

# Dental Health Update

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## Adults

- Learning difficulties
- Autistic spectrum disorder
- Severe mental health problems including dementia
- Severely medically compromised
- Severe physical disability, e.g. where needing hoist transfer
- Post head and neck oncology patients
- Palliative care
- Domiciliary care for housebound patients
- Phobic or very highly anxious adults – explanation of the treatment tried to date
- GA referrals
- Treatment under IV or inhalation sedation

## Children

- Learning difficulties
- Autistic spectrum disorder and ADHD
- Mental health and psychological disorders including anorexia and bulimia
- Severe physical problems
- Very anxious and phobic children – explanation of the treatment attempted to date
- Very young children with extensive decay
- Orthodontic extractions where sedation is required
- Treatment under inhalation sedation
- Intravenous sedation is available where deemed necessary for those 14 years and above.



**Epidemiology studies - investigate trends and patterns of oral disease and conditions and their determinants at population level and the efficacy of interventions, services and public health interventions.**



# Epidemiology Results 2019

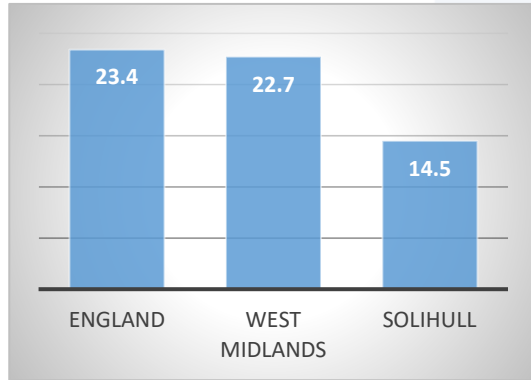


Figure one. Proportion (%) of 5 year olds experiencing dental decay in 2019

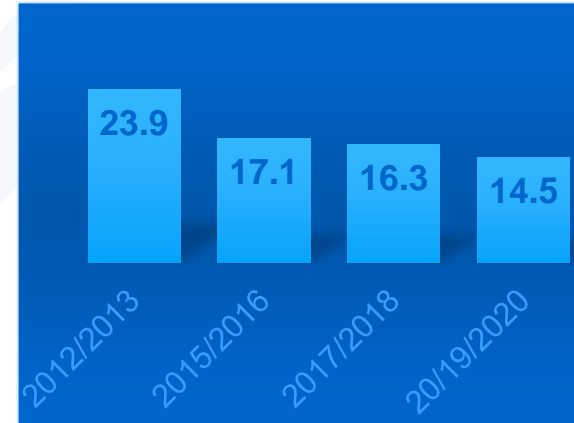


Figure two. Proportion (%) of 5 year olds experiencing dental decay in Solihull in 2019

**2022 29.3% of children in England** ↑

**2022 16.4%** ↑ **in Solihull have experience of dental decay.'**

DMFT – decay,  
missing or filled  
teeth

## WHAT PROBLEMS COULD POOR DENTAL HEALTH CAUSE?



British  
Dental Health  
Foundation

Dementia  
Covid 19  
IBD



# Pain



- Eating difficulties
- Sleeping difficulties
- Time missed of school
- Problems with brushing
- Interference with social activities





## Infection

- 5% of children will suffer sepsis
- Can contribute to failure to thrive
- Links with obesity
- Severe childhood decay can result in the child x6 more likely to be anemic

## Sheiham 2007 'dental health survey'

## Delivering Better Oral Health

An evidence-based toolkit for prevention



**BASCD**  
The British Association for the Study of Community Dentistry



# Brushing

## **Children under 3 years old**

- Smear of toothpaste
- 1000ppm of fluoride toothpaste

## **Children 3 years and above**

- Peas sized amount of toothpaste
- 1350ppm+ fluoride toothpaste





- Assist with brushing until 7 years old
- Small headed flat trimmed brush
- Electric toothbrushes can be used (but never leave unattended)
- Brushing should be last thing at **night** and in the **morning** for **2minutes**
  - From the age of 12 children and adults should be encouraged to floss (before they brush their teeth daily)



After brushing your teeth...

