

DocTalk

# Put teeth into oral healthcare management

Go beyond treatment to preventive efforts to root out decay that could cause severe illness



**Professor Patrick Finbarr Allen**

Our teeth serve the important function of chewing up food to aid digestion and also play a vital role in speech. But they are often considered more important for cosmetic reasons.

There is no doubt that having a nice smile is good for self-confidence and esteem.

I will always remember one of my patients who was so embarrassed about her discoloured teeth that she never smiled and kept her hand close to her mouth when speaking. Her unsightly teeth affected her life at work and at home, as well as greatly limited her social life, such as meeting friends or having romantic relationships.

However, good oral health goes beyond having a neat row of teeth or a great smile.

The state of your oral health – including that of your gums, tongue and mouth – can be an important indicator of, or even affect, the health of the rest of your body.

Increasingly, research is showing that oral diseases are linked to major chronic ailments, such as diabetes, heart disease and respiratory health.

For one thing, risk factors that cause chronic ailments can also lead to oral diseases. Examples include smoking and excessive sugar intake.

In addition, the treatment of chronic diseases can have adverse effects on one's oral cavity, such as reduced salivary flow. The converse is also true: patients with oral disease may have significant health problems elsewhere.

I have seen this phenomenon

many times over a 30-year career as an oral healthcare professional.

As a specialist in the replacement of missing teeth, I see many patients who have significant difficulty in chewing food.

One dramatic case was of a woman in her mid-60s who was referred to me by her family doctor after she lost nearly 10kg in three months. Having ruled out a medical cause, it transpired that her weight loss coincided with the extraction of a number of back teeth in the preceding few months.

She was advised to undergo extensive rehabilitation of her dentition with implant retained dentures. Gradually, her chewing ability improved and she regained weight.

**A GROWING PROBLEM**

Singapore has done well in dental care, with the dental health of Singapore children ranked among the best in the world.

The public health system has been providing affordable dental treatment to both young and old, and has been actively promoting good oral hygiene from a very young age through kindergartens and childcare centres.

The Community Health Assist Scheme (Chas) and Pioneer Generation Scheme provide subsidised dental care for adults.

Even so, a 2009 study by the National University of Singapore's Faculty of Dentistry found that although the country has one of the longest established water fluoridation schemes in the developed world, nearly half of its pre-school children are affected by tooth decay. This could be due to risk factors such as ethnicity, diets or even breastfeeding habits.

We will have a greater insight into the oral disease situation among Singaporean adults once the national adult oral health survey, which was commissioned by the Ministry of Health early this year, is completed next year.

More insights on such trends and habits are needed to help develop



population interventions to reduce the frequency of oral disease.

Untreated dental decay is the most prevalent non-communicable infectious disease in the world. And globally, gum disease is the sixth most prevalent non-communicable disease, and it has been associated with chronic illnesses like diabetes.

Both diseases may ultimately result in tooth loss. The World Health Organisation estimates that 30 per cent of people aged 65 to 74 worldwide have no natural teeth. Tooth loss leads to diminished nutritional intake, especially in older people, as they find it harder to chew nutritious food such as raw vegetables and fruit.

Poor diets lead to a lack of nutrients and illnesses such as osteoporosis, atherosclerosis and bowel disease, as well as the development of sarcopenia or the loss of skeletal muscle mass in old age, which contributes to frailty.

Over time, dental problems may accumulate and become more complex as patients are treated for discrete oral health problems.

**OPPORTUNITIES AND GAPS**

Oral healthcare has been focused on disease management for many generations, but this takes little account of the complexity and interplay of social, medical as well as behavioural risk factors.

There is insufficient local data to help us plan total oral healthcare, and not just dental care. The focus needs to shift from treating individuals to looking at oral diseases at the population level.

In January last year, Singapore's public health sector initiated its reorganisation into three clusters, down from six. These newly integrated clusters present

opportunities to conduct population-level studies more seamlessly. This will help to unearth deeper knowledge about local oral health trends and tease out the environmental, social and behavioural risk factors that are unique to Singapore.

Good oral health must start at an even earlier age or from birth so as not to allow "bad" habits to set in.

The fact that nearly half of pre-school children here have tooth decay despite having education programmes in place clearly indicates that efforts to raise awareness must be increased.

For instance, it is important for people to know that reducing sugar intake is not only about cutting out obvious sources such as sweetened drinks, but also

natural fruit juices and other hidden sugar sources.

Government oral healthcare schemes should also look at incentivising preventive efforts rather than focusing on the treatment of oral disease.

The next generation of dentists will need to be able to tackle the impact of ageing on oral health. They have to be better equipped to treat more patients with co-morbidities, as well as handle a wider range of patients, from the very young to frail, older adults.

Also needed is a more holistic model of healthcare where not only dentists, but also doctors, nurses, pharmacists and allied health professionals work together on oral health needs.

In line with this, closer

collaboration at the primary care level is required, so that patients can be referred appropriately from primary care doctors and nurses to oral healthcare professionals.

Ultimately, patients, parents and their children need to be better engaged and be empowered to take greater ownership in caring for both their teeth and oral health.

It's time to look beyond brighter smiles and towards healthier smiles for everyone.

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