



Dr. Darryl Smith

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Are We Going Backwards With Prevention?

I glance at the day sheet on a typical morning in my office. Two similar entries jump out at me: “New patient – exam – possible referral for GA.” My worst fears are realized when I see the young patients: “Diagnosis – rampant gross decay of the primary dentition.” After nearly 30 years in a general rural practice you would think I would be used to this, as treating dental decay has always been a major part of my practice. However, there appear to be changes in the etiology, frequency and extent of dental caries, in addition to patient management challenges.

I am not alone in thinking this. One of the privileges of being president of CDA is the opportunity to speak with colleagues from all corners of the country. With few exceptions, there is agreement on the subject of dental caries: more young children have early childhood caries, school-age children frequently have interproximal caries, and root caries is becoming a significant problem among seniors.

Recent science supports these concerns. The U.S. Centers for Disease Control and Prevention released a report in April that shows decay rates in young children are increasing significantly. Australian studies show similar trends in adolescents. Unfortunately, we do not have access to comparable Canadian information, although that is about to change. The Canadian Health Measures Survey is now underway, with the data expected to be released in late 2009. Some sobering statistics from an independent study show a rate of at least 1 untreated cavity per person, which could mean more than 32 million decayed teeth. Put another way, that would represent approximately 1,745 teeth to be restored by each dentist in Canada.

My expectation is that the data will support what our colleagues in the United States and Australia have found. Is the profession ready and able to respond to data that will likely show

that dental decay and periodontal disease are far from being beaten or controlled? We are more aware than ever of the relationship between oral health and general health. Increased prevention and treatment of oral disease will create better outcomes for other systemic diseases and result in overall wellness.

Despite a media- and market-driven portrayal of dentistry as a profession focused on esthetics, the reality is that disease treatment and prevention continues to be the cornerstone of most dental practices. Significant changes in the area of prevention, which used to be what separated dentistry from other professions, is likely a major reason for the increase in dental disease.

Public oral health programs such as sealant application and fluoride rinse programs, oral health screening and preschool tooth brushing clinics have disappeared in most jurisdictions. Water fluoridation, despite continued scientific backing of its safety and efficacy, is under scrutiny. In many cases the most vulnerable, such as those in First Nations communities, do not even have access to safe drinking water, let alone fluoridated water. The trend of drinking bottled water, or worse, carbonated and sweetened beverages, instead of tap water is creating significant oral health and overall health concerns.

Canadians rely on third-party health and dental benefits, either provided by employers, or as part of government social assistance programs such as Non-Insured Health Benefits, which have seen many preventive measures no longer insured or coverage reduced. I am waiting to see Health Canada take a proactive stance and demonstrate that it believes prevention supports the wellness agenda and should be the focus of our health care policy. Reimbursement for sealants on all primary and permanent teeth, fluoride varnish applications for preschool children and fluoride tray application for adults would be positive first steps Health Canada could introduce into its programs.

I return to my desk at the end of the day and begin dictating letters that will send 2 young children for a general anesthetic and stainless steel crowns on all primary teeth. These letters are so common now that it is only the names that change. I wonder what could have been for these children, and all the others like them, had proper prevention measures been taken.

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