

Can we “Lift the Lip” in Community Paediatrics?



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Collaboration

SSWAHS

- Community Paediatrics
- Dept Paediatric Dentistry
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SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

Background: Oral Health

- **Influences childhood health**

Gussy et al Journal Paediatrics and Child Health 2006

- **Significant risk factor for adult chronic health problems**

Jansson et al Journal Clinical Periodontology 2001

- **Common chronic disease of childhood**

Gussy et al Journal Paediatrics and Child Health 2006

- **Dental extraction commonest cause hospitalisation in preschool yrs**

- **Decay increasing**

Armfield et al Aust Dental Journal 2004

Poor Oral Health

- **Marker of inequity**

Hallett et al Aust Dental Journal 2002

- **Highly prevalent in**
 - **Low SES groups**
 - **Indigenous families**
 - **New immigrant families/NESB**

Children in the preschool years are at greatest risk of ECC

Less likely to access dental health services

NSW Child Dental Health Survey 2001

Early Childhood Caries

- Presence of one or more decayed, missing or filled tooth surface on any primary tooth in children up to 71 months of age.



American Academy of Paediatric
Dentistry



Poor oral health

- Behavioural determinants...
 - Not breast feeding to twelve months
 - Sleeping with the bottle
 - Continual sipping from the bottle during the day

Hallett et al 2002



South Western Sydney

- Highest child/ youth population in NSW
- Many indicators of social disadvantage
- Multicultural population
- Community Paediatric Clinics: cross section of population attends

Aims

- Identify risk factors for poor oral health in ≤ 6 yo attending CP clinics in SWS
- Assess oral health status of these children
- Assess feasibility of providing oral health assessment by paediatricians

Methods

Children < 6 years attending clinics

- Between July and November 2006

Community Paediatric Clinics

- Child development Clinic (CDU)
- KARI (Aboriginal Out of Home Care) Clinic
- Branches (Children of substance using mothers)

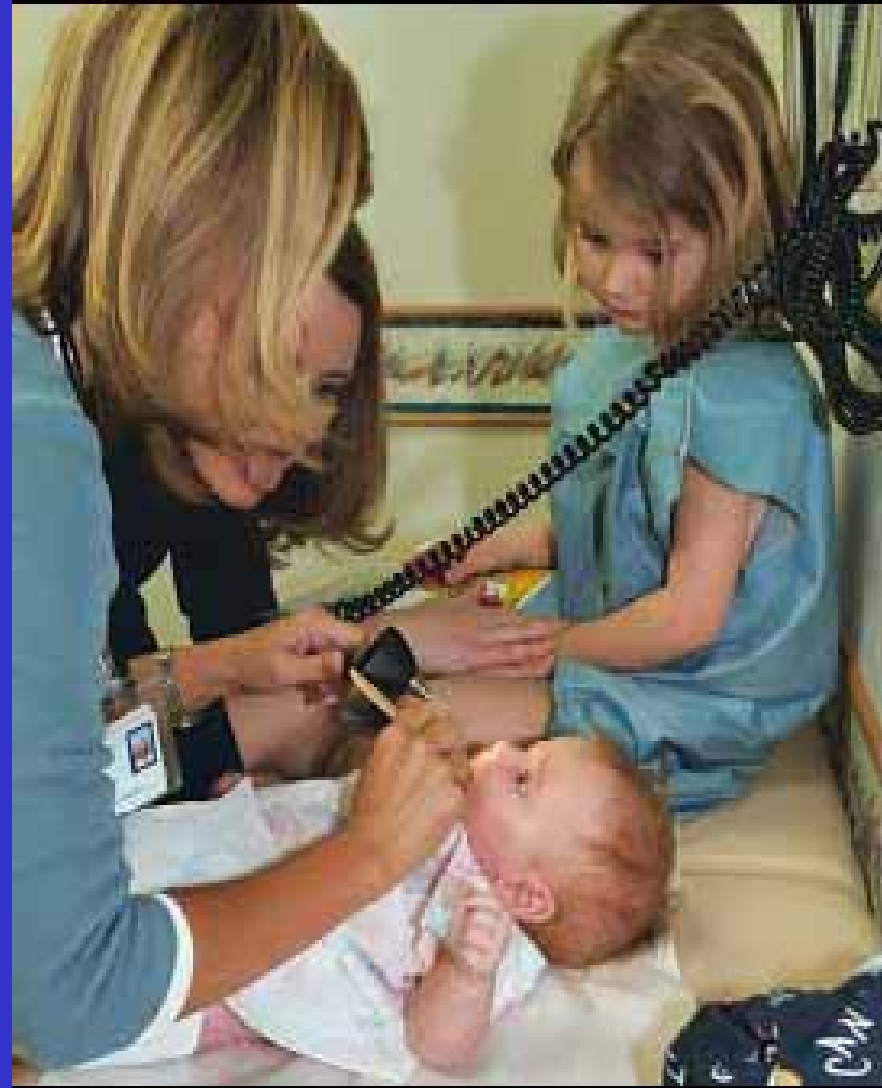
Methods

- Carers given Questionnaire:
 - Validated
 - 38 questions on oral health behaviours
 - Demographic information

