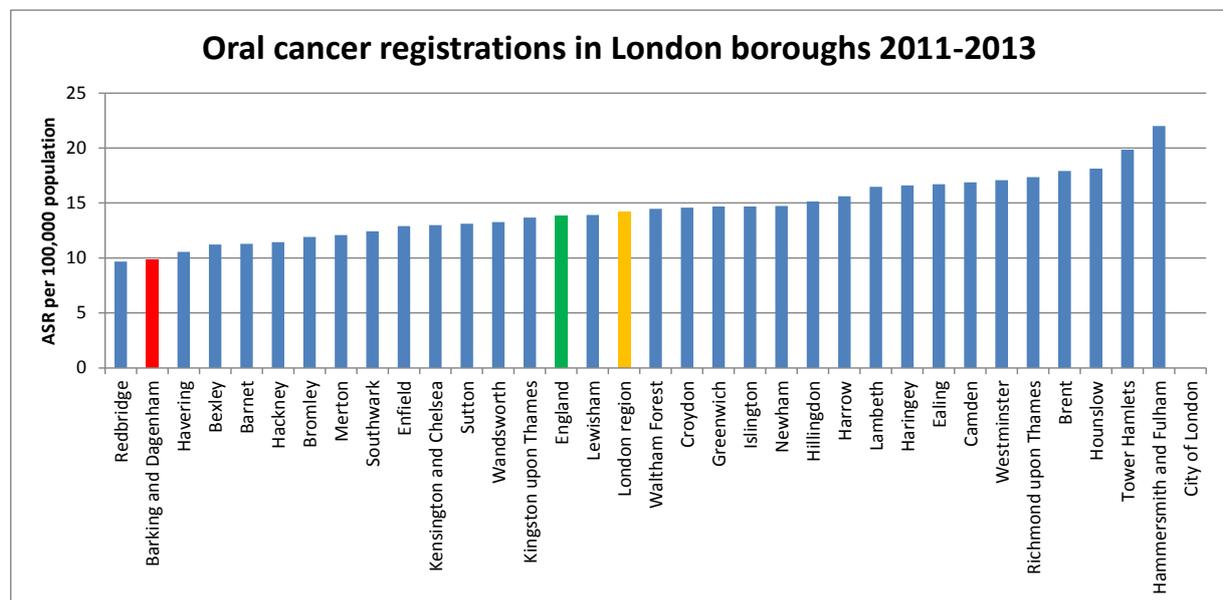
¹⁰ Elena Borreani, Desmond Wright, Sasha Scambler and Jennifer E Gallagher: Minimising barriers to dental care in older people **BMC Oral Health 2008, 8:7** <http://www.biomedcentral.com/1472-6831/8/7>

Oral cancer

Whilst people over 50 years are more at risk of developing oral cancer the incidence of oral cancer in younger adults has been increasing in recent years. Oral cancer is more common in men but rates in women are increasing. Alcohol consumption and smoking are both risk factors for oral cancer and these risks are multiplied together when both behaviours are present. Chewing tobacco which is a social habit in parts of the Asian community is also known to lead to oral cancer¹¹. Studies have shown that the Human Papilloma Virus (HPV) is also a risk factor for oral cancer.

Between 2011 and 2013 the age standardised rate per 100,000 population for oral cancer in Barking and Dagenham was 9.8 compared to 14.2 for London and 13.9 for England¹² (Figure 7.14.4).

Figure 7.14.4 Oral cancer registrations in London boroughs 2011-2013



Vulnerable groups

Vulnerable groups of society often experience poorer oral health and can have more difficulty in gaining access to primary care dental services.