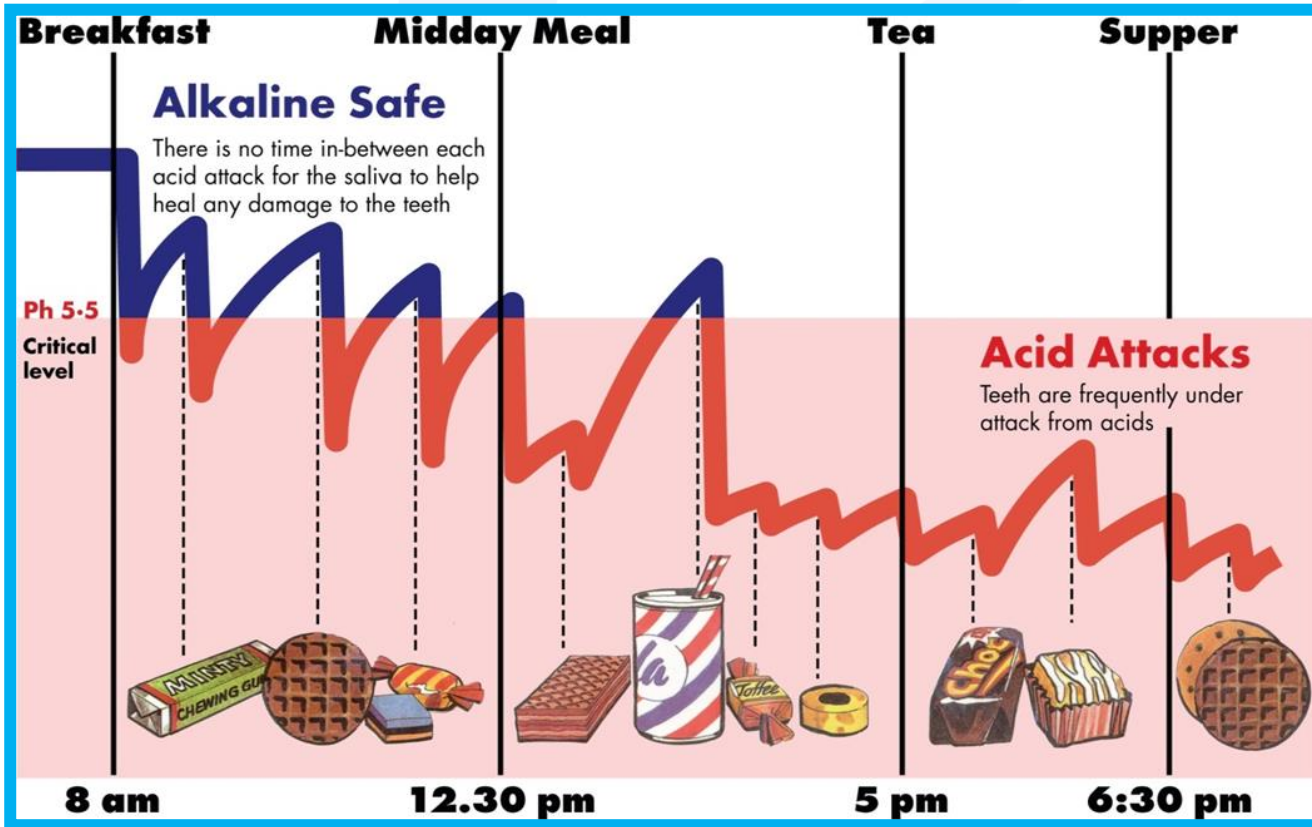


spit out the toothpaste,  
but don't rinse

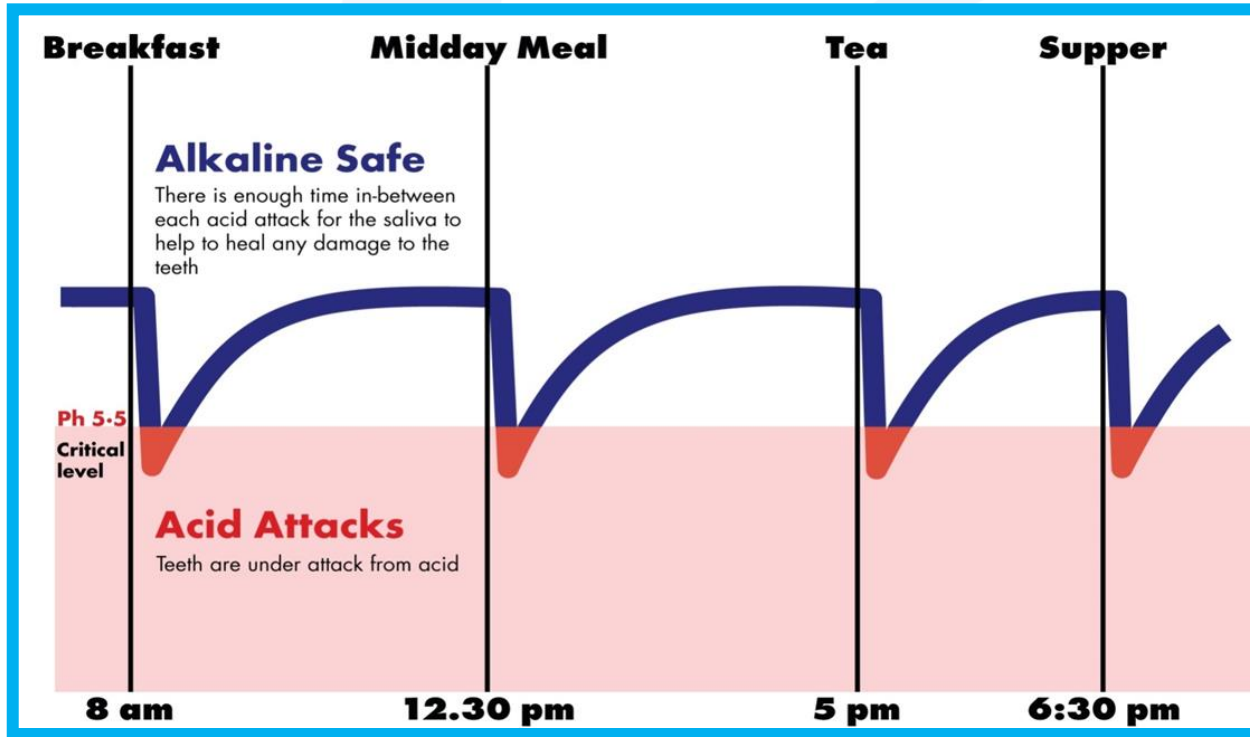
Encourage to **spit out excess paste** but not to rinse with water or a mouth wash straight after.  
**Mouthwashes** can be used for children **6+** at a separate time to brushing.

- **Replace snacks with healthy alternatives!**
- Cheese, bread sticks, carrot sticks, apples, porridge, crackers, bananas,
- Drinks should be milk or plain water
- (occasional sugar free squash should be kept at mealtimes only)









If sufficient time is left in-between each acid attack, re-mineralisation can occur. Saliva and fluoride will help to heal any minerals that are lost from the tooth surface.





Age	Maximum added sugar intake per day	Sugar cubes (based on 4g sugar cube)
4-6 yrs	No more than 19g	5 cubes
7-10 yrs	No more than 24g	6 cubes
From 11 yrs	No more than 30g	7 cubes

