

The Children's Dental Health Survey 2013: Oral health inequalities

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Introduction

The Children's Dental Health Survey is the fifth in a series of national surveys that have been carried out in the UK every ten years since 1973.

Objective

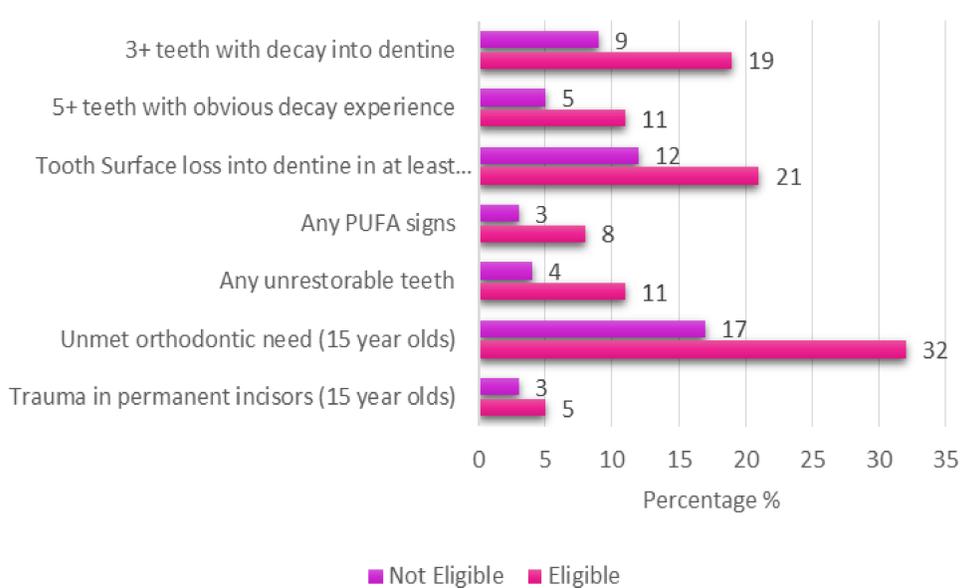
To assess the association between socioeconomic position (SEP) and clinical oral health, oral health related quality of life, and health related behaviours among 5 and 15 year old children in England, Wales and Northern Ireland.

Methods

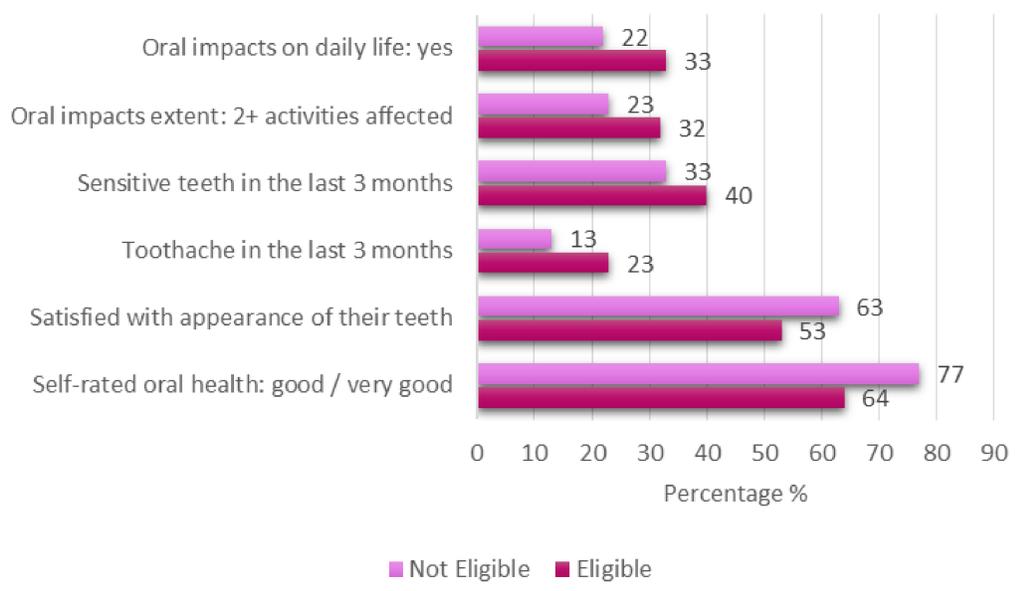
- Representative sample of 9866 children aged 5, 8, 12 and 15 years. Only 5- and 15-year-olds used here.
- Data on outcomes derived from:
 - clinical examinations on: tooth decay, presence of any unrestorable teeth, PUFA (open Pulp, obvious Ulceration, Fistula and Abscess), tooth surface loss, trauma and unmet orthodontic need.
 - questionnaires on 12 and 15 year old children on: subjective measures of oral health and quality of life and health behaviours (smoking, alcohol, sugary drink intake, and tooth brushing frequency).
- Main exposure: SEP. Lower SEP indicated by the children's eligibility for free school meals (FSM).

