

Dental caries



Figure 1: DMFT scores, children aged 12, 1990

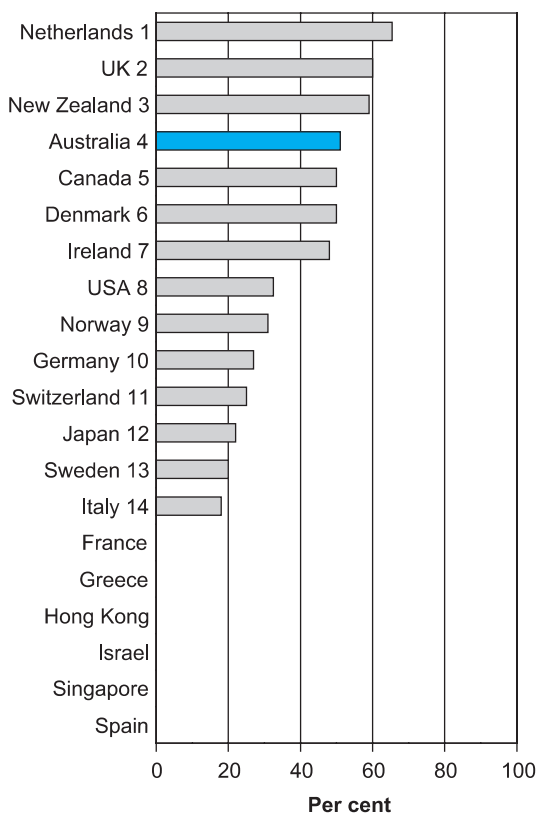


Figure 2: Edentulous population aged 65 years and over, 1990

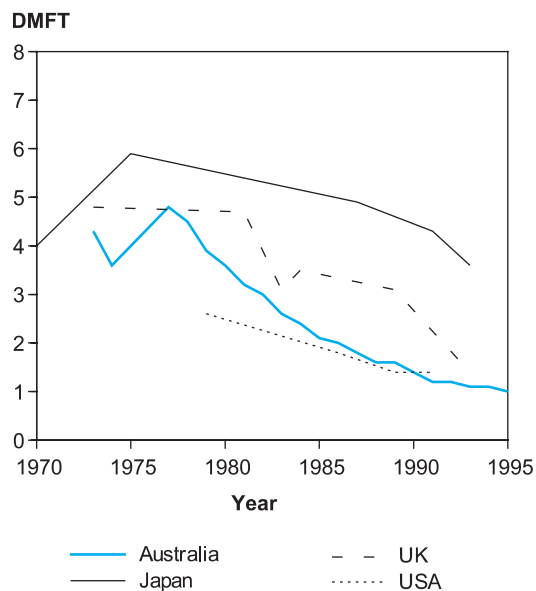


Figure 3: Trends in DMFT scores, children aged 12, 1970 to 1995

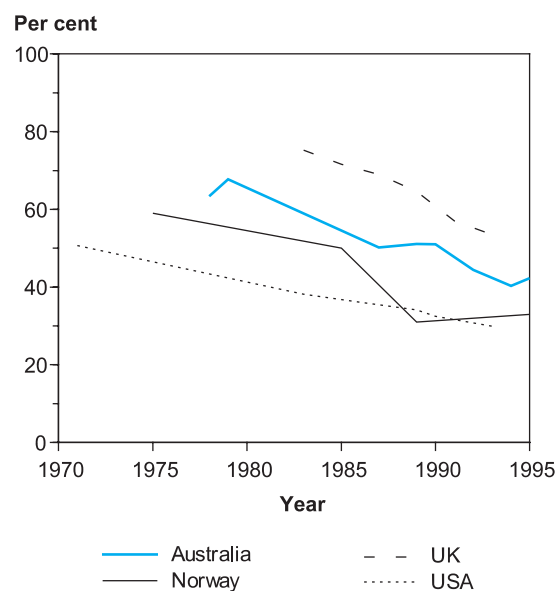


Figure 4: Trends in edentulous population aged 65 years and over, 1970 to 1995

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DMFT scores^(a) at ages 12 and 35–44, and edentulism^(b) at age 65 and over

Country	DMFT, age 12		DMFT, age 35–44		Edentulism, age 65+	
Australia	1995	1.0	1995–96	13.5	1996	39.1
Canada	1990	1.7	—	—	1990	50.0
Denmark	1996	1.8	1985	22.9	1991	51.0
France	1993	2.1	1994	14.6	—	—
Germany	1995	2.3	1991	16.3	1990	27.0
Greece	1993	1.6	1990	15.8	—	—
Hong Kong	1986	1.5	1991	8.7	—	—
Ireland	1996	1.5	1990	15.4	1990	48.0
Israel	1989	3.0	—	—	—	—
Italy	1996	2.1	1995	12.0	1990	18.0
Japan	1993	3.6	1993	13.7	1992	20.4
Netherlands	1992	0.9	1986	17.4	1995	60.2
New Zealand	1995	1.4	1989	20.9	1989	58.6
Norway	1996	1.8	1990	20.5	1995	33.0
Singapore	1994	1.0	—	—	—	—
Spain	1993	2.3	1993	10.9	—	—
Sweden	1995	1.4	—	—	1989	20.0
Switzerland	1992	1.1	1988	22.3	1990	25.0
UK	1993	1.4	1990	19.0	1993	53.5
USA	1991	1.4	1991	13.6	1993	29.9

(a) Dental caries is measured by the DMFT score—a sum of permanent teeth that are decayed (D), missing (M) or filled due to caries (F). A score of 0–1.1 is considered very low, 2.8–4.4 moderate and 6.6+ very high.

(b) Edentulism is the loss of all natural teeth.

Sources: WHO Oral Health Country Profiles, unpublished; OECD 1998.

- The oral health of both children and adults in most developed countries has improved dramatically over the last several decades. Factors such as changes in diet and declines in sugar consumption, exposure to fluoride and changes in disease management have contributed to these improvements.
- The first controlled addition of fluoride to a public water supply took place in the United States in 1945. Most developed countries now have community water fluoridation, and it continues to be the most effective and socially equitable measure for caries prevention among all ages.
- The introduction of the School Dental Scheme in 1977 saw the beginning of marked improvement in the dental health of Australian children, with declines in average caries experience and an increase in the percentage of children with no dental caries (AIHW 1996). In 1995, the DMFT score for 12-year-old Australian children was 1.0. This was a low score among developed countries (Figures 1 and 3).
- An increasing proportion of Australian adults are retaining their natural teeth, with recent significant falls in both adult DMFT scores and edentulism. However, both DMFT scores and the proportion of the population who are edentulous are comparatively high for

Australians (Figures 2 and 4). Edentulism increases with age, with females having a higher prevalence than males. It is expected that the increasing proportions of older persons in future decades will lead to increased demands for dental care among the elderly.

- WHO has set a number of dental health goals for the year 2000. These include: 50% of children aged 5–6 to be caries-free, children aged 12 to have a DMFT score of less than 3, at least 85% of adults aged 18 to retain all their teeth, a 50% reduction in edentulism for persons aged 35–44 and a 25% reduction in edentulism for persons aged 65 and over. Most developed countries are on target to achieve these goals.

For more information, see:

WHO 1994. Oral health. World Health Stat Q 47: 42–94.

Australian Institute of Health and Welfare 1998. Australia's health 1998: the sixth biennial health report of the Australian Institute of Health and Welfare. Canberra: AIHW.