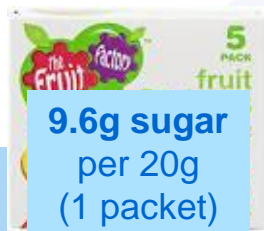
**1 cube = 4g  
sugar**



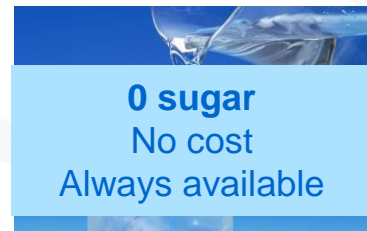
**35g sugar  
per 330ml  
can**



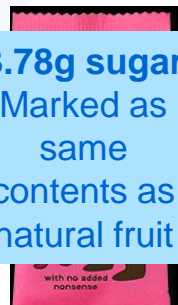
**16g sugar per  
sachet**  
Marketed as safe  
for schools and  
1 of your 5 a day



**9.6g sugar  
per 20g  
(1 packet)**



**0 sugar**  
No cost  
Always available



**3.78g sugar**  
Marked as  
same  
contents as  
natural fruit



**10.5g  
sugar per  
pot**



**1.4g sugar  
per 200ml  
bottle**



**20g sugar**  
1 small lunch box packet

Age	Maximum added sugar intake per day	Sugar cubes (based on 4g sugar cube)
4-6 yrs	No more than 19g	5 cubes
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From 11 yrs	No more than 30g	7 cubes

- **Dummies** should not be used from the age of 12 months. It can lead to a permanent 'open bite' giving poor aesthetics, it also can result in eating and speech difficulties in childhood.