Results

Eligibility for FSM was associated with significantly higher prevalence of obvious dental decay, tooth surface loss, unrestorable teeth, and PUFA at age 5 and unmet orthodontic need at age 15. In contrast, the association between FSM eligibility and trauma in permanent incisors at age 15 was not significant.

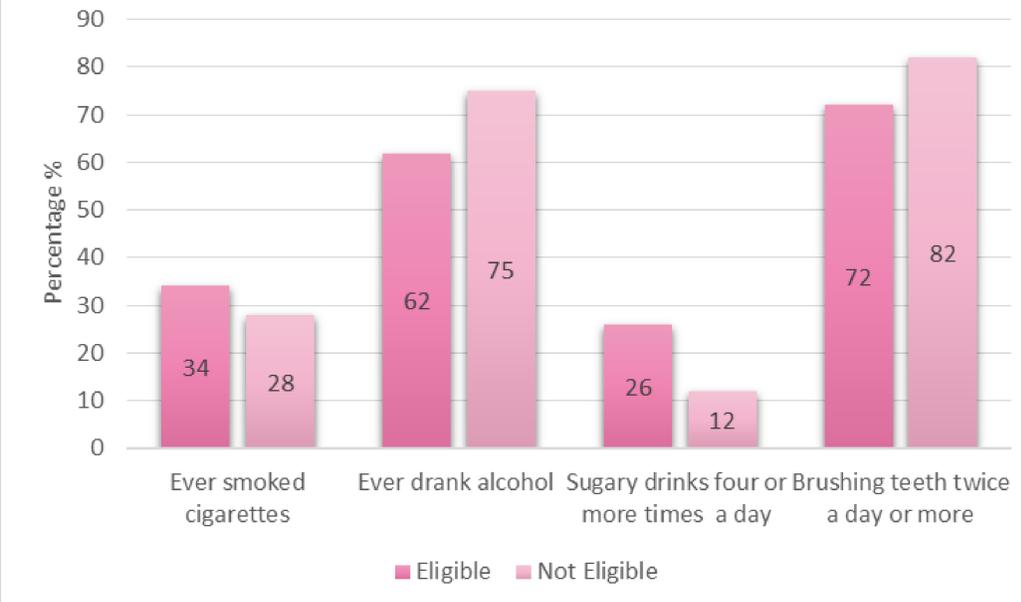


Clinical conditions by Free School Meals eligibility at ages 5 and 15



Subjective measures of oral health and quality of life by FSM eligibility at age 15

Considerably higher proportions of 15-year-olds eligible for FSM reported toothache, as well as oral impacts on their daily life in the last three months, compared with those not eligible for FSM. They were also less satisfied with their oral health and rated it worse than their more affluent counterparts. The difference in sensitive teeth between those eligible and those non-eligible for FSM was not statistically significant.



Oral health related behaviours and inequalities at age 15

Pupils eligible to receive FSM were twice as likely to report consuming sugary drinks four or more times a day than other children at 15 years of age. They were also more likely to report brushing their teeth twice daily or more, but the difference in having ever smoked was non-significant. In contrast, 15-year-olds eligible for FSM reported in lower proportions to have ever consumed alcohol than their more affluent counterparts.

Conclusion

Substantial social inequalities exist in oral conditions, perceptions about oral health and quality of life as well as health behaviours in children. Eligibility for FSM is associated with worse oral health and quality of life.

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