

HKU Faculty of Dentistry calls for organised dental care scheme for all secondary schools

Hong Kong does not have, but needs, a citywide organised dental care service for secondary schools, a team from the HKU Faculty of Dentistry has concluded after tracking oral health throughout school life.

The team, from the Discipline of Dental Public Health, found that dental health and gum health worsened considerably as local secondary school students got older and entered adulthood. In addition, visiting a dentist depended on household income. The researchers relate their findings to the fact that Hong Kong's government-funded primary-school dental care service ends at age 12 years, after which there is no similar secondary-school service. Because more than 80% of the city's dentists offer only private care, they add, visiting a dentist depends largely on ability to pay, explaining the current "inequality in access to dental care among the adolescents in Hong Kong".

To track local adolescents' oral health, the researchers first randomly selected 638 children from 18 secondary schools who had participated in a 2001 government oral health survey at age 12. Oral health checks were performed at ages 15 and 18, and students were asked if they had visited a dentist between the follow-ups. Parents were also asked about their monthly household income and educational level.

For the 221 students who attended all follow-ups and had complete study information, the average number of decayed, missing, or filled teeth rose significantly, from 0.62 at age 12 to 1.52 at age 18. The proportion of students who had hardened dental plaque (calculus) or shallow gaps (pockets) between gums and teeth also rose significantly, from 58% at age 12 to 96% at age 18.

Statistical tests showed that a student's earlier dental and gum health predicted later health—that is, oral health at age 12 was associated with that at age 15, which in turn was associated with that at age 18. Having visited a dentist was directly related to dental but not gum health status. Because gum disease is often minor and not obvious among adolescents and young adults, the latter result reflects both patients' and dentists' current emphasis on treatment rather than prevention, the authors suggest.

Furthermore, parental income was directly linked to the likelihood that students visited a dentist at age 12 to 15, which in turn was linked to the likelihood of visiting a dentist at age 15 to 18. In contrast, parental education did not affect dental visits.

Although no other health-related behaviours were studied apart from dental visits, the authors conclude that experiences of oral disease and oral care "accumulate" throughout life, but costs and ability to pay for visits are obstacles to obtaining dental care. Because financial background "contributes to a difference in oral health" of adolescents, the authors call for a citywide organised dental care scheme for secondary schools that also includes recall visits and preventive care.

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