

THE DENTAL HEALTH PROFILE OF AUSTRALIANS

The oral health of the Australian population is mixed. Many in the community enjoy good oral health, supported by timely access to high quality dental care. By contrast, others in the community suffer from poor oral health, spending excessive periods – sometimes years – waiting to receive basic dental care in our public system.

This edition of the *National Dental Update* will briefly examine the dental health profile of Australian children, the 18 to 25 age group, and adults.

Children

Dental decay has been estimated to be Australia's most expensive diet-related disease¹ and dental caries is the single most common chronic disease among children.²

The oral health of Australian children is generally of a high standard. According to the report by the Australian Institute of Health and Welfare (AIHW), *Water Fluoridation and children's dental health: The Child Dental Health Survey, Australia 2002*, children in Australia have better oral health than children in many other countries, due largely to fluoridated water. Of the 44 countries with comparable national data available, Australian 12 year-olds have the seventh lowest average number of decayed, missing and filled permanent teeth.³

Whilst Australians are doing well in the world stakes, locally oral health problems in children are still evident. In 2002, over 47% of six year-olds had cavities in their baby teeth. On average, for every six year-old child in Australia there were approximately two decayed, missing or filled baby teeth. At the same time, over 42% of 12 year-olds had cavities in their permanent teeth. For every 12 year-old in Australia, there was approximately one decayed, missing or filled permanent tooth.

Trends showing a decline in childhood oral health status were also reported in a national survey, *The Child Dental Health Survey, Australia 1999: Trends across the 1990s*.⁵ It was evident that decay rates of primary teeth (baby teeth) across children of all age groups increased during the period from 1996-1999, reversing the trend which saw a decline in rates of decay during 1991-1996. The trend since 1996 was most significant for five year-old children who experienced a 21.7% increase in decay during this period.⁶

18-25s

Today, there are an estimated 2.1 million 18-25 year-olds living in Australia. Young Australians are among members of the 'fluoride' generation who are enjoying greatly reduced tooth decay compared to previous generations. Decay rates in 15-24 year-olds have experienced a 46% reduction when compared to a person in the same age group in 1987-88.⁷ However, Australia's young adults seem to be riding a wave of optimism when it comes to maintaining their oral health, with only just over half reporting visiting a dentist over a 12-month period.⁸

Dr John Matthews, President of the Australian Dental

Association (ADA), says, "The impact of water fluoridation on oral health is significant when compared to previous generations. Just look at our Australian Olympic swimmers in Beijing. They had good quality teeth. Young Australians can now expect to retain all of their natural teeth across their lifetime. However, with this comes the need to maintain good, preventive oral health practices. Without a high standard of oral hygiene and a sensible healthy diet, even with the added benefits of water fluoridation, decay rates may again begin to rise."

Adults

Conversely, the dental health of Australian adults doesn't fare as well. Internationally, WHO (2006) ranks Australia 17th among OECD countries for adult dental caries; a relatively poor performance in light of Australia's much better performance on other leading health indicators such as life expectancy.⁹

Australia's dental generations – The National Survey of Adult Oral Health 2004-06, conducted by the AIHW, provides a snapshot of the current oral health in the adult population. The report showed members of the fluoride generation (those born since 1970) had about half the level of decay that their parents' generation had developed by the time they were young adults.¹⁰

The average number of teeth affected by dental decay ranged from 4.5 teeth per person in the 1970-90 generation to 24.3 teeth per person in the pre-1930 generation.¹¹


Groups among the adult population whose oral health is particularly poor include older people, Aboriginal and Torres Strait Islander peoples, people living in rural and remote communities and those with special needs. People who are disadvantaged by socioeconomic status also have fewer teeth, have more decay and are more likely to have no teeth at all. Recent research reveals this is the case.

A new report from the AIHW, *Oral health of adult public dental patients*, provides information on the oral health of adult public dental patients from 2004-07 and compares their oral health status with estimates for the Australian population from *The National Survey of Adult Oral Health, 2004-06*.¹²

The report has shown that public dental patients, as a group, suffer from poorer oral health related to their lower socioeconomic status and barriers to accessing dental services. Compared to the general Australian population, a higher percentage of public dental patients had fewer teeth. This pattern was observed in all age groups attending for general care, and for emergency patients 35 years and older. A higher percentage of adult public dental patients also had one or more decayed teeth compared to the general population. This pattern was observed regardless of patient age or type of care (i.e., emergency and general care).

Findings were presented on the percentage of persons with less than 21 teeth, prevalence of tooth decay and fillings, and gum disease by the age of patient and for emergency and general courses of care.¹³

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In light of these findings, the ADA once again advocates that the Commonwealth Government must provide targeted funding to improve access to dental care for financially disadvantaged Australians. While evidence suggests that dental health has improved, there is still a long way to go until Australia has the degree of dental health it deserves for a country of its wealth.

References

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