

## We are not there yet

Numerous clinical and epidemiologic studies reveal a significant decline in dental caries throughout the western industrialized world. In the United States today 37% of children have caries-free permanent dentitions. There is good evidence that the primary reasons for the reduction in dental caries are the widespread availability of fluoridated water, the incorporation of fluorides during food processing and soft drink bottling, and the fact that more than 90% of today's dentifrices contain fluorides. Also, our profession should take credit for conducting an aggressive preventive program in the past several decades.

During the recent National Preventive Dentistry Demonstration Program it was discovered that while a substantial decline in dental caries was observed, there were "pockets" of children who were in the high-risk category for dental disease who presented with serious dental health problems.

In this issue of the *Journal*, it is reported that the skeletal remains of early Hawaiian (pre-Captain Cook era) children indicate a significantly lower prevalence of dental caries than afflict school children today. On the other hand, I recently observed Eskimo children residing above the Arctic Circle who experienced rampant caries similar to what was so common during the prefluoride era.

While there is a marked improvement in dental health in the child population, dental caries remains a problem in certain areas of the United States. The

success of preventive measures frequently is reported in this *Journal*, but it is important to remember that we must inform parents of the potential cariogenicity of foods commonly consumed by their children. While Americans' taste in snacks is changing, evidence is accumulating that sweets are still the most popular snack, accounting for two of every five snacks.

In addition, nutritional support systems established in the 1970s have been eroded by several factors including inflation and eligibility restrictions for food stamps, medical care, welfare and lunch programs. Under these pressures, family food budgets have dwindled. Also, data from a number of sources indicate a growth status which is inappropriate for infants and children in this country.

Cookies and cereals, with and without milk, are popular snacks consumed by children. Two reports in this issue of the *Journal* discuss the differences in cariogenicity of breakfast cereals and point out the dangers that some presweetened cereals can pose to an individual's oral health. Cariogenicity was found to be related to the sugar content of each cereal and most cereals exhibited an increased salivary retention when consumed without milk.

Diet surveys and dietary counselings should continue to be an important service in the practice of pediatric dentistry.

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