Hallett et al 2002

Methods

- Oral Health Examination by dentists and dental therapists
 - Decayed, Missing, Filled teeth (dmft)
- Train the trainer approach:
paediatricians and paed registrars
- Incorporated into gen paed exam



AAP Oral Health Risk Assessment Training for Pediatricians

Results

- 45 approached between July and November 2006
- 42 participated
 - 23 CDU
 - 13 KARI
 - 6 Branches

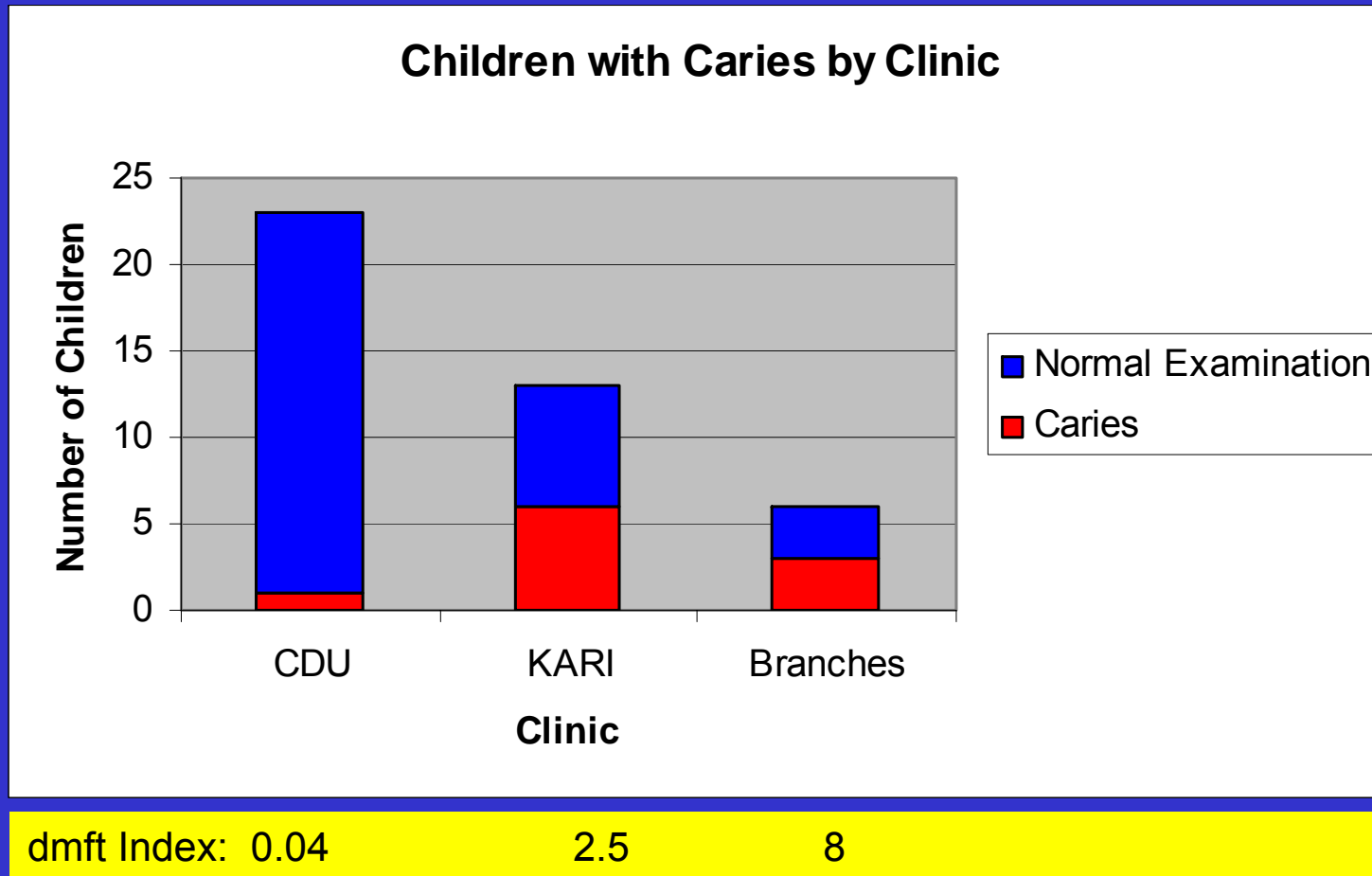
Demographic data

	CLINIC		
	CDU n = 23	KARI n = 13	Branches n = 6
Age (years) median	3.5	3	2.9
M	70%	54%	50%
Parent	22	0	3
Carer	1	13	3
Ethnicity			
Aboriginal	0	13	2
Pacific Islander	1	0	0
Caucasian	17	0	3
Asian	5	0	1