Children with disabilities and those from vulnerable groups have poorer oral hygiene levels and higher level of unmet treatment. Whilst there is no local data a survey of the oral health of looked after children was carried out in a neighbouring London borough in 2014. The study found that 27% of 5-11 year olds and 19% of 12 -15 year olds had untreated tooth decay. Also, 37% of girls aged 12-15 had a tooth fracture

¹¹ Cancer Research UK (2013) <http://www.cancerresearchuk.org/cancer-info/cancerstats/types/oral/incidence/>

¹² Public Health England. Local tobacco control profiles 2015

<http://www.tobaccoprofiles.info/tobacco-control#gid/1000110/par/E12000007/ati/102/page/0>

compared to 6% of boys. The study identified that foster carers need more practical support and tailored services to support their role as primary care givers¹³.

People with a mental illness tend to have fewer teeth, more untreated decay and more gum disease than the general population.

Those in long term institutional care can be vulnerable. This includes older people in residential homes who are often dependent on others for their diet, personal care and access to health services.

Other groups also at risk are those who are socially excluded for example through addiction such as IV drug users, alcoholics, and lack of educational attainment, poverty, asylum seekers.

Adults and children with impairment or disability (including learning disabilities) that make diagnosis, experience or treatment of dental disease challenging are a special group at risk. Adults with learning disabilities living in the community have greater complex and unmet oral health needs than their residential counterparts and are less likely to have regular contact with dental services.

A local survey of adults with learning disabilities was carried out in 2010. The survey found that people with learning disabilities had more missing teeth, fewer filled teeth and more untreated diseased teeth than the general adult population surveyed. This suggests that, when they do access dental services, they are more likely to have teeth extracted rather than restorative treatment such as fillings or crowns. This demonstrates the need for earlier and more comprehensive preventive dental procedures. As a result of the findings, changes have been made locally to help improve oral health in people with learning disabilities. These include development of an easy read leaflet through user and carer consultation and focus groups, domiciliary check-ups for people for whom accessing a dental surgery is difficult and oral health training to carers including a DVD.

Effective Interventions for improving oral health in adults and older adults

- Encourage dental teams to give dietary advice in dental practice as this promotes good oral health¹⁴
- Encourage tooth brushing twice daily with a fluoride toothpaste in order to prevent dental decay and gum disease in adults
- Support behavioural interventions as they contribute to dental anxiety reduction and result in improved dental attendance in adults
- Support programmes using more innovative approaches than the medical/behavioural model as they have more potential for achieving longer-term behaviour changes. The use of tailored approaches based on active participation and addressing social cultural and personal norms offer longer-term changes in behaviour compared with simple one off interventions¹⁵

¹³ Vanessa Muirhead, Desmond Wright (2015). The 'Let's talk about teeth' dental health project of looked after children in Tower Hamlets. Local Authority Report.

¹⁴ Moynihan (2002) Dietary advice in dental practice .Br Dent J; 193:p563-568

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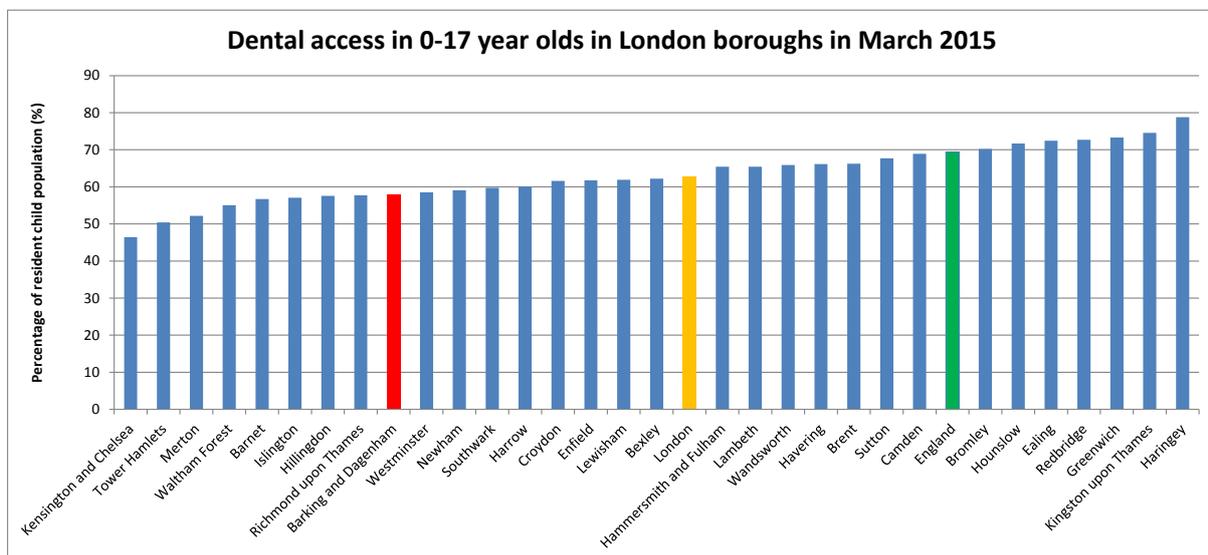
- Develop oral health promotion programmes combined with skills training for carers as this can benefit older adults¹⁶
- Encourage the use of high concentration fluoride toothpaste and fluoride varnish as this can prevent or reverse tooth decay in older adults¹⁷
- Encourage dentists to carry out opportunistic screening for oral cancer for adults who are at high risk¹⁸
- Encourage dental professionals to deliver tobacco cessation interventions as they may be effective in helping tobacco users to quit^{19 20}

