

Open Up and Let Us In

An Interprofessional Approach to Oral Health



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KEYWORDS

• Oral health • Interprofessional • Primary care • Dental caries

KEY POINTS

- Dental caries is the single most common chronic disease of childhood in the United States.
- Health care providers who care for children must embrace a shared responsibility for children's oral health and work interprofessionally to overcome the separation between dentistry and medicine.
- Access to dental care is one of the barriers to improved oral health for children.
- Primary care providers who care for children already have an established role in prevention and early identification of health problems; thus they are ideal front-line providers who can detect oral health discrepancies and begin the process of care and prevention.

INTRODUCTION

Dental caries is the single most common chronic disease of childhood in the United States. Approximately 1 in 5 (20%) children, 5 to 11 years of age, and 1 in 7 (13%) adolescents, 12 to 19 years of age, have at least one untreated decayed tooth.^{1,2} Children from low socioeconomic families and African American descent are at increased risk for experiencing dental decay. In 2009 to 2010, 1 in 4 children aged 3 to 5 years living in poverty experienced untreated caries, 2.5 times that of other children.^{1,2}

Untreated dental conditions contribute to poor overall health, dysfunctional speech production, and poor nutrition.^{3–6} Children experiencing early childhood caries (ECC) may experience pain with eating, and thus, they are often underweight.⁷ Nutritional deficiencies during childhood can negatively impact cognitive development.⁸ Children with poor oral and overall health are 2.3 times more likely to demonstrate poor school

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performance.⁹ Up to 52 million school hours are lost annually as a result of dental problems.⁵ Self-image, self-esteem, and self-confidence can also be deeply affected by poor oral hygiene and can affect the developing psyche of children, with life-long consequences in social, educational, and occupational environments.^{10,11}

Despite improvements over the past 2 decades in US children's oral health, the silent epidemic of untreated oral diseases continues.^{12,13} Although Medicaid provides dental services, only 33% to 57% of eligible children receive preventive or restorative dental services.¹⁴⁻¹⁶ Rather than using the preventative dental coverage that Medicaid provides, emergency departments are being used to address dental pain and infections. Increasing visits to the Emergency Department is in part due to a shortage of dentists who accept Medicaid and treat children.¹⁴⁻¹⁶ Pediatricians, nurse practitioners, physician assistants, speech-language pathologists, and other health professionals who care for children must embrace a shared responsibility for children's oral health, and work interprofessionally to overcome the separation between dentistry and medicine.

EARLY CHILDHOOD CARIES

Dental caries is a nonclassic infectious disease that results from a complex interaction between oral flora and dietary carbohydrates on the tooth surface. The development of caries is a process that starts with a carious lesion appearing as an opaque white spot on enamel (**Fig. 1**). The white spot lesion occurs as a result of increased bacterial load and frequency of carbohydrate consumption. Progressive demineralization of a white spot lesion results in a cavitation of the enamel, with eventual loss of supported tooth structure, resulting in a dental cavity (**Fig. 2**).



Fig. 1. White spot lesion.

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