

## Survey of toddlers' teeth shows ticking time bomb

October 6 2014, by Andrew Gould

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The first ever survey of oral health in three-year-olds in England has been conducted by Public Health England, which released its report this week. It made shocking reading – some 12 per cent of toddlers across the country were reported to have experienced dental decay.

On average, these children had more than three of their 20 primary [teeth](#)

decayed, missing or filled.

In the South West, three regions – North Devon, Torbay (both 13 per cent) and Torridge (15 per cent) – had results that were higher than the national average. The best recorded result for our region was East Devon at four per cent.

While the figures showed that, in actual fact, there has been an improvement in dental health since the introduction of [fluoride toothpaste](#) in 1976, the modern diet which is high in [sugar](#) is taking a toll on our children's teeth.

Tooth decay is caused by consuming too many sugary foods and drinks too often, and is exacerbated by poor attention to oral hygiene and health. We know that if sugar is reduced in the diet, and children brush their teeth at least twice a day (once before bedtime) using a fluoride toothpaste, the risk of tooth decay is reduced.

An aspect of paediatric [tooth decay](#) identified by the Public Health England report was 'Early Childhood Caries'. This affects the upper front teeth and can spread rapidly to other teeth – it is related to consuming sugary drinks in baby bottles or sipping cups. Early Childhood Caries can be avoided by giving only breast milk (or infant formula) and water as drinks to infants under 1 year of age. Full fat cow's milk and water are suitable drinks for children over the age of one year, and from age two, semi-skimmed milk can be given if your child eats well. All types of fruit juices, squashes and fizzy drinks are best avoided completely in this young age group. However if fruit juice is given it should be diluted with water and given in a free flowing cup with a meal.

The reaction to the report was, unsurprisingly, one of shock, with questions asked about what more could be done to protect the health of

our children's teeth.

Conversely, questions were also raised about the importance of the findings of the report, with some arguing that if children are going to lose their primary teeth anyway, why the fuss?

The answer to that is several-fold and easy: having a tooth filled or extracted is no fun if you're an adult, but for children it can be a difficult experience which may involve a general anaesthetic – with all the risks that brings. In addition, infection or decay in milk teeth can have a negative impact on the formation of adult teeth.

Too many children are having to have teeth extracted. Shocking figures from the NHS earlier this year revealed that having teeth pulled is the most common reason why children are admitted to hospital. Figures from the Health and Social Care Information Centre show that for the year beginning April 2013 more than 25,000 children aged between five and nine were admitted to hospital for dental treatments. Put into context, the next most frequent condition for the hospitalisation of children in this age group was tonsillitis at more than 11,000.

In line with recent reports on diet and wider health, sugar was identified as the villain of the piece. According to some figures, the average Briton consumes an astounding 238 teaspoons of sugar a week – that's more than one kilo. But if you asked the majority of the population how much sugar they ate the amount would be much lower: this is because so much of our western, processed diet contains hidden sugar.

And it's not just in the obvious culprits, such as fizzy drinks and confectionery. Sugar is lurking in any number of seemingly innocuous everyday foodstuffs, such as salad dressings, peanut butter, breakfast cereals, bread, pasta sauces – the list goes on. Recent reports have highlighted smoothies and juices which, previously, had been accepted

as legitimate contributors to a healthy 'five a day'. This is due to the release of natural sugars during the juicing process which damage teeth and, because they are so highly concentrated, contribute to our high calorie intakes.

Over the past week, more and more health commentators shared their knowledge and experience in the media, there has been growing concern about how well some sugar is hidden in what we eat.

So much of how we might protect our children's teeth is down to lifestyle, and embedding good habits early on. Anyone who has raised toddlers will know that this is easier said than done, and as experts and dental clinicians we are aware of that and are keen to provide advice and strategies that will help – it's all about support, not finger pointing.

So, what can parents – and grandparents – do?

Sugary and acidic food and drinks are bad for children's teeth, no argument, and especially if they are consumed between meals. If a child must have a sugary drink, it is always best drunk with a healthy meal. Young children often need snacks, but it is worth trying tooth-friendly snacks such as cheese, fruit and vegetable sticks, breadsticks or rice cakes.

A popular snack for youngsters is dried fruit but, like juice and smoothies, these contain higher concentrations of sugar than the fresh version. They also have a habit of sticking to teeth, giving more opportunity for the sugar to cause damage.

It is recommended that children never have sugary food or drinks just before they go to bed, and if they have cleaned their teeth they should only drink water.

Getting children to brush their teeth properly can be a battle, but there are strategies around to encourage even the most reluctant young brusher.

Children should brush their teeth for two minutes twice a day, and one of those sessions should be before they go to bed. A fluoride toothpaste should be used, and for very small children a smear is fine, building up to a pea-sized blob as they get older. Adults and children over three years of age need to use a toothpaste with a fluoride level of 1350ppm to 1500ppm (parts per million) and this is printed on the packaging.

A small toothbrush is recommended, and children should be encouraged to brush round their teeth in order so they don't miss any. A great way to achieve this is for a parent and child to brush their teeth at the same time. Toothbrushes should be replaced regularly – amazingly, a three-month old toothbrush is 30 per cent less effective at removing plaque than a new one.

Make sure your child is gentle as they brush so they do not damage their gums, and when they have cleaned their teeth they should spit and not rinse – toothpaste continues to work for hours after teeth are brushed, so if it is rinsed away it will not give the same protection.

There are ways to make brushing fun. At our Dental Education Facilities in paediatric clinics, and when our staff and students go out to schools, we recommend all manner of activities, from singing songs while you brush, listening to favourite songs, introducing a sticker system for good brushing, and even downloading one of a growing number of superb and inventive tooth brushing apps.

The involvement of an adult in helping children brush their teeth is paramount – it is recommended that children have help cleaning their teeth until they are at least seven years old.

Regular dental check-ups with a dentist are vital, and it is never too early for a child to visit the dentist. Ideally, this can be from the moment they start to grow their first teeth.

Thankfully, paediatric dentistry has come on in leaps and bounds, and dental surgeries are now much more child-friendly than they were in past generations. Effective communication alongside excellent clinical standards help to dispel anxiety and fear in the majority of anxious child patients. This in turn will encourage them to become life-long, enthusiastic and regular dental attendees.

It is also worth remembering that dental treatment for children is free of charge.

A visit to the dentist can be fun and pleasant and need not be a frightening or unpleasant experience for a child. There are things that parents or grandparents can do to help the process.

Always be honest with the dentist. If your child has a real problem, let them know in advance so they can prepare an appropriate environment and treatment plan. Ask the dentist if you can visit without a treatment, so that your child can get to know him or her, meet the rest of the treatment team and get to know the environment

Be positive about the visit – often a parent's anxiety will translate to a child. Ask the dentist if you can take a favourite toy or music, and agree with the dentist a way to indicate that treatment should stop, or if you think there should be a break in the treatment.

If you are the child's grandparent, or some other family member, talk to the dental team about how best to provide consent for treatment if a parent is not present.

We have a duty of care to ensure that our [children](#) benefit from healthy teeth and gums. The factors that influence this – diet, oral hygiene and visits to the dentist – all lie in the power of adults to ensure that the right things happen. As a nation, our oral health has improved compared with previous decades, but there is a lot more to do – 12 per cent is still a concerning percentage.

Provided by University of Plymouth

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