Access to dental services

Barking and Dagenham has more dental capacity compared to London and England. There are 27 dental practices including community/special care dental clinics. In 2015 there were more dentists per 100,000 population (54) than London (51) and England (44).

In 2015, 58% of children resident in Barking and Dagenham accessed dental services in the previous 24 months, compared to 62.8% for London and 69.4% for England (Figure 7.14.5). Figure 7.14.6 also shows there was a steady decrease in the number of children accessing dental services between 2012 and 2014 but a slight increase in 2015.

Figure 7.14.5 Child dental access rates in London boroughs 2015



¹⁶ Public Health England (2014) Delivering Better Oral Health- an evidence based toolkit for prevention

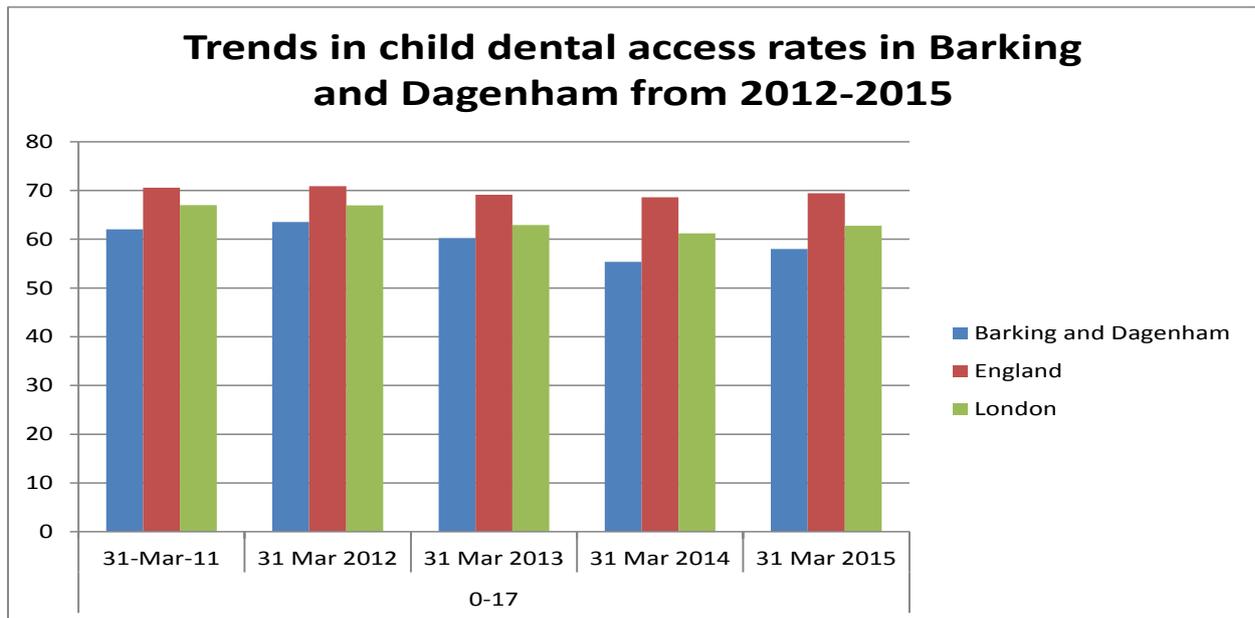
¹⁷ Ines N, Evans (2009) Caries prevention for older people Evidence Based Dentistry; 10(3):p83-87