ECC

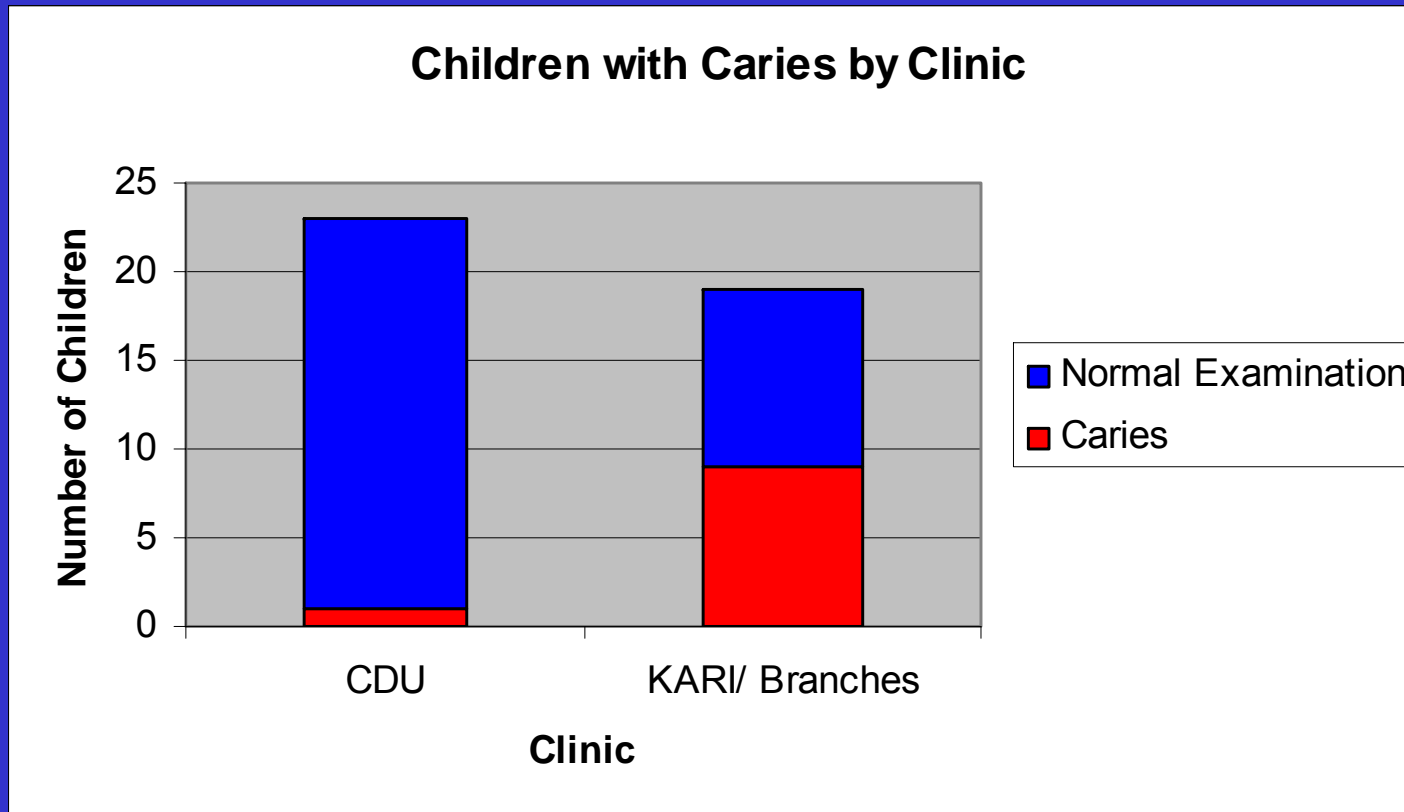
Total 10 of 42 (24%) had ECC

Mean dmft 1.96



ECC

Social Disadvantage
accounting for 90%
ECC burden



ECC

- 8 of 10 children with caries were of Aboriginal background.
- 9 of 10 children with caries were living in OOHC

Questionnaire

- 23 of 42 returned
- Widespread poor oral health practices identified
 - Did not correlate with ECC
 - ECC identified in only 3 children with returned questionnaires
- Those in OOHC, questionnaires unhelpful
 - Risk factors unknown
 - History unknown to carers

ECC prevalence according to Risk Factors

	ECC	
	Present	Absent
BF < 12/12	0	6
Bottle to bed	1	14
Sipping on and off	0	8
Maternal Age <25	0	8
Maternal education < Year 10	0	5
Family Income < \$35 000	0	12

Feasibility

- Not formally assessed
- Easily incorporated in paediatric exam
- Carers/parents happy about oral health exam
- No increase in time for developmental assessment



Limitations

- Numbers small
- Confounding factors:

Discussion

- Minority of children with majority of disease
- Children with disability: no ↑ in ECC
- Risks: Aboriginality and foster care
- OOHC carers attending with little knowledge of health background

Conclusion

- Poor oral health practices widespread
- In SWS Aboriginal and children in OOHC are at highest risk for ECC
- Paediatricians and GPs well placed to perform oral health screening

Take home message: Lift the Lip!

LIFT THE LIP



Acknowledgements

- Dr Kerrod Hallett Children's Oral Health Service, Royal Children's Hospital Brisbane: for questionnaire
- Shawn Malkic Dental therapist: for Oral Health Examinations

