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EDITORIAL

The way it was — the way it is

Observations of the dental health status of children and young adults from the 1940s to the mid-50s led to considerable pessimism regarding the dental profession's ability to reverse a trend toward poor dental health that some felt eventually would result in deterioration of the human dentition. In 1951 Brekhus referred to the dental caries experience of students at the University of Minnesota and reported that in 1929 the average number of teeth affected by dental caries was 9.95, but that in 1939 the average had increased to 11.8 and in 1949 to 13.7.[1] Those observations served as a challenge to dental research workers, educators, and practicing dentists to find a means of dealing with this problem and saving the permanent teeth from destruction at an early age.

Dental disease in a large segment of school-age children was rampant during that period, and surveys revealed that only half of the necessary dental care was being provided despite favorable economic conditions. More than 70% of 9- to 11-year-old children needed restorations in permanent teeth and less than 40% received any type of dental care.

During the past three decades there has been a remarkable reduction in the dental needs of children. In this issue of the *Journal*, Stookey reports that an examination of 6,363 children showed a dramatic decrease in caries prevalance of about 70% during the past 23 years. In Stookey's survey, and also in the National Preventive Dentistry Study, unexpected reductions in dental caries were noted. These reductions are attributed to water fluoridation, greater availability of fluoride dentifrices, pediatric fluoride supplements, increased dental manpower, increased availability of dental insurance, increased public awareness, and effective dental health education programs. Dental health education programs, particularly those directed at the young population by our Academy, the ADA, and the ASDC, undoubtedly have had a great impact on the reduction of dental caries in children.

The decline in dental caries in children and adolescents is well documented and the reduced need for restorative procedures has been substantial. On the other hand, data to describe the national trend in adult caries prevalence are sparse. Some have assumed that the marked reduction in dental caries experienced in children will be carried over into adulthood. In a recent publication, Douglass makes reference to the assumptions by some that the restorative dentistry curriculum in dental schools can be reduced markedly because of the reduced need for restorative procedures in adult patients in the future.[2] This assumption is a dangerous one because there is increasing evidence of a need for even more complicated restorative procedures in the aging population. It has been estimated that in the year 2000, 52 million more adults aged 18-74 will have teeth at risk than was the case in 1975. This estimate does not include the increasing number of elderly people older than 75.

Douglass acknowledges that the time required to treat decayed teeth and replace restorations will decline for children; however, the numbers of treatment hours will increase for adults. His projected increase in the dental needs of adults, despite a possible continued decline in decay, is due to the increase in the number of persons with natural teeth. These teeth may be at a lesser risk of decay but, more importantly, they will have existing restorations that will need to be replaced at a rate of 10% per year. In the year 2000, even assuming a continued decline in caries prevalence, treatment needs in operative dentistry for adults aged 35-44 will be 41 million hours, compared to 21 million hours in 1974. Adults aged 55-64 will require about 14 million hours of restorative care in the year 2000, compared to 10 million in 1974, an increase of 40%.

In another recent study Reisine attempted to analyze the impact of dental disorders by estimating hours lost from work due to dental disease and requisite treatment.[3] Twenty-five per cent of a large sample of adults reported an episode

of work lost in the past 12 months related to dental problems.

We have an obligation to continue to emphasize early preventive care for the child patient to establish the habit of excellent oral hygiene, good eating habits, proper exposure to fluorides, and the need to continue the preventive program throughout life. Establishment of these habits in child often will be carried over into adult life. Discussing these preventive habits with parents may do much to enhance the appreciation of continuous dental care in the parents of our child patients.

Ralph E. McDonald

1. Brekhus PJ: The deterioration of human teeth. JADA 42:424–27, 1951.
2. Douglass CW: The epidemiology of dental caries and its impact on the operative dentistry curriculum. J Dent Ed 48:547–55, 1984.
3. Reisine ST: Dental disease and work loss. J Dent Res 63:1158–61, 1984.

Pediatric Dentistry: Reviewers

On behalf of the American Academy of Pediatric Dentistry, the editorial staff wishes to thank those individuals who have spent valuable time reviewing manuscripts for the Journal. Their professional expertise has contributed greatly to the quality of this publication. Those listed were sent manuscripts from January 1 through December 31, 1984.

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