¹⁸ Conway D (2006) To screen or not to screen? Evidence Based Dentistry ;7:p81-82

¹⁹ West et al. (2004) Smokeless cessation guidelines for health professionals Br Dent J .196 ;10:p611-8

²⁰ Public Health England (2014). Smokefree and smiling- helping dental patients quit tobacco

Figure 7.14.6 Trends in dental access for children in Barking & Dagenham London and England



Barking & Dagenham has the highest proportion of adults accessing NHS dental services among London boroughs. In 2015, 55.5 % of adults living in Barking and Dagenham accessed dental services in the previous 24 months compared to 46.1% for London and 52.2% for England (Figure 7.14.7). Figure xxx shows that the proportion of adults accessing dental services in Barking and Dagenham has remained the same over the past five years.

Figure 7.14.7 Adult dental access in London boroughs 2015

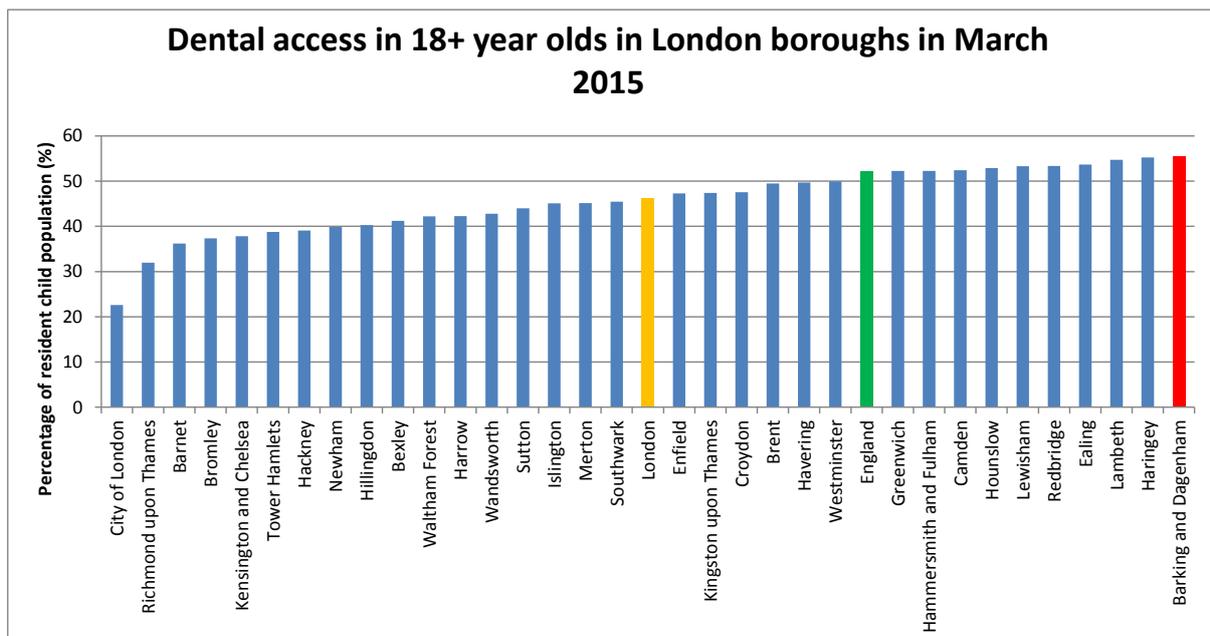
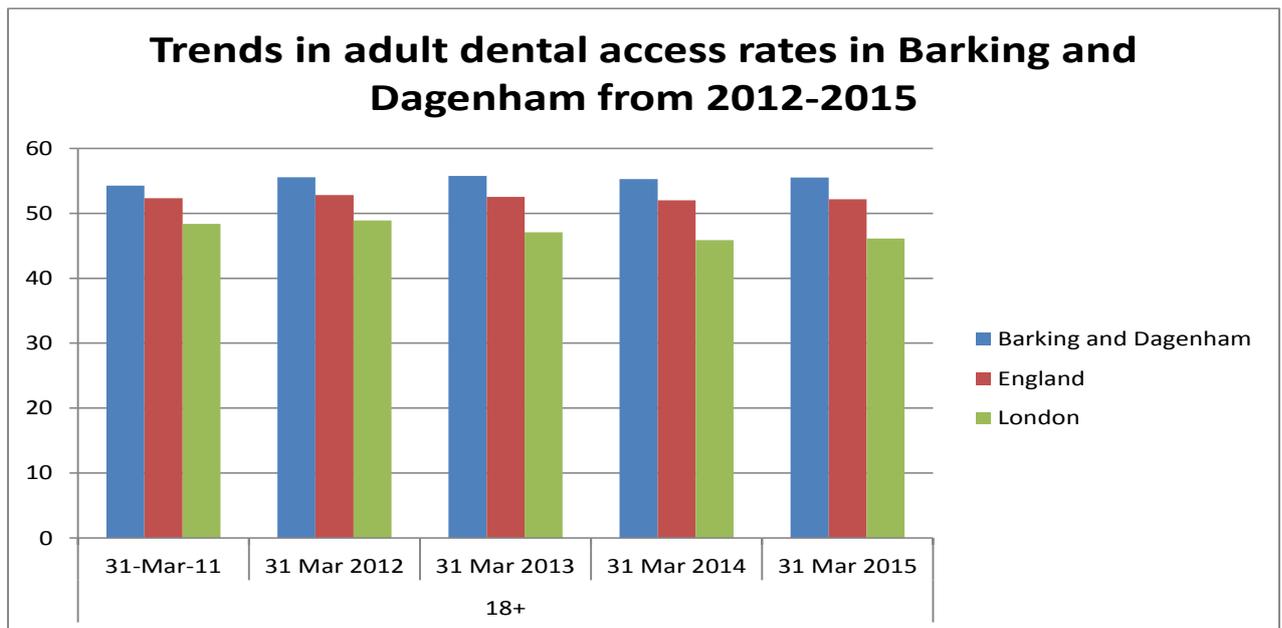


Figure 7.14.7: Trends in adult dental access in London boroughs 2014



There is very little variation in child and adult access rates in Barking and Dagenham Wards²¹. Approximately 12% of children and adults resident in Barking and Dagenham access dental services in other boroughs.

²¹ NHS Business Services Authority. Dental Statistics March 2015

Recommendations

To continue to develop and implement strategies to increase access to and uptake of dental services particularly among children, vulnerable people and adults with special care needs

To review and implement an oral health promotion workplan throughout the life course based on the key principles of '*Delivering Better Oral Health – evidence based toolkit for prevention*'. This could include exploring the provision of targeted supervised brushing and fluoride varnish programmes for children

To continue to commission training programmes for front line teams that create an awareness of oral health problems, effective interventions and promote self-care

To work with a number of partners including LBBD, Community Groups, NHS England, Public Health England, academia and local clinical providers to develop clinical networks and care pathways that will ensure that dental patients receive quality care and services appropriate to their clinical needs

The stop smoking service to enable dental professionals to deliver smoking and smokeless tobacco cessation

To continue to participate in the local and national dental survey programme to identify oral health needs and monitor trends in oral diseases