



AUSTRALIAN DENTAL ASSOCIATION INC.

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ADOLESCENT ORAL HEALTH – DENTAL HEALTH WEEK 2006

Oral health status of adolescents

Adolescent oral health is influenced by many things. Although regular brushing, flossing and rinsing are important, good oral health is also associated with broader social and economic determinants, as well as common risk factors such as diet, smoking, eating disorders and obesity.¹ This edition of the *National Dental Update* examines these common risk factors and explores their relationship with adolescent oral health.

Poor diet

Both male and female adolescents consume too much food that is high in fat, sugar and salt and do not eat enough food that is high in fibre and vitamins. A diet such as this contributes to poor oral health.^{2,3}

Dietician and nutritionist Rosemary Stanton argues that “adolescent girls in Australia have some of the worst eating habits of any group in the community. Some consume too many foods of poor nutritional value, while others try to eat as little as possible”.² Adolescent males are less likely to experience eating disorders, however, they often supplement their meals with snacks, consuming high quantities of food with poor nutritional value.^{2,4}

Eating disorders

Eating disorders – such as anorexia nervosa and bulimia nervosa – are psychological conditions with a core feature of self-evaluation of weight and a desire to be thinner. The typical onset for eating disorders occurs during late adolescence and early adulthood.⁷

Bulimia nervosa is particularly destructive to teeth. Repeated vomiting can result in severe erosion of the tooth enamel, as well as swelling and tenderness in the throat and salivary glands. Both anorexia nervosa and bulimia nervosa rob the body of vital minerals, nutrients and proteins that are needed for good health, including oral health.⁸

Soft drink consumption

Soft drinks are a popular choice of beverage among many Australians. Sales have risen by 30 per cent over

the past decade and during this period the size of many soft drink bottles has grown from a standard 375ml to 600ml. Large soft drink bottles contain 12-15 teaspoons of sugar.³ The frequent consumption of soft drinks is particularly bad for people’s oral health. Soft drinks that contain sugar can lead to tooth erosion and contribute to other health problems such as Type 2 diabetes and obesity.⁷

Obesity

Rising levels of obesity are associated with a poor diet and a lack of exercise. It is estimated that 23% of Australian children and adolescents are overweight, while 6% are obese. During the period from 1993-2003, the number of overweight children and adolescents in Australia doubled while obesity numbers tripled.⁸ As well as dental decay, obesity during childhood and adolescence heightens the risk of a number of other health problems including Type 2 diabetes, hypertension, cancer, stroke and cardiovascular disease.^{9,10,11}

Smoking

Research shows that many health risk behaviours that commence during adolescence continue into adulthood, challenging the notion that adolescents ‘grow out’ of such behaviours.¹² The take-up of smoking by adolescents illustrates this, as most long term smokers commence during their teenage years.¹³ As the May 2006 edition of the *National Dental Update* showed, there is a strong association between smoking and oral cancer, with over 2,000 deaths from mouth and throat cancer in 2003.¹⁴

The challenge of adolescent oral health promotion

The promotion of adolescent oral health is multifaceted. Good oral health is based on maintaining oral hygiene as well as many other factors, some of which have been examined in this edition of the *National Dental Update*. Each contributes to the overall health of adolescents and are increasingly being recognised for the impact they have on adolescent oral health.

For further information about adolescent oral health and the Australian Dental Association’s ‘Dental Health Week’, refer to www.ada.org.au/_DHW06.asp

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