

Winning the Battle, Losing the War

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At a recent lunch with a young colleague of mine, Dr. Polly Anna, who graduated from our school, we contemplated the status of preventive dental care in California and, to a lesser extent, in the nation. She proposed a theoretical construct for a dental health care system. Imagine a world where all pregnant women had access to good prenatal care early in their pregnancies. This would translate to good health assessment of the mother, scheduled physician visits, proper nutrition, cessation of noxious habits, prenatal vitamins, and, when indicated, prenatal fluoride.

Following a normal delivery, her infant would have an acceptable birthweight and be able to pursue appropriate well-baby pediatric care, immunizations, and monitoring. It would have a proper diet and live in a fluoridated community. The mother or father would teach the child good oral hygiene habits, and it would have a dental visit with the eruption of his or her first tooth or by its first birthday. Pit and fissure sealants would be applied to those teeth at risk for caries. The mother would not feed the baby cariogenic foods, nor would the child be put to bed with a bottle.

This is a child who would grow to have a good complement of teeth and be free of carious lesions and periodontal disease. All that would be needed from the dental community is a primary care dentist — pediatric or general, an orthodontist for malocclusions, and an oral and maxillofacial surgeon for impacted teeth. Utopian? Not really. This is achievable and occurs in large sections of our population.

The Centers for Disease Control and Prevention issued a recent longitudinal study that reported a comparative analy-



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sis of dental disease for two time periods in the last 20 years.¹ There was encouraging news about the ability of dentistry to prevent and treat oral diseases. Tooth decay in permanent teeth in children and adolescents decreased in the later time periods. Pit and fissure sealant use was up. Periodontitis was decreasing in all populations regardless of age. Edentulism declined as people took better care of their teeth. That is the good news.

The data was not all positive. Two areas had negative implications for dental health: The first was the percentage of adults who visited a dentist within the previous year had declined. One could argue that with improving decay and periodontal disease rates, a decline in dentist visits is of minimal consequence. This is fallacious reasoning in that the lack of adequate visits could be a harbinger of future increased in disease.

More troubling is the fact that decay prevalence in primary teeth has increased. The issue is magnified in groups with racial and ethnic disparities, as well as for the impoverished. The reasons for this increase in this young population are speculative. For a subset of our people, this is not the situation. Many communities still have no access to good prenatal care. Fluoridation, while improving markedly in the state is not universal. Bottled water that is so predominant

in our culture today is not fluoridated. Low birthweight and sickly children are still being born with numerous medical maladies. Childhood obesity is becoming a national problem. Access to dental care is less than optimal in many areas of our state. Cultural values do not always value good nutrition, proper oral care, or even routine visits to health care providers. There is still plenty of dental disease to be treated. That is the bad news.

A friend of mine used to tell me dentistry is the only profession that would like to put itself out of business. Hyperbole to be sure, but if one considers the overarching emphasis in our education and patient care on prevention of disease, there is a significant truth in this idea. We hope that dental caries and periodontal disease could be eliminated by good health practices throughout all communities. Even with that, the need for dentists to repair the damage already done, or to replace dental restorations that have outlived their useful lives, would be great. All of us, and likely another generation of dentists, would still be able to practice a full and prosperous career. Nevertheless, we would love to see new disease in our children and young adults abate to miniscule levels.

This early increase in caries rates needs to be addressed if we are to continue to see improvement in dental health. School

screening legislation in California, along with the training of general dentists to become comfortable with pediatric care, are two extant solutions. Others need to be developed in cooperation with schools and community resources.

It is not correct professionally to suggest that it is only deciduous dentition that is affected, and this is not an issue. The problem is real and it may be a harbinger of decreasing ability to control disease. Do not be lulled into a false sense of security. We may appear to be winning the battle against dental disease, but we could be losing the war for the next generation. ■■■■

REFERENCES

1. Dye BA, Tan S, et al, Trends in oral health status: United States, 1988-1994 and 1999-2004. National Center for Health Statistics. *Vital Health Stat 11* (248)1-92, April 2007.

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