

The impact of dental caries on the oral health: Oral health and access to care under siege during COVID-19

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A good oral hygiene routine, regular dental check-ups and a healthy lifestyle are crucial for protecting oral health and maintaining general health. Oral diseases, if left untreated, not only impact the mouth, but can also impact every aspect of life. The COVID-19 pandemic has severely impacted oral health around the globe: in addition to fueling unhealthy eating and drinking habits[1], the pandemic has also severely disrupted dentistry services and access to care. During the pandemic, tobacco, alcohol, and processed food and drink companies have been pushing their products, which are detrimental to oral health. Ultra-processed food such as sodas have been used to brand COVID-19 testing. The continuing operation and long-term survival of many dental practices is also threatened by the economic and social challenges arising due to care restrictions, practice closures and shortages of personal protective equipment (PPE), as well as the need of investing in new types of PPE and technology. Studies[6] [7] have shown that there is a significant change in the distribution of dental problems and the patient's willingness to seek dental care. While this could result in increasing numbers of late dental complications and untreated dental emergencies, it is also contributing to a rise in home dental remedies, or "DIY dentistry." According to Dr Armstrong, "whenever access problems emerge, people with toothaches take matters into their own hands". Poor oral health impacts a great deal on the quality of life of children, adults, and the aged. It affects children nutrition, growth, and development as well as attendance at school. In adults, routine daily activities may be disrupted leading to considerable economic loss. [1,2] Good oral health is beyond good dentition; it includes absence of pain, diseases, or any disorders of the dentofacial region and oral cavity.[3] Dental caries and periodontal diseases are the major oral health problems and indicators of oral health burden all over the world. [4,5] Although the prevalence of dental caries varies worldwide, it is believed that the disease has a high prevalence, wide geographic spread, and graded severity.[2,4,5]

The impact of the disease on the economy and the quality of life of people make it a health condition of public interest.[5,6] Recent epidemiological reports suggest that there is resurgence in the scourge of dental caries in the developed countries, where the disease had hitherto been significantly controlled.[1,7] In the developing countries, however, studies have consistently shown that the burden of oral diseases such as caries and periodontal diseases is increasing.[8] Dental caries is age related and literature suggests that caries incidence had three peaks: At about age 7 years for coronal decay of the primary dentition; at about age 14 years for coronal decay of the permanent dentition; and at about age 30–40 years for root surface decay.[9] Bacterial plaque has been implicated in the aetiology of dental caries and periodontal diseases. It is believed that good oral hygiene practices will to some extent help in the control of these major oral diseases.[9,10] Before effective strategies for oral health care and prevention could be designed, epidemiological data on major oral diseases is most necessary.[11,12]. There is paucity of reports relating to community-based epidemiologic studies on oral health status of adults in Nigeria particularly, those residents in the south-south region of the country. The World Health Organization (WHO) recommends epidemiological studies on 35–44 years and 65–74 years age groups due to their relevance in describing and analyzing the cumulative damage of caries on people's oral health over the years.[6] Information from these adult population groups is also used to generate evidence on final outcomes of dental care delivered to people during their entire life cycle.[13] This study was therefore designed to determine the prevalence of dental caries and partial edentulism among adults in a community-based outreach program in Port Harcourt, Nigeria. It also assessed the oral hygiene status and restorative care of the participants. Gender is a major determinant of oral hygiene status. The result of this study showed that females had significant better oral hygiene status than males.