Above is a child with prolonged use of a dummy, below is a normal occlusion



Orthodontics dummies (left) are advised if parents wish to use them under 1 year of age, cherry shaped ones are not advised (right)



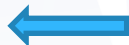


**Babies bottles** should be discouraged from 12 months and replaced with a free-flowing beaker

**Early childhood decay**



**Advanced childhood decay**



**Examples of free-flowing beakers**



# SOLIHULL EARLY SMILES

Solihull Special Care Dental Service

**ORAL HEALTH PROGRAMME**  
Toothbrushing for babies and young children

**Reminders**

- Fluoride toothpaste.
- Brush twice a day.
- Spit, don't rinse.
- Replace your toothbrush as soon as it gets full of shag.
- Change from bottle to cup by one year old.
- Visit your dentist regularly.

**Dentist**

Register with a dental nurse.  
(All children are automatically entitled to free dental treatment).  
To help your baby get used to visiting the dentist, we have a toothbrush with a nurse.

**Choice of Toothbrush**

- Choose a small-headed toothbrush with soft bristles.
- Change your toothbrush every 3 months, or sooner if it gets out of shape.

**Choice of Toothpaste**

- It must contain fluoride.
- Use no more than a smear or pea-sized amount. Try not to put too much on the brush as children should not swallow toothpaste.
- Apply toothpaste to the dry toothbrush.
- After brushing - spit out only, do not rinse with water.

Fluoride is a mineral that strengthens teeth and helps to protect teeth from decay.

Always supervise toothpaste use.

Keep tubes of toothpaste out of reach of young children.



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**The Best Way to Brush**

Your child will learn by watching mum, dad, other brothers or sisters brush their teeth. Supervise your child's brushing until they are at least 7 years old.

**POSITIONING**

- The easiest way to brush children's teeth is to hold the brush in your hand with their head resting against your chest. This way you can see into their mouth and reach their top and bottom teeth more easily.

**BRUSHING**

- Always brush gently by moving the brush backwards and forwards in small circular movements, brushing angled towards the gums.
- Be gentle.
- Brush all round - don't miss any surfaces of the teeth.
- After brushing the child should spit out only, not rinse with water (the fluoride left in the mouth will work after brushing).

**Bedtime**

- Toothbrushing should always be part of the bedtime routine and done by an adult.
- After brushing at bedtime, it is very important that no food or drink except water is taken until the morning.
- If your child needs night-time medicine, ask the doctor or pharmacist for a sugar-free medicine.

**My Toothbrushing Chart**

Name: \_\_\_\_\_ Month: \_\_\_\_\_

	Week 1	Week 2	Week 3	Week 4
Monday	☺	☺	☺	☺
Tuesday	☺	☺	☺	☺
Wednesday	☺	☺	☺	☺
Thursday	☺	☺	☺	☺
Friday	☺	☺	☺	☺
Saturday	☺	☺	☺	☺
Sunday	☺	☺	☺	☺

From the 19<sup>th</sup> April 2022 all 2 years at their 2 year health check will be offered a free oral health promotion pack

# Safeguarding

A study by *Green et al 1994*  
vulnerable children on the children  
protection register are x8 more likely  
to have untreated decay

Every 10 minutes a child in England is  
admitted to hospital to have a  
decayed tooth removed

Most common reason for a child  
under 9 to be admitted for a GA today



Dental neglect

- Fail to attend after being told of disease
- Repeated GA's





## Solihull Special Care Dental Service

Now has an Instagram account.

Please follow us at:

**uhb\_sscds**

Coming soon.....  
Facebook/Instagram



- Any Questions?
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