

Young adults with caries can improve their oral health

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Young adults with extensive caries disease often have a high propensity for risk in terms of oral health. At the same time, with the right support and treatment, they can modify their unhealthy behaviors. A thesis at the

University of Gothenburg describes the challenges involved in helping patients in this vulnerable category.

In Sweden, oral health has improved markedly over the past few decades. Most people's oral health is now good; but this favorable state is unevenly and inequitably distributed. Certain groups bear a significantly heavier burden of disease, associated with socioeconomic and other factors, than the majority.

Jennie Hagman, whose day job is as a practicing dentist in hospital orofacial medicine within Gothenburg's Swedish Public Dental Care services, defended the present thesis in the subject of odontological psychology and [public health](#) at Sahlgrenska Academy, University of Gothenburg. In her thesis, she describes the vulnerability of the young adult age group (aged 18–25).

Many of them move away from home, get a job, and become responsible for their own finances and health. At the same time, they start having to pay for [health care](#)—when it comes to [dental care](#), from the year of their 24th birthday. Infrequent dental consultations, a high-sugar diet, and smoking make up a poor but not unusual mix among [young adults](#) with caries disease.

Immediate positive effect

Hagman's thesis is based on a study in Region Västra Götaland comprising 135 young adults with a high incidence of caries. They were all given standardized oral health information in public dental care within the framework of the study, and half were assigned by chance to receive treatment from a psychologist as well.

The form of therapy concerned is known as Acceptance and Commitment Therapy (ACT). The treatment consisted of identifying the

value of good oral health to the patients and training them in mental skills, such as acceptance. These are skills that may help them establish new, more salubrious oral health habits.

In the group receiving ACT, an immediate impact on health behaviors was evident: their tooth-brushing improved, and their use of floss, toothpicks, and fluoride increased. The control group's behavior changed too, but less so.

A follow-up study showed that those receiving ACT treatment improved their oral health most, although the amount of plaque and gingivitis did not differ significantly between the two groups. The results also indicate a dividing line between women and men: Supplement with ACT treatment seems to have been more efficacious for female oral health.

Discussion of new methods

Dental care services have traditionally attempted to influence patients' oral-health-related behavior by providing information about the causes and progression of oral diseases, and by advising patients on what they need to change if they are to maintain or improve their oral health.

Over the past few decades, the efficacy of this approach has been called into question, and other methods of addressing these problems have been sought. Hagman's thesis is highly germane to the discussion.

The results demonstrate the scope for direct behavioral modification and improved oral health in a group of young adults with extensive caries problems. Their willingness to undergo psychological treatment intended to impact their behavior is also in itself a boon.

"These findings show that there's a need to develop effective methods and techniques to promote oral health, and that theory-based methods

aimed at modifying people's behavior can potentially enhance [self-care](#) and [oral health](#) alike," Hagman says.

More information: Thesis: hdl.handle.net/2077/72051

Provided by University of Gothenburg

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