

ORAL HEALTH OF YOUNG ADULTS - DENTAL HEALTH WEEK 2007

The campaign for Dental Health Week 2007 will target Oral Health for Young Adults (18-25 year olds). Today, there are an estimated 2.1 million 18-25 year olds living in Australia and only half have visited the dentist over a 12-month period. Despite these young Australians being among the 'fluoride' generation and experiencing a 46% reduction in decay rates compared to 1987-88¹, lifestyle factors place this age group in a high risk category for dental decay. This edition of the *National Dental Update* examines the specific oral health needs of this target group.

Wisdom teeth

Wisdom teeth, named because they appear much later than other teeth, at an age where people are supposedly wiser than when a child, have an uncanny way of erupting at around the same time that people are planning their first overseas sojourn. Rather than risking a serious dental problem halfway around the world, the Australian Dental Association (ADA) recommends that along with packing a passport and getting travel vaccinations, young people should also get their wisdom teeth checked out before taking off.

Impacted teeth are a common problem experienced with wisdom teeth. Impaction may be due to soft tissues (i.e., gums) continuing to cover part or whole of the wisdom tooth or hard tissues (such as other teeth or bone), preventing the teeth erupting successfully into the mouth. Teeth that become impacted are generally more likely to cause problems.

It is not known why wisdom teeth become impacted but one theory suggests that as our diet has become more refined over time, the teeth in front of the wisdom teeth are surviving longer and not wearing as much.

A wisdom tooth that fails to erupt completely through the gum can result in the gum at the back of the wisdom tooth extending over the biting surface, forming a soft tissue flap or lid around the tooth called an operculum. A wisdom tooth covered by an operculum can be difficult to clean properly. Food and bacteria can easily accumulate under

the flap, which may cause an infection. This is a common problem in young adults with partial wisdom tooth impaction.

Untreated, infection can develop into a much more severe infection. Accessing dental care in another country can be expensive and difficult, and in some cases, the infection control requirements for overseas countries are far less rigorous than in Australia, making for less than optimal care.

Stress and impact on mouth

Anecdotal reports suggest an increase in young adults presenting with stress-related oral conditions, often timed with students sitting exams. Caffeine and energy drink-fuelled study sessions, poor diet and oral hygiene habits, fatigue and tension-related jaw clenching all contribute to the risk of stress-related oral health conditions.

Some of the more common stress-related conditions include:

AUG — which is an acronym for acute ulcerative gingivitis. This was also known formerly as 'Trench Mouth', as many soldiers in the trenches during World War I developed AUG. It is an acute and severe gum infection. Today, it is more

commonly seen in 18-30 year olds.

Dry Mouth Syndrome — also known as Xerostomia, Dry Mouth Syndrome refers to reduced saliva flow to the mouth, which leads to a 'dry' mouth. It can have an impact on oral health because of an increased susceptibility to dental cavities, which is why it is important to control this condition.

TMD — Temporo Mandibular Disorder is a musculo-skeletal problem centred in the jaw area. It is characterised by a diverse range of symptoms including headaches, jaw and ear pain. TMD can, amongst other things, be the result of grinding teeth and jaw clenching — both in themselves symptoms of stress.

For further information about young adults and stress-related oral conditions, signs, symptoms, treatment and prevention — as well as the ADA's 'Dental Health Week' — go to <http://www.ada.org.au/dhw/dhw07.aspx>



¹ Australia's dental generations — The National Survey of Oral Health 2004-06