

ORAL HEALTH IN ADULTS Fact Sheet

This section of the JSNA addresses the oral health of the local population of adults in Sutton.

Background

The main oral diseases are: dental caries (tooth decay), periodontal disease (gum disease), and oral cancer. The immediate causes of poor oral health are diet (sugars), smoking, alcohol, poor oral hygiene, which are largely influenced by the wider determinants of health. Dental caries is a prevalent disease and is considered to be a public health problem locally. Like other chronic diseases, dental caries is **preventable**.

Good oral health is important for an individual's general health and wellbeing enabling them to eat, speak and socialise without embarrassment, pain or discomfort. Poor oral health may cause pain, interrupted sleep, reduced nutritional intake and time off work or school.

There is evidence of inequalities in oral health, as well inequity in uptake of dental services; individuals from more deprived backgrounds tend to have poorer oral health and access dental services less frequently.^{1,2}

The Local Picture

Data on oral health of adults is not routinely collected. Regional estimates are available from the Adult Dental Health Survey (ADHS), which is conducted every 10 years.

The last survey conducted in 2009 showed that 31% of adults in England had dental caries in their crowns or roots of teeth, with variations in decay experience between socio-economic groups. Adults from professional occupational or managerial households had less decay experience than those from manual backgrounds.¹

Vulnerable Groups

a. Older people

With an ageing population, older people may suffer from systemic disease, which may impact on their oral health. Furthermore, people are retaining their teeth longer, with increasing prevalence of root caries and consequently may have more complex dental treatment needs. Older people may face barriers to accessing dental care including mobility difficulties, lack of transport, not knowing where to go for treatment, and cost of treatment.³

¹ Steele J G, O'Sullivan I. *Executive summary: Adult Dental Health Survey 2009*. London: Health and Social Care Information Centre, 2010.

² Dental Observatory. NHS Dental Epidemiology Programme for England Oral Health Survey of 5 year old Children 2012. Dental Observatory. 2012.

³ Fiske J, Gelbier S, Watson RM. Barriers to dental care in an elderly population resident in an inner city area. *J Dent* 1990; 18:236-42.

b. People with learning and physical disabilities

Lower levels of oral health have been demonstrated in people with learning disabilities, cerebral palsy, epilepsy, and multiple sclerosis.^{4,5} A wide range of both acute and chronic medical conditions can adversely affect oral health. These groups may also face difficulties in accessing services.

Sutton progress

The oral health promotion team provide a range of health promoting activities locally including oral health training and advice to staff working with vulnerable adults and parents.

There are 51 NHS dental practices in Sutton, which provide the majority of dental treatment in primary care. There are also NHS orthodontic practices and the Special Care Dental Service, which provides dental care for vulnerable groups.

What works

Desired outcomes: tackle oral health inequalities especially among vulnerable groups.

Evidence-based actions

- Adopting a *life course approach* embedding prevention and early intervention is the most cost effective way of tackling oral diseases.
- Dental diseases are generally chronic diseases and therefore adopting a *common risk factor approach* to tackle risk factors common to other chronic diseases is recommended.⁶
- *Integration of oral health* into general health and encouraging multi-sectoral collaboration between health, education, social care and local businesses.
- *Building capacity* by training of the wider professionals (health visitors, teachers, nurses, and care home staff) on oral health.
- Increasing the *availability of fluoride*^{7,8}
- Implementation of *healthy eating policies* in care/nursing homes to encourage healthy eating and nutrition:
 - Encourage breastfeeding and timely weaning to promote optimal nutrition and healthy eating habits from a young age⁹
 - Reducing sugar consumption.¹⁰
- Improving *access and quality of dental services*

⁴ Kerr M, Richards D, Glover G.(1996): Primary care for people with a learning disability — a group practice survey. *J Applied Research in Intellectual Disability* **9**: 347–352

⁵ Fiske J, Boyle C. (2002): Epilepsy and oral care. *Dental Update*; **29**: 180–187

⁶ Sheiham A, Watt RG. The common risk factor approach: a rational basis for promoting oral health. *Community Dent Oral Epidemiol.* 2000 Dec;**28**(6):399-406

⁷ Marinho VC, Higgins JP, Sheiham A, Logan S. Fluoride toothpastes for preventing dental caries in children and adolescents. *Cochrane Database Syst Rev.* 2003;(1):CD002278

⁸ Marinho VCC, Worthington HV, Walsh T, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. 2013

⁹ Rogers J. Evidence-based oral health promotion resource. 2011. Prevention and Population Health Branch. Government of Victoria. Department of Health Melbourne.

¹⁰ Moynihan P, Kelly S. Effect on Caries of Restricting Sugars Intake. Systematic Review to Inform WHO Guidelines. *Journal of Dental Research* 2014, **93**; 8-18

Links to further information

1. Health Profile Sutton: <http://fingertips.phe.org.uk/profile/health-profiles>
2. Adult Dental Health Survey 2009: www.hscic.gov.uk/pubs/dentalsurveyfullreport09.

Priorities for Sutton

- To address oral health inequalities with upstream and downstream actions
- To develop an oral health promotion strategy, which Integrates oral health into health promotion programmes and policies tackling obesity, cancer, cardiovascular disease

Older people and vulnerable groups

- Link with nursing and care homes working with vulnerable groups by providing training to staff, and oral health advice
- Ensure that vulnerable groups have an oral health assessment as part of their general health assessment and an ongoing oral health care plan
- Collaboration between health and social care to improve uptake of dental services among residents in nursing and care homes as well as vulnerable groups
- Implementation of healthy eating policies in nursing homes, care homes and homes for vulnerable groups, especially reduction of sugary foods and drinks
- Increasing the availability of fluoride

Dental Services

- Liaise with dental commissioners in NHS England, local NHS dental practices, the local dental committee to improving quality of dental services in primary care, by ensuring that the policy of **Making Every Contact Count**¹¹ in which health professionals attempt to deliver health promoting advice at every opportunity.

¹¹ Public Health England. Making Every Contact Count (MECC): practical resources. April 2016. <https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources>