the burden of oral disease

Adolescents

Oral Disease in Adolescents

Adolescence is a time in life that is full of changes. It is also a very important time to consider oral health. Adolescents frequently suffer from dental caries (tooth decay), especially if proper oral health care was not received throughout childhood.[1–2] Nationwide, 58.2% of 12-19 year olds have caries experience in their permanent teeth.[3] If left untreated, caries can lead to pain, infection, and a decreased quality of life.[4]

Adolescence is also a time when periodontal disease can begin. Hormonal changes, along with a lack of good oral hygiene habits, can result in gingivitis.[2] Gingivitis is inflammation of the gums, causing redness and bleeding.[1] Periodontitis, a serious condition in which bone around teeth is lost and ultimately may result in tooth loss, can also begin in late adolescence.[1,5]

Risk and Protective Factors for Oral Disease in Adolescents

There are many new risk factors for oral disease that are introduced in adolescence. One of these risk factors relates to dietary practices. Frequent consumption of sugary snacks and beverages, especially between meals, can increase an individual's risk for dental caries.[6] In 2011, 80.3% of Iowa high school students reported drinking at least one soda in the past week and 28.1% reported drinking at least one soda every day.[7]

Adolescence is also a time when some may begin experimenting with tobacco products. According to the 2011 Youth Risk Behavior Survey, 18.1% of Iowa high school students reported smoking and 6.1% reported using chewing tobacco, snuff, or dip.[7] Tobacco use increases the risk for oral cancers and periodontitis.[1] Additionally, smokeless tobacco use can increase the risk for oral lesions and cancers of the lip, cheek, and tongue.[8] The oral health of adolescents can also be impacted by injuries from participating in sports or other athletic activities.[1–2] Oral-facial injuries can be avoided by wearing helmets, mouth guards, and other personal protective equipment.[1]

Finally, adolescents may be at risk for oral disease as a result of participating in risky sexual activity.[8] In 2011, 33% of Iowa high school students reported being sexually active.[7] Oral human papillomavirus (HPV), which can be acquired by participating in high risk sexual activity, is a risk factor for oropharyngeal cancers.[1,8]

While many risk factors are present at this time in life, there are also many ways to prevent oral disease. Limiting sugar consumption, especially in beverages such as soda pop and sports drinks, reduces decay risk for this age group. As is consistent across the lifespan, adolescents can also receive protection from tooth decay through fluoride. This can be achieved through drinking fluoridated water, using fluoridated toothpaste, and receiving a fluoride varnish application by a dental provider.[2]

It is also important that adolescents receive routine dental care and practice proper oral hygiene techniques such as daily brushing and flossing.[2] Additionally, adolescents with a high caries risk may benefit from the placement of sealants.[2]

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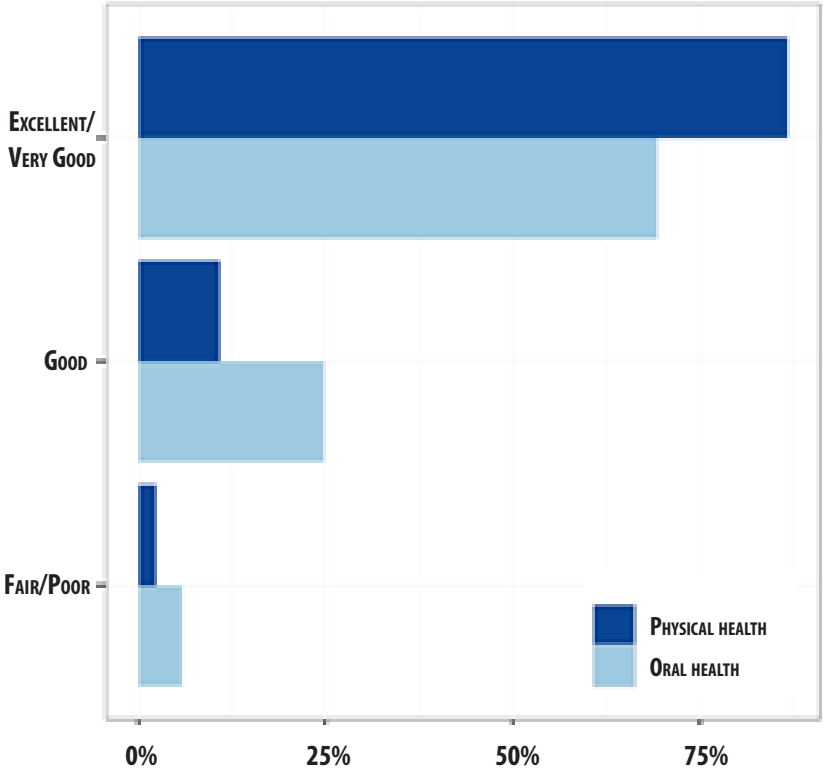
How is Iowa Doing?

The 2010 Iowa Child and Family Household Health Survey asked parents to report when their children were last seen by a dentist. For parents of 14-17 year olds, 90.2% reported that their adolescent had a dentist visit in the past year. Despite this high number, 5.8% reported that there was a time in the last year when their adolescent needed dental care but could not get it. The most commonly cited reasons for this were that they could not afford the care, had no insurance, or insurance coverage was inadequate.[9]

The National Survey of Children's Health also records information on Iowa adolescents. According to this survey, 69.3% of Iowa adolescents (12-17 years) have teeth that are in excellent or very good condition, 24.8% in good condition, and 5.9% in fair or poor condition. This survey found that although many Iowa adolescents have excellent or very good oral health, a much higher percentage reported having excellent or very good physical health (86.7 %).[10] There is still work to be done to ensure that Iowa adolescents achieve excellent oral health.

Adolescent's Oral Health and General Health



Source: National Survey of Children's Health 2011-2012
Includes parent rating of their adolescent's (ages 12-17) general health and oral health status.

What is Iowa Doing?

In 2007, a bill was passed by the Iowa legislature that requires all students entering kindergarten and ninth grade to have a dental screening. Including ninth graders in this requirement provides an important opportunity for oral health intervention during this time of increased risk. It can also facilitate the development of proper oral health habits prior to adulthood. For the 2014-2015 school year, 63.7% of ninth graders complied with this requirement. Of these adolescents who provided valid certificates of dental screening to their schools, 13.1% required dental care and 1.3% required urgent dental care.[11]

Healthy People 2020 has set a goal to increase the proportion of low income children and adolescents that receive preventive dental care. In Iowa, the Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) program helps assure that Medicaid-enrolled children from birth to age 21 have access to comprehensive health services (including dental care). In 2014, 19,557 adolescents 15-18 years received a preventive oral health service through this program.[12]

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Fact sheet references and additional information can be found at https://idph.iowa.gov/ohds/oral-health